SPECIAL CORRESPONDENCE.

MANCHESTER.

The Coming of Age of the University Women's Union.—A Coroner on Viewing Bodies.—End of the Winter Session.—The Garcia Centenary.—Cost of a Small-pox Hospital at Elswick.—Gift to the Rochdale Nursing Institution.

ON the evening of March 10th the Manchester University Women's Union gave a reception in the Whitworth Hall of the University to celebrate the coming of age of university education for Manchester women. Some of the apparatus for higher education of women was in existence in Manchester as early as 1874, but it was not until many years later that the policy of separate education for the sexes was abandoned. Four graduates obtained the degree of B.A. in 1887, and in 1889 there was one Bachelor of Science, while 1904 saw the degree of Bachelor of Medicine conferred on the first Manchester woman medical undergraduate—Miss Catherine Chisholm, herself the daughter of a medical man who was a keen advocate for opening the portals of the medical school to women. At present there are about 240 women undergraduates, including 12 medical women undergraduates.

At an inquest held at Wigan, the foreman of the coroner's jury said he never looked at a body, and he hoped the coroner would use his influence to remove the necessity. The coroner replied that he sympathized with the jury, and if he ever went to Parliament he would be a reformer. Viewing of bodies was ridiculous.

This week the lectures in the Medical Department came to an end for the winter session, and the examinations for the degrees are going on. The summer session begins on Tuesday, April 25th.

The University of Manchester has not omitted to play its part in the Garcia Centenary, and an address of congratulation from it is to be one of the many presented to Señor Garcia on his hundredth birthday. Professor Stirling, moreover, in the last lecture of the session to the physiology students, took the opportunity to give an interesting history of Garcia's work.

A Local Government Board inquiry was held at Preston on March 8th into an application by the Lancashire County Council to borrow £8,000 for the completion of the Fylde, Preston, and Garstang Joint Small-pox Hospital at Elswick. The original estimate for the loan was £18,000, and this estimated expenditure has been exceeded by £8,739. Nevertheless, we are told there had been no extravagance; all the money had been well spent.

A few months ago the trustees of the will of the late Mr. James Holden proposed to pay £5,000 to the Rochdale Nursing Association under a clause of the will, which, after devising legacies to various hospitals, empowered them to hand over money to any other "well-established institution of a like nature." The necessary legal formalities have been satisfied, and payment of the legacy as proposed duly authorized.

SOUTH WALES.

Health of Monmouth.—Sewer Ventilation at Newport.—Rainfall.—Presentation at Garnant.—National Museum and Library.—Sir W. T. Lewis.—Welsh University.

AT a meeting of the Monmouth Town Council held on March 7th, the medical officer of health presented his report, in which it was stated that the death-rate was 21.9 as against 17.5 in 1903, and the birth-rate 24.5 as compared with 22.8 in 1903.

A report has been presented to the Newport Town Council on the question of sewer ventilation by the borough engineer, who states that it has yet to be demonstrated beyond the possibility of doubt that sewer air is prejudicial to health. If the Corporation is disinclined to wait for the results of the Manchester investigations, some limited experiments would afford valuable information, and an attempt might be made to ascertain whether zymotic disease was propagated by surface ventilation. He recommended that experimental works be tried in five districts.

The rainfall in the Cardiff district during the last few days has been the heaviest since July, 1904. At Lisvane it was 0.81 in. during the twenty-four hours ending 9 a.m. on March 9th, whilst at the Cantreff Reservoir there was an overflow of 8 in., 160 ft. wide, and at the Beacons an overflow of 3½ in. On Thursday, March 9th, the members of the Waterworks Committee visited the Heath filter beds to inspect the new reservoir, which is about to be completed, before it is tested.

On March 9th Dr. Howell Rees, J.P., late of Glangarnant, and now of Richmond Road, Cardiff, was presented with an illuminated address setting forth the high appreciation in which he is held by the inhabitants of Cwmaman generally, in which district he had resided upwards of thirty-two years. Dr. Rees has recently been elected on the Board of Management of the Cardiff Infirmary.

The Mayor of Cardiff has issued a circular appealing for £50,000 to be raised in order to secure for Cardiff the location of the National Museum and Library. Some £26,000 have already been promised. Newport, Barry, Maesteg, Caerphilly, Penybont, etc., have unanimously decided to support the claims of Cardiff.

Sir W. T. Lewis, Bart., was made a freeman of the borough of Cardiff on March 10th. Sir William has during the last fifty years rendered yeoman services in connexion with Cardiff and the Principality generally, especially in connexion with the Cardiff Infirmary and the Merthyr General Hospital, and the honour conferred upon him is well deserved.

Sir T. Marchant Williams, Warden of the Guild of Graduates of the University of Wales, in an article to the *Welsh Leader*, writes: "The acceptance by the Senior Deputy Chancellor of the University of Wales, Sir Isambard Owen, of the principalship of the Armstrong College of Science at Newcastle, makes it incumbent on the University authorities to take steps immediately to appoint a working head of the University, who shall devote his whole time to the services of the University."

CORRESPONDENCE.

THE METROPOLITAN CONVALESCENT HOMES ASSOCIATION.

SIR,—I have read with much interest the report of the meeting convened to establish this Association, and its objects are such as will doubtless meet with the approval and support of all workers in hospitals and convalescent homes. These objects appear to be "to obtain some form of union and co-operation between the various convalescent homes. The changes in the character of the relief which can be afforded by them was recognized, and it was considered that such changes could best be initiated and carried out through a central association in immediate touch with the hospitals on the one hand and the homes on the other." "Centralization and combination of effort and the promotion of economy" are objects worthy of the attention of this Association, with whose inception so many eminent names are in evidence.

You, Sir, and many of your readers and correspondents will, I am sure, welcome this effort to deal with a pressing and many-sided problem, especially if the attention of the executive of the Association can, amongst its other duties, be directed towards a more thorough and radical mode of grappling with a disease peculiarly rife in London hospitals. The disease in question is surgical tuberculosis, being that form of tubercle affecting the bones, joints, glands and skin. It is true that children are more liable to it than adults. From the report of the meeting held on March 2nd it is clear that the work of the Association will be more particularly and immediately concerned with the thirteen convalescent homes connected with thirteen general hospitals. Yet I venture to think that the scope of work must be extended to children's hospitals and their convalescent homes when the whole subject comes up for consideration in all its bearings. In discussing the treatment of surgical tuberculosis I have advocated in your JOURNAL and in the *Practitioner*, and before the Invalid Children's Aid Association Congress, the urgent need of a central and influential body to secure co-operation and unity of effort among the urban hospitals, seaside hospitals, and convalescent homes.

At the risk of encroaching on your valuable space may I allude to some salient points which have been set forth from time to time in the columns of the BRITISH MEDICAL JOURNAL when dealing with surgical tuberculosis in children? It is true the disease is more rife among them, but a large number of adults suffer, and it is universally agreed that the fresh air of the country and seaside is imperatively needed for the cure of this disorder. They who have worked for years at children's hospitals in London and large towns know how disappointing

in many cases the results of their efforts have hitherto been. A good number of half-cures are made, but in tuberculosis half-cure is no cure at all. The complete cures which are obtained by one or more operations, in some cases as many as five or six, are comparatively few, and relapses in other cases are exceedingly common. The pressure upon the beds in general and children's hospitals precludes that long stay so necessary to the complete cure of these patients; and, indeed, it is very doubtful if the surroundings of such hospitals are conducive to this end, while it is not desirable for patients sick of other diseases to be exposed to the risk of contagion from tuberculous cases.

Before a child ill with surgical tubercle is well, he may be sent out because of the necessity of dealing with more urgent cases, or he is drafted to a convalescent home, where his stay is limited to a few weeks owing to administrative and other difficulties. He returns to his home in the crowded city, partially cured, and the disease breaks out again. Readmission to the hospital takes place, and the weary round commences once more. This means that much money, time, and labour have been spent, and the results are not satisfactory, nor so good as can be effected or ought to be achieved, while the resources of both hospital and convalescent home have been wasted to a considerable extent.

In my opinion, Sir, it is in the establishment of a central powerful and influential body, such as the Association appears to be, lies the hope of grappling with this problem. Efforts—and very successful ones, too—have been made to treat pulmonary tubercle in homes in the country, but hitherto surgical tubercle has not received the attention it deserves. The weighty words of Sir Edmund Hay Currie are worth pondering when he said, "The very last thing that ought to be done was to go in for bricks and mortar and to build new convalescent buildings. It is wrong to divert money to pay for new buildings till it is perfectly clear that the existing institutions were in a position to carry on their work." This is exactly the crux of the whole matter. I venture to say that adequate machinery for dealing with surgical tuberculosis exists. What is required is organized and co-ordinated and harmonized efforts under the direction of a central council, the members of which are convinced that the way to treat surgical tuberculosis, especially in children, is to retain such children in homes in the country or at the seaside until they are entirely cured; or it is evident that they are incurable with the means at present to hand. And in the latter case it is a moot point if separate homes should not be set aside for them with the object of preventing danger of infection to the healthy community.

It is therefore, sir, my earnest hope that the formation of the Metropolitan Convalescent Homes Association may lead to a powerful and organized effort to deal with and stamp out surgical tuberculosis especially in children, and place its treatment on the same satisfactory level as in France, Germany, Italy, and the United States.—I am, etc.,

A. H. TUBBY,
Consulting Surgeon to the Evelina Hospital for Children, etc.

London, W., March 10th.

THE TREATMENT OF POST-NASAL ADENOIDS.

SIR,—Dr. Ward Cousins states that "there are three well-recognized ways of removing post-nasal adenoids," and that the first of these is by the sterilized finger, which, in his opinion, is the best instrument for young children.

A very slight acquaintance with the practice and literature of the subject, both at home and abroad, will convince any one that the sterilized finger is not "a well-recognized way of removing adenoids." Indeed, it is now such an effete method that it is seldom referred to except to be condemned.

My criticisms are not quoted by Dr. Ward Cousins with the candour and frankness he professes to admire in my letter of February 4th. He quotes me as saying that I "often practised the finger-nail operation, and found it quite sufficient for the treatment of slight cases." This is not correct. My letter clearly states that I had "attempted the removal of adenoids with the finger nail. In slight cases or in soft growths it may prove sufficient; part of the growth is removed, involution takes place in what is left, and symptoms are relieved."

His familiarity with the generally employed Delstanche curette does not appear to be very intimate, judging by the idea that I "skilfully entangle the detached fragments" in its cage. The adenoid growth which is removed at a single stroke with this curette is not in fragments, but in one mass. The skill required to use it is acquired by all the students who work in the throat department.

It should be a satisfaction to the operator, and it is not an unnatural one to the friends in some cases, to see that a solid growth has been removed, and not merely scraped with a finger nail. But this is only an incidental and accessory advantage of the caged curette, although Dr. Ward Cousins refers to it as if it were the chief or only one. He finds that "it is scarcely adapted to remove anxiety." It is nowhere suggested in my previous letter that inspection of the removed mass allays anxiety. Anxiety to all concerned is diminished by removing a growth from the naso-pharynx, and out of the patient's air-passages, with one sweep of an instrument, instead of scraping it into fragments with the finger nail, and "leaving the remnants to be ejected in the usual way."

The statement that "soft gelatinous masses surrounded the posterior apertures" of the nose is a curious description of the appearance and distribution of these growths. The friable part of adenoid hypertrophies, which can be scratched away with the finger nail, may look gelatinous, but the solid tissue of the pharyngeal tonsil is a fleshy and not a gelatinous mass, and adenoid growths do not surround the posterior choanae.

In these discussions by correspondence, it is seldom that either party moves appreciably from his first standpoint; but this is a matter of very limited interest. The important point is that it should not be overlooked by others that the finger-nail operation is not a recognized way of removing adenoids; that it was tried and abandoned by aurists and laryngologists more than ten years ago; and that, while it may relieve symptoms in some cases, it is not as safe, rapid, or successful as other methods, even when it is supplemented by the free application of Dr. Ward Cousins's roughened metal probes, rubbed over the inferior nasal passages.—I am, etc.,

London, March 7th. STCLAIR THOMSON, M.D.

SIR,—I sincerely trust that the method of removing adenoid growths of the naso-pharynx, suggested by Dr. Ward Cousins, in the JOURNAL of January 28th, will not be followed.

The sterilized finger nail should be only used for clearing the fossae of Rosenmüller. It is almost impossible to remove a growth of any size with the finger nail without leaving tags behind, besides, the time the finger has to be kept in the mouth considerably complicates the operation.

A year or so ago I visited all the throat hospitals in London, so as to compare the different ways of operating, and I am convinced that the following is the safest and most surgical:

The patient is placed on his right side near the edge of the table with the head dependent resting on a low pillow, (care being taken that the neck is not twisted), the face projects slightly over the edge of the table, the legs somewhat drawn up. The index finger of the left hand is passed behind the soft palate and acts as a guide to the curette, which is then passed up into the naso-pharynx. The growths on the superior and posterior walls are removed by one or more sweeps of the curette from above downwards. It is the growths on the basi-sphenoid or superior wall of the naso-pharynx that are most often left by unskilled operators. The fossae of Rosenmüller are cleared with a small lateral curette, such as Bronner's or the sterilized finger nail. Personally I use the latter as less likely to injure the Eustachian eminences or cause undue cicatricial contraction.

If the posture of the patient is adhered to in the manner I have described the blood cannot enter the larynx, and if the light is good the operator has a view of the mouth, and with skill he can turn the growth—especially the cristate form on the posterior wall of the pharynx—out of the mouth. I now use a Macdonald's spring grip curette, which is practically a modified Gottstein with a thin-hinged plate; this retains the growth, and is a preferable instrument to Delstanche's, the hooks of which sometimes tear through the growth.—I am, etc.,

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East Acton.

SIR,—It seems to me a matter for the individual surgeon to decide, whether he use the sterilized finger nail or the curette in operating for post-nasal adenoids. Fingers vary in size and length, and also in the "tactus eruditus," and one man may rely more on his sense of touch through a medium,