

## THE LIVERPOOL HOSPITAL FOR WOMEN.

SIR,—The points on which Dr. Grimsdale criticises my address are of extremely small importance, and I cannot take up your valuable space concerning most of them, further than to say that my treatment of these particular issues was based on a mass of documentary evidence which is quite open to the inspection of anyone desirous of seeing it, including Dr. Grimsdale, and, if it be found that I have said anything which that evidence does not justify, I am quite ready to withdraw it, and to make an apology for it. But, as the matter stands, I can only reiterate what I have said in every particular.

But Dr. Grimsdale evades the issue which I have with him, and that is his own attitude in the witness-box. On that question I have no need to depend on indirect evidence, for I was an ear-witness. Dr. Grimsdale ought really to read my address with a little more care. If he will do so, he will find that his longest and most important paragraph of criticism (3) is totally unnecessary. For it was the Report of the Hospital Committee, and not that of the Inquiry Committee, which I wished to be placed on permanent record. He will find that the larger and more important Report of the Hospital Committee includes the less important document issued by the Liverpool Institution Inquiry Committee. Of the existence of this Hospital Committee Report there can be no doubt, because I possess a printed copy of it; and it has been largely commented on in newspapers, both lay and professional. Are we to believe seriously Dr. Grimsdale's astonishing statement that this Report has been issued by the Committee of the Hospital, a responsible body, without any inquiry? I imagine that this statement will give rise to considerable surprise. Certainly, if Dr. Grimsdale is correct, it is a most astonishing thing.

Finally, as to the omission of the names of Mr. Knowsley Thornton and Dr. Matthews Duncan, I am not responsible for that; the facts I gave as supplied to me by the authorities of the hospital, and the names I gave as I got them. The letter of Dr. Matthews Duncan is extremely characteristic, for I find that Dr. Duncan's views are warped by a belief which I respect as honest, but regard as wholly mistaken and most unfortunate for "good gynecology." This belief is to the effect that the majority of women who give a detailed, sequent, and consistent story of pelvic suffering, "have nothing the matter with them." This has passed into a by-word, and has immensely diminished Dr. Duncan's sphere of usefulness in the practice of medicine.—I am, etc.,

LAWSON TAIT.

Birmingham, January 29th, 1887.

SIR,—Mr. Lawson Tait might readily concede Dr. Grimsdale's twelve points, for they leave the main question untouched.

Dr. Grimsdale nominated the Inquiry Committee, and is bound to defend their course of action; but, in a circular against my reelection, recently issued broadcast by an influential lay friend of Dr. Grimsdale, local opinion as to its competence and independence is summed up as follows: "It is further urged that the Inquiry Committee was not specially qualified to form correct opinions upon the matter of inquiry; that it was composed of friends of Dr. Grimsdale who had denounced Dr. Imlach's practice, and were, therefore, prejudiced; that the opinions of the members disqualified them for forming a favourable opinion of Dr. Imlach's work; that *ex post facto* inquiries are useless; that for personal causes and divergencies of professional opinion the whole movement was a persecution of Dr. Imlach." The report is regarded as a doleful and halting paraphrase of a letter by Sir Spencer Wells, which, being of a confidential nature, should not have been published without the sanction of the committee to whom it was addressed, and Mr. Tait's opinion of it is the most favourable one I have heard.

My "science and practice" are the outcome of the teaching of Dr. Matthews Duncan. It was from him that I learned to disdain the frivolous and spurious uterine pathology that is still so prevalent, though for the true pathology I had to search in Bernutz's *Memoirs*. His present pupils can judge the value of the removal of the diseased uterine appendages, for recently Dr. Duncan has, I believe, recommended this operation in St. Bartholomew's Hospital, and their subsequent experience of the inutility of other methods of relief will confirm their judgment.

There is a thirteenth protest which Dr. Grimsdale has forgotten. Mr. Lawson Tait thinks that Dr. Grimsdale ought to be called upon to resign. The bitter struggle in which Sir Spencer Wells indulged in his early career at the Samaritan Hospital terminated in this manner, but I trust it may be avoided in our hospital. Whether I go or stay, Dr. Grimsdale is bound, after twelve months of vindictive criticism, to submit his vaunted methods of cure to the proof. In August he denounced abdominal section for pelvic hæmatocele in a court of law; but three days ago it was performed, with his sanction,

in hospital by a colleague, and had he not insisted upon a delay of three weeks, I believe the result would have been even more satisfactory.—Yours faithfully,

FRANCIS IMLACH.

February 2nd.

## DISAPPEARANCE AND RETURN OF THE KNEE-JERK IN DIABETES.

SIR,—For the last two or three years I have invariably tested the knee-jerk in cases of diabetes, and I have found its absence a constant rather than an exceptional symptom, both in chronic and favourable, as well as in short and bad, cases.

Last spring a woman, aged 65, coming of a gouty family, was under my care, suffering from capillary bronchitis. The more common evidences of diabetes were absent, but the urine was of high specific gravity, and persistently saccharine; the sight of the right eye was much impaired, and, upon ophthalmoscopic examination, atrophy of the optic disc was found; added to this, the knee-jerk on each side was entirely lost. I therefore could not doubt that the case was one of true diabetes mellitus. The prognosis appeared bad, but, notwithstanding a condition of great exhaustion, the patient recovered from the bronchial attack, and, under strict dieting, she greatly improved in health and strength.

A few weeks ago I found that the knee-jerk was easily obtainable on both sides, and that the urine was free from sugar. She has now been eating bread, potatoes, and farinaceous foods for several weeks, and there is no reappearance of saccharine urine. The condition of the right eye remains unchanged.—I am, etc.,

THOMAS F. RAVEN, L.R.C.P.

Broadstairs, January 25th, 1887.

\*\* It is right to state that this letter was received before the appearance of the letter of our Paris correspondent, in the *JOURNAL* of January 29th, where Professor Bouchard's observations on the same subject are given in some detail.

## DANGERS OF CONVALESCENT HOMES.

SIR,—I should like to call attention to a danger which inevitably, in one form or another, attends a sojourn at convalescent homes. A patient of mine, a girl, aged 8, convalescent from a rather severe attack of diphtheria, was sent to a convalescent home on the south coast for three weeks. Four days after her return she again became indisposed, and three days later had a rash which was unmistakably variolous. Notwithstanding the immediate vaccination and isolation of the other children, two of them, twelve days after, developed the same malady, though in a light and modified form.

The moral of the occurrence seems to be that, if residence in a convalescent home can be dispensed with in favour of some other means of obtaining a change of air, it would be to the advantage of the patient. From ignorance or indifference on the part of patients or their friends the gravest risks may be, and often must be, incurred at such institutions—risks which the authorities are necessarily unable to control or prevent.—I am, Sir, yours, etc.,

ALFRED S. GURR, L.R.C.P., etc.

## DEGREES FOR SCOTCH MEDICAL STUDENTS.

SIR,—In reference to Dr. L. B. Richardson's very appropriate inquiry in the *JOURNAL* of January 22nd, as to what the Scottish colleges intend doing to enable their Licentiates to obtain a M.D. degree on a similar ground to that which the English colleges are now endeavouring to obtain for their Licentiates, may I ask if it would not be possible for the Scottish colleges to make some arrangement with the University of St. Andrews in the matter? St. Andrews is not a teaching university, and its degree, if granted, would not interfere financially with the other Scottish universities.

Might not then a charter be obtained by that university, to grant, say after five years' private practice and a modified examination, its M.D. degree to those Licentiates of the Scottish Colleges who hold their diplomas in medicine and surgery?

This would meet the requirements of most Licentiates who wished for a M.D. degree, and at the same time would not be unfair to those who, working straight for a M.D., can obtain it at once.

It will be most unfair if the Licentiates of the English colleges are enabled, after a modified examination, to call themselves M.D., whilst we who have passed equally severe examinations at the Scottish colleges are unable to do so.

Trusting the Scottish colleges will look to the interests of their Licentiates, and take the matter up at once, I am, yours faithfully,

A. CROSBEE DIXEY, M.R.C.P. Ed., L.R.C.S. Ed.

Dover, January 25th.