

CORRESPONDENCE.

THE "VAGUS TREATMENT" OF CHOLERA AND DIARRHŒA.

SIR,—Now that Dr. Harkin's "vagus treatment" of cholera and diarrhœa is attracting attention, it would be well if medical practitioners were briefly to publish, for general information, cases so treated by them. I know that Dr. Harkin would like his treatment to be fairly tested and honestly reported on. It is in deference to his expressed wish, conveyed in a letter to a friend, which I was permitted to see a few days ago, that I now send for publication my experience of the "vagus treatment" of diarrhœa, etc.

The first time I adopted this treatment was as far back as December, 1885. I had previously seen an article on the subject by Dr. Harkin in August, 1884. My patient was an infant of European parents, aged nearly 2 months. I was called to see her on December 5th, and found her suffering from diarrhœa and vomiting. I prescribed castor oil, followed by grey powder. The next day the child was apparently sinking. The diarrhœa, serous in character, had increased, and nothing could be retained on the stomach. Later in the day I found her in convulsions. I then thought of the "vagus treatment," and at once applied blister fluid as directed by Dr. Harkin. In a short time the child's condition had marvelously changed; she soon slept calmly, warmth returned to the extremities, vomiting ceased, food was retained, and purging diminished. On the 7th I was able to pronounce the child out of danger. I naturally made a note of this, and treated many similar cases in the same way, but not taking notes of these, I shall merely mention three cases which have recently come under my treatment, the particulars of which are fresh in my memory.

In August last I was called to see R. B., a coloured child, aged 2 years, suffering from gastro-enteritis. The child had been ill some days, and was in a bad way, purging freely and vomiting everything. Prognosis most unfavourable. On my visit the day after I applied the blister and left the patient, fully believing that I had seen the last of him. On my visit the next day I found the child drinking barley water and goat's milk, and keeping all nourishment down, and in every way better. The mother described the effect of the blister as "wonderful." The child made an uninterrupted recovery.

On October 23rd last I was called to see a coloured woman, aged 54, suffering from acute gastritis. She had kept nothing down, I was told, for three days, and had fainted several times for want of food. I blistered the vagus, and she only vomited once after the application of the fluid. A few hours after she retained milk and soda water, and the day after she was able to take animal broth freely.

On Sunday last (November 23rd) I visited a brown woman, aged 60, who had been ill since the previous Wednesday with vomiting and purging. She is a midwife, and had caught cold, I was told, while attending a labour case, and had to leave suddenly. When I saw her she was quite insensible, and appeared to be dying from brain exhaustion. While examining her she passed a watery evacuation involuntarily on her bed. I had to do something, so I resorted to the blister over the vagus, and left a lavender water placebo to be given. On Monday this woman was able to keep down egg, milk, and brandy. When I saw her this morning (November 26th) she sat up in bed and conversed with me.

I note these cases for the consideration of those who take an interest (as I do) in Dr. Harkin's vagus treatment.—I am, etc.,

St. Andrew, Jamaica.

JASPER CARGILL, M.D.

THE TREATMENT OF UTERINE MYOMA.

SIR,—I have no desire to follow Dr. Skene Keith's intricate criticisms of my tables of cases, even if I could do so at this distance from my records, as nothing but confusion can exist in the minds of your readers from such statements as he makes. He seems to think that "experience" does not grow in the space of ten years; but I find that it does, and therefore I have had repeatedly to alter my views. Even upon the cataloguing of individual cases I have had to change my

opinion, and concerning something less than a dozen cases I have, years after their occurrence, seen reason to reconsider and alter their placements. That this has occurred in a few instances out of a detailed record of 2,000 cases can be no matter of wonder; and that the replacement consists, with but one exception, of recoveries, must convince any but a prejudiced mind that my intention was an honest one. The one fatal case removed from the list of cases of removal of the appendages to the list of cases of hysterectomy will prove this still further; for I could easily afford a material addition to the mortality of the former, whilst I confess that the addition of even one to the list of fatalities of hysterectomy was to me a serious trouble.

What, therefore, was a real virtue in my handling of my statistics Dr. Skene Keith wishes to press against me as a piece of dishonesty. The principles on which I have tabulated my cases are doubtless open to differences of opinion; all statistical methods are; and as a pioneer I have had to alter my methods; but in every instance I have stated the fact and have given my reasons. What I want is that the system of tabulation, however it may be constructed, shall be complete and satisfactory in detail. My *brochure* on the surgical treatment of myoma is now in the press, and it shows a record, even if the displaced case can be reinstated, which will establish the efficiency of my method. If the electrical treatment can show a better with the same supply of detail, I shall have nothing more to say.—I am, etc.,

Rome.

LAWSON TAIT.

MIDWIVES REGISTRATION BILL.

SIR,—After reading Dr. Atthill's letter, I have come to the conclusion that he has not seen a copy of the amended Midwives Bill, but that he has contented himself with collecting from the medical press the opinions of others, and presenting them to us in the uninviting form of a *réchauffé* dish. I have been led to believe this because he says the "title" of the Bill indicates that its framers think "registration" all that is needed. Now the title is described in the first clause as follows: "This Act may for all purposes be cited as The Midwives Act." This is a comprehensive title, and includes education, examination, certification, and registration. These are only means to an end, and that end is lost sight of by many; namely, the prevention of women calling themselves midwives who are not competent to act as such. Dr. Atthill proposes that an Act should be passed to encourage the education of midwives, and enforce their examination, but he says nothing about granting certificates or registering them. Examination is of little use unless the person passing it can prove the possession of it by certificate, and the certificate is of no value to one who holds it if others can declare they have it, and there is no Register to refer to for proof against them. Dr. Atthill is satisfied with "Home Rule" in Ireland as far as midwives are concerned, and kindly wishes to help us with the management of ours. The King and Queen's College of Physicians of Ireland obtained a Charter in 1673, enabling them to examine and license midwives, and punish all who practised without a licence. Midwives have certainly received more attention, and been better educated in the sister isle. "As a rule," Dr. Atthill says, "they are efficient and well conducted." He, however, thinks the English midwives who propose to educate and register will not be so satisfactory, for he fears "a good many will be guilty, or at least be accused of being guilty, of drunkenness, incompetence, infamous or disgraceful conduct, etc." Let us hope this fear is groundless. Some of the objections which Dr. Atthill mentions have already received attention, and will be remedied after the Bill has been read a second time, but a number of them are due to incomplete knowledge or misapprehension of the intention and powers of the Bill. These will most certainly disappear with further enlightenment.—I am, etc.,

Upper Wimpole Street, W.

JAMES H. AVELING.

SIR,—The following case, occurring at the time of the discussion on the Midwives Registration Bill, is perhaps worthy of remark.

On Christmas Day, 1890, at 4 P.M., I was called to see a woman who had been delivered at 10 A.M. by a midwife of over fifteen years' experience. The patient was flooding, and

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had all the signs of grave *post-partum* hæmorrhage—blanched, ringing in the ears, loss of sight, pulse barely perceptible; the uterus was enlarged and partially contracted, due, I suppose, to the ergot the midwife had given. The latter said the placenta came away all right and she had put it behind the fire—the usual mode of procedure. I introduced my hand into the uterus and found an adherent placenta, which I removed. On the introduction of ice and antiseptically syringing the hæmorrhage ceased. The patient is slowly recovering.

That the midwife, with her long experience, either failed to recognise or utterly ignored the danger and urgency of the case is proved by the fact that the husband of the patient called me in of his own accord and not at the suggestion of the midwife. Now, the latter is one of the many who will lay claim to be put on the Register.

There is another class of patients—and not by any means few in number—attended by midwives, on the plea of not being able to pay the doctor's fee of 10s. 6d., though the midwife charges 7s. 6d., who apply for medical help and claim to be attended on benefit societies, clubs, or Poor Law. These unfortunate women are suffering from the effects of ignorant or meddling midwifery. The medical man loses his confinement fee and also his extra work.

If this Act, as it now stands, becomes law, instead of becoming a boon to the poor lying-in woman, it will prove the very reverse, and the injury to the general medical practitioner will be serious. Even now, although we do not live in Russia or Norway, midwives visit and have medicine made up for women and children. What may they not attempt when they are backed up by an Act of Parliament? Possibly the specialist on diseases of women may reap the benefit—if not in fees, at any rate in experience—from botched midwifery.—I am, etc.,

Bulwell, Notts.

SAMUEL ALEXANDER, L.R.C.P.Edin.

A CROWNER'S QUEST!

SIR,—Last week I was called to a fatal case of burning, the victim being an infirm woman living with her married son. According to instructions given to the coroner by the London County Council, I am informed that medical evidence must be dispensed with in all possible cases, a circumstance which will invalidate the object of inquiries into the causes of sudden death.

Accordingly I was not subpoenaed, but, being interested in the case, I was present. I am not wrong in saying the evidence was of the most useless type, and totally irrelevant as to the immediate cause of death. Only two witnesses were summoned, and, on account of the darkness of the room in which the deceased was found, neither had actually seen her after death. After I had seen the body I directed the friends to communicate with the police. No police evidence was, however, thought desirable. Both femora, I may add, were obliquely fractured in their lower thirds, the soft tissues superjacent to the shafts being completely destroyed in the incineration. No reference whatever was made to this circumstance, although I had made communication to that effect to the coroner's officer.

The ends of justice are most likely to be defeated if inquiries are conducted on these lines.—I am, etc.,

FRANK HEWKLEY, M.B., F.R.C.S.

Stoke Newington, N.

THE CONVULSIVE COUGH OF PUBERTY.

SIR,—In your report of the meeting of the Medical Society of London on December 15th the summary of my remarks on Sir Andrew Clark's paper, "The Convulsive Cough of Puberty," contains a statement which I shall be glad to be permitted to correct, since it is almost the converse of that which I actually said. The observation referred to the alleged resemblance of the cough to the sound made in the laryngeal crises of tabes. I said that, while I would not deny that there were cases of laryngeal crises in which a similar sound was made, in all the cases of each disease that had come under my notice the sounds produced were quite different; that I had not understood the paper to assert that in no disease whatever was any similar sound ever produced, but, merely that the cough differed so notably from all ordinary forms of cough that it might fairly be described as *sui generis*, and in

this I entirely agreed. As a matter of fact, I have never even read a description of the laryngeal crises of tabes which is suggestive of a similarity to the peculiar cough referred to.—I am, etc.,

Queen Anne Street, W.

W. R. GOWERS.

THE USE OF THE LANTERN IN PATHOLOGICAL LECTURES.

SIR,—In the BRITISH MEDICAL JOURNAL of December 20th, 1890, I see a note of some remarks made by Mr. Watson Cheyne, at the conclusion of his recently published lectures, on the use of the optical lantern in illustrating lectures on pathology.

I have used the lantern now for several years, and am daily adding to the already large number of slides made for the pathological department of the Yorkshire College. I should feel quite lost without the lantern, though I have a large number of sheet diagrams, which are used mostly for the class on morbid histology. If the lecturer is to continue to exist amid the fast-coming crowd of textbooks, he must make the best of the advantages of his position, not the least of which is the power to elucidate a difficult subject by a number of illustrations far beyond what the most generous publisher would allow in a textbook. Sheet diagrams are very expensive, and unless made by a skilled pathologist require constant supervision in their execution. A lantern can be bought for £2 or less. The cost of oxygen is small. By the use of the ingenious copying frame invented by Professors Barr and Stroud, and described at the recent meeting of the British Association, the copying of drawings and book illustrations is rendered perfectly simple, and an ordinarily intelligent laboratory assistant could be taught in about a couple of hours to make first-rate lantern slides. This machine will be on the market in a few weeks, at a cost, I believe, of about £6, including camera and lens.

There is no need to darken the lecture room beyond shading the screen, which should be inclined forwards, and the lantern manipulated by the lecturer from the lecture table. If the lighting be properly arranged sheet diagrams may be shown at the same time at the sides of the screen. The slides, if made at home, should cost less than 3s. per dozen.

As I remarked, I have already a large number of negatives, and it seems a pity that these and similar ones done by other workers should not be more generally available to lecturers on the subject, and they have cost me much time and trouble, which I would gladly save others. I am quite ready to lend my negatives to any colleague who may wish to print from them; but I think the better course would be to arrange with some competent professional photographer, who would not only print from negatives sent him from various sources, but would also undertake the preparation of diagrams from books, drawings, etc., at reasonable rates. At present these rates (I have paid 24s. a dozen before I began to make them myself) are far too high. A catalogue of negatives in stock should be published.—I am, etc.,

Leeds.

ERNEST H. JACOB, M.D.

ESTIMATION OF URIC ACID BY HAYCRAFT'S PROCESS.

SIR,—I see in the BRITISH MEDICAL JOURNAL of January 3rd an account of a paper by Dr. Haig on Haycraft's Method of Estimation of Uric Acid in Urine, in which he refers to my note on the subject, published two years ago in the *Proceedings* of the Royal Society. I think Dr. Haig does not appreciate the exact position of affairs with regard to this method. He simply states that Salkowski and myself have adversely criticised the method, and implies that our objections mainly rest on "more or less theoretical points in chemistry." As a matter of fact they rest on direct comparisons between results obtained by Haycraft's method and those obtained by some other method known to be reliable, and on analyses of the precipitate obtained by addition of silver nitrate to urine, as done in Haycraft's method. Dr. Haig seems to imply that Salkowski was not improbably influenced in his results by the fact that he is the author of another method for estimating uric acid. Such an insinuation against a chemist of Salkowski's reputation is not only impolite, but is ridiculous. All that need be said in answer to it is that Salkowski had, before Haycraft had invented his method, shown that such a me-