declares to be "unfit to be entrusted with those most important duties."

Your other correspondent, "F.R.C.S.I.," indulges in strong, and somewhat offensive, language. He says that he, too, considers the junction he advocates with the Apothecaries would be "a *mésalliance* with a drug-selling, drug-controlling body;" and, a little further on adds, that "the Fellows of the College of Physicians are unable to see beyond the social barrier which forbids Mrs. Twopenny to know Mrs. Threehalfpenny, because she is not in the set," and speaks of their conduct as being "old womanly *amour propre*." This is smart writing, but hardly likely to further the accomplishment of the "*mésalliance*" he has at heart. Nothing is gained by speaking offensively of a body of respectable traders, or of a number of respected physicians; but let this pass.

The College of Physicians do consider the admission of the Apothecaries would be a "*mésalliance*;" but they hold, further, that the Hall is incapable of furnishing a single person from among the existing directors who is fitted to be an examiner. There is not one among that body who has ever been a clinical teacher, or who has been attached to a clinical hospital or medical school, or who is known as a teacher or writer on medicine, anatomy, physiology, chemistry, or even on botany, materia medica, pharmacy, or therapeutics. How can efficient examiners be obtained from a body so constituted? If further evidence be required to show how unfitted the directors of the Apothecaries' Hall are to conduct an examination, such as it is supposed the General Medical Council requires, and which certainly the public demand, it may be deduced from the fact that, in their opinion, only one examiner in surgery is required to constitute their Court—one fitted to grant a certificate in medicine, surgery, and midwifery; for, at the recent meeting of the General Medical Council, their representative moved that "an examiner in surgery" be granted them by the Council, in order to constitute them a licensing body within the meaning of the Act.

The certificates granted by the Hall would then be both of a low class and cheap, for they are bound by their Act to charge but 10s. for their certificate. Is it possible that the General Medical Council, with all the facts before them, will take the responsibility of establishing such a body, than which nothing possibly could tend to lower more the standard of medical education and the status of the profession in the kingdom? A "Fellow of the College of Surgeons" says they are. I trust that he is mistaken.—I am, etc.,

A FELLOW OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

March 19th, 1887.

DR. SKENE KEITH'S STATISTICS OF ABDOMINAL SURGERY.

SIR,—Dr. Skene Keith's last letter is merely swearing at large, and therefore requires but a brief reply. He again evades all the issues, and brings in a fresh point—about the drainage-tube. Even there he exaggerates and misrepresents the facts. I never scoffed at the drainage-tube; I merely doubted the necessity for it, as Mr. Knowsley Thornton, I think, does still. But Dr. Keith converted me, and I at once publicly made recantation of my doubts, and in doing so acknowledged my indebtedness to Dr. Keith. All this has nothing whatever to do with the present discussion.

Concerning what Dr. Skene Keith is pleased to call my "inaccuracies," let me quote a letter just received, and entirely unsolicited, from Dr. Imlach, of Liverpool, who was present at the operation which Dr. Skene Keith says I incorrectly describe: "Skene Keith surpasses himself. I was present at his 'fifteen minutes' operation. It was a simple broad ligament cyst case. He made an incision six or eight inches long, whereas one inch would have been ample, and he was nearer an hour and a half than an hour over it."

Dr. Skene Keith's statement of the facts of my applications to see a hysterectomy are absolutely incorrect. My first application was made to Dr. Keith by word of mouth in August, 1881. My first written application was made on January 2nd, 1882, five years and two months ago, and these applications were repeated at irregular intervals on an average of every two or three months up till November 3rd last. They never were complied with. On July 12th, 1886, Dr. Skene Keith absolutely and unconditionally prohibited an American visitor from giving me notification of a proposed hysterectomy, which proposed hysterectomy turned out to be the removal of a parovarian cyst. Dr. Skene Keith has not replied to one single question which I have raised about this case and the singular mistakes concerning it.

Dr. Skene Keith advised against an operation—that is, he refused to operate—and so my patient at Hawick got well. Dr. Skene Keith blundered seriously, and Dr. Calvert's statements of the facts as quoted by me are absolutely correct.

I did not say that the second case at Hawick was an ovarian tumour. What I did say was that I had operated upon two cases which had been refused by Dr. Keith, one of which was a parovarian tumour. The other case was a case of gall-stones, and the story of the refusal of that was even more amusing than the story of the refusal of the other.

Dr. Skene Keith declines in future to have anything to do with me. He will find that a wise resolution. Had he not attacked me I certainly never should have thought it worth my while to have troubled about him. He made the vast field of London too hot to hold him in a very short time, and before he had been back in Edinburgh many weeks he succeeded in raising a storm which not all his father's great influence could quell. As I said in the initial sentence of this correspondence, so I now conclude, to the effect that Dr. Skene Keith is a most misguided young man.—I am, etc.,

7, The Crescent, Birmingham. LAWSON TAIT.

THE EPIDEMIC OF DIARRHŒA.

SIR,—I must confess to having expected more responses in your columns to my request for reports of cases of diarrhœa during the past three months. Since my letter appeared I find that there has been an enormous number of cases of an unusual character. The epidemic is not yet over; only on March 14th I was called to three cases in adults, presenting the characteristic symptoms of excessive watery discharge, no abdominal pain, alarming cramps in the legs, prostration, sickness, and low temperature. I have learned that during the last three months a large number of medical men in London have been attacked, some of whom were so prostrated that they were ordered away for a space to recover their strength. The medical officer of health for Marylebone refers to this unusual outbreak, and reports one or two fatal cases.

As such an epidemic of diarrhœa, accompanied by leg cramps and prostration, is so very scarce at this season, it surely is of importance that the cause should, if possible, be ascertained. One of our most accomplished Local Government Board Inspectors has taken a lively interest in the solution of this problem, and I trust that your readers will report in your columns the number and character of any cases of diarrhœa during the recent three months.—I am, etc.,

NORMAN KERR, M.D.

42, Grove Road, Regent's Park, N.W.

SIR,—Referring to Dr. Herringham's letter in the JOURNAL, and to previous and subsequent communications on the subject of an epidemic form of diarrhœa that has prevailed in town and country during the past three or four months, I may mention that a somewhat similar type of the disorder has been seen in the northern and north-western suburbs of the metropolis, characterised by the following features: (1) Profuse and more or less sudden evacuation of a watery fluid, sometimes semifeculent and bad-smelling, containing shreds of epithelium, preceded by a "rumbling" in the bowels, and accompanied by flatulence. (2) Pain, occasionally—a sense of burning heat in some cases—in the abdomen. (3) Diminution of urine, not in any case amounting to suppression. (4) Cramp, sometimes in the abdomen and lower extremities. (5) Nausea and vomiting not infrequent. (6) Extreme prostration, continuing, if the evacuations were not checked, for several days, or even weeks. (7) The tongue and inside of the mouth denuded, in places, of epithelium, leaving a raw-looking, red surface at the close of the attack. (8) Several cases occurring consecutively in one family, and not confined to any particular class. (9) Duration of the disorder for three or four days only if brought early under treatment, but longer if neglected.

The cause of the epidemic, erroneously (as I, with some others, think) attributed to reduced temperature or to the local water, has apparently been some atmospheric impression upon the sympathetic in its abdominal portion. One physician spoke of the disorder as a kind of influenza affecting the mucous membrane of the intestinal canal, instead of that of the bronchial tubes.

No deaths have occurred to my knowledge, except in the case of an old man who, believing that the evacuations were the result of a salutary effort of nature, refused, till too late, to take any medicine to arrest them. He died comatose.

The attacks resemble, so far as I can gather, those met with sometimes in India—either sporadic cases, or preliminary, under favourable conditions, to an outburst of cholera. The treatment consists in stopping the evacuations as quickly as possible. Of medicines, the best perhaps is a mixture of castor oil and laudanum, repeated once or twice, though lessened, if necessary, in quantity, according to circumstances; ol. ricini ʒss, tincturæ opii or nepenthe ♏xx, would suffice for a first dose. But diet is all important. The most suitable is milk

with lime water—a tablespoonful of the latter to half a teacupful of the former, or chicken (or mutton) broth, or beef tea, thickened with arrowroot, sago, tapioca, or cornflour. This combination—the fluid meat essence with the soft starchy food—is often invaluable, being binding, soothing, and nourishing. Change of air, in case of great prostration, is very desirable.

It would be interesting to investigate the possibility of an atmospheric wave and the direction of it. The disorder was believed by some to be infectious.—I am, etc.,

Brondesbury, N.W. CHAS. R. FRANCIS, M.B.

CASE OF SWALLOWING ARTIFICIAL TEETH, WITH RAPID EXPULSION BY THE RECTUM.

SIR,—Under this head in the JOURNAL of March 12th, I observe the report of a case in which only seventeen hours elapsed between the entrance and exit of the foreign body. Both patient and practitioner are to be congratulated on the happy and speedy termination to the case, but I think the wisdom of the treatment is open to question.

"A laxative diet was ordered." I think most authorities are agreed that a constipating diet is more to be desired. In Holmes's *System of Surgery* (five vols., 1870), vol. ii, p. 701, we read: "It were better to encourage costiveness than establish relaxation of the bowels;" and in Erichsen's *Surgery* (two vols., 1878), vol. i, p. 491, "an abundance of pultaceous food" is recommended. Buns, gingerbread, sponge-cakes, cheese, hard-boiled eggs, etc., have been advised by various authors, with the view of causing a bulky residue of food, in which the foreign body may be encased. This mass, by distending the wall of the gut to a great extent, effaces the folds of mucous membrane, and facilitates the passage of the foreign body, at the same time tending to prevent injury to the sensitive surface from sharp angular edges.

Dr. Dickson (Edinburgh) advocates cut-up thread, worsted or tow being incorporated with the food. In a communication read before the Medico-Chirurgical Society of Edinburgh in February, 1876, he records a case in which worsted cut into finger-lengths, and mixed with thick oatmeal-porridge, was taken by the patient with a very satisfactory result. This novel method of treatment was suggested from having seen the bones of mice neatly wrapped in the fur cast up by hawks. The subject has often been before us as dental surgeons at the Odontological Society of Great Britain, and the unanimous verdict is in favour of a constipating diet, but I think this method of treatment is not so well known to medical practitioners as it should be.—I am, etc.,

JOHN ACKERY,
Assistant Dental Surgeon to St. Bartholomew's Hospital.

24, Queen Anne Street, W., March 14th, 1887.

VENTROTOMY.

SIR,—There is no doubt that a single word is wanted to denote the operation of opening the abdominal cavity, but surely the hybrid term "ventrotomy," suggested by Mr. H. A. Reeves in the JOURNAL of March 12th, is an unnecessary barbarism. May I suggest the use of "cœliotomy," from κοιλία, the abdomen, and τέμνειν, to cut. The former word is already familiar to us in the name of the widely distributed abdominal artery, the cœliac axis.—I am, etc.,

36, Harley Street, W., March 14th. N. DAVIES-COLLEY.

SIR,—Mr. Reeves may be correct in suggesting "ventrotomy" for abdominal section. Gastrotomy would be a better name, since it is not a hybrid word, but, unfortunately, as Mr. Reeves says, it has been appropriated to a different operation. I am not concerned much to defend my suggestion of "malakotomy," though I think it better than "laparotomy." The great thing is to use words always in the same sense, and the second thing is to save time and circumlocution. Mr. Reeves's suggestions seem admirably adapted to this end, and I hope they will be carried out and extended. Medical naming is, however, in a state at present that may fairly be called pitiable, although suggestions for its improvement, or, rather, resolution, demand the space of a treatise rather than of a letter. What mainly induced me to address you is Mr. Reeves's last sentence, in which he says the word generally written "colotomy" should be "colostomy." I should like to know why he thinks so. Κῶλον, or, more properly, κόλον, and τέμνω being the roots, whence comes the *s*? If he implies by the term the making of a new exit (στόμα), why not write the word "colostoma," and still retain "colotomy" for its proper meaning of simple incision of the colon?—I am, etc.,

Bradford. A. RABAGLIATI.

MEDICO-LEGAL AND MEDICO-ETHICAL.

SPURGIN v. NICHOLSON.

LAST year (in the JOURNAL, October 16th, p. 748) we noticed the judgment given by his Honour Judge Ingham at the Cockermouth County Court in this case. The action was brought to recover fees for medical attendance on the defendant (who is a solicitor) for a sprained ankle, and the defence was that the treatment had been so unskilful as to disentitle the plaintiff to recover, inasmuch as Mr. Nicholson's injury was a dislocation and not a sprain. This rested on the evidence of Mr. Nicholson himself, who described his sensations while under treatment, and of that of a bonesetter, who swore to a dislocation of the fibula of a sort which persons skilled in anatomy know to be impossible. A County Court Judge is not supposed to be learned in anything except law—not always in that—and Judge Ingham, instead of seeing the incredibility of the bonesetter's story, believed and acted on it. Mr. Spurgin lost his case, and was, of course, branded with the stigma of professional incompetence. Fortunately for him, the case excited considerable attention at the time, and many men of high standing in the medical profession came forward to testify that the injury as described by the bonesetter was such as could not have existed. Armed with affidavits from them, and with the aid of a competent advocate, Mr. Spurgin managed to persuade Judge Ingham that the case was so far doubtful that it should be tried again, and a new trial—before a jury this time—was consequently ordered. The sequel is instructive. The judge was with difficulty brought to acknowledge that his original judgment was questionable. But Mr. Nicholson, who, we suppose, understands law if he mistakes medical symptoms, saw that evidence such as was contained in the affidavits given to Mr. Spurgin was too strong for him, and his bonesetter, and paid the money instead of trying the case again. As this was done privately, many persons who saw the original slur on Mr. Spurgin's skill may not have been made aware that it has been wiped out, and we think it well to call attention to the fact that the defence based on his alleged unskilfulness has utterly broken down. His reputation is satisfactorily cleared, but the injury done by the original wrong decision is but partly remedied. The costs in the first instance were, of course, ordered to be paid by Mr. Spurgin, who lost the case. These he does not now get repaid. The costs of preparing the case, of applying for and getting a new trial, were necessarily heavy, and though Mr. Spurgin succeeded, the judge would not give him any costs. The result is that Mr. Spurgin has been put to very considerable expense in enforcing what is now admitted to be a just claim, and in protecting his reputation, which now turns out to have been most unfairly attacked. If he had been a poor man without friends he might have been unable to procure the means for applying for a new trial, and might have been ruined professionally and financially by the judgment, which results show to have been wrong; as it is, he has been mulcted in a considerable sum through no fault of his own. We are glad to know that a subscription has been started by his friends and professional brethren, and hope it may be sufficient to bear him harmless. His case, however, is not an isolated one. He may have been—we think he was—hardly dealt with in the matter of costs; but we cannot say that in this respect the judge was actually wrong. In most cases tried in our courts the successful litigant has to pay some costs which he does not recover from his adversary. Any man may find himself involved in a lawsuit, either as plaintiff or defendant, and may have to pay heavily to vindicate his rights. The general public may sometimes avoid the risk of costs by paying hush money instead of fighting. Professional men often are practically obliged to fight for the sake of their character, as Mr. Spurgin was. They must risk having to pay costs, as he did. His is another instance added to those which of late have been numerous enough to show the importance of mutual aid being given to each other by members of the medical profession. Singly, they run great risk of losing even the best claims; united, the case is otherwise.

UNPROFESSIONAL CIRCULARS.

DR. B., of P. M., writes: What I did was, in my opinion and that of others whom I consulted, quite in accordance with professional etiquette. I wished to keep up my practice at P. M. while I formed a nucleus at ——, so engaged an experienced unqualified assistant to live there, and take midwiferies, etc., in my absence. He had no sooner come than a false report was spread among my patients that I was going to leave them altogether, and hand them over to an assistant. As this report was causing great offence to my patients, I was driven in self-defence to write *to my own patients*, and state what I was in reality doing; and to save trouble I had my letter printed. Not one was sent to a person who was not my own private patient. Is it contrary to medical etiquette to act thus with one's own patients, providing none are sent to the