

The Cairo Nursing Institution and Anglo-Egyptian society in general have just sustained a most severe loss by the death of Miss Miriam Bristowe Hughes, lady superintendent at Kasr-el-Aini Hospital, who succumbed to typhoid fever on August 25th, in the flower of her age. Hardly a year in Egypt, Sister Hughes had contributed largely to the improvement of the hospital, where her loss will leave a blank not easily to be filled. She was originally trained at St. Bartholomew's Hospital, and had devoted several years to nursing before she came to Egypt. It is a sad comment on the sanitary condition of the country that of the two ladies who came to form the nucleus of a nursing institution some fourteen months ago, one should have been permanently invalided, and the other should have died from preventable disease.

NOTES FROM ITALY.

Trephining in Epilepsy—Outbreak of True Cow-pox.

DR. LUIGI SARTORARI, of Bardolino, has lately recorded¹ a case of Jacksonian epilepsy in which trephining was had recourse to without success. The patient, a man aged 25, had four years before suffered from a severe attack of what was diagnosed as cerebral congestion, following a drunken debauch, in which he received a severe blow on the head. This illness gave rise to left-sided hemiparesis, which seemed to be completely cured three months later. Ever since that time, however, the man had been subject to epileptic fits, which occurred at irregular intervals of from eight to fifteen days. At the beginning of the present year a fire took place in his house, and he underwent great bodily fatigue, besides grievous mental anxiety, in extinguishing it. The following night he was seized with fits of extreme violence, and when Dr. Sartorari first saw him they had occurred at intervals of a few minutes for a period of seventy-five hours. Between the fits he was comatose. During the fits the corner of the mouth and the face were drawn to the left side, the eyeballs rolled upwards and to the left; this was followed by rigid extension of the left arm and leg. After a few seconds this condition gave place to rapid clonic convulsions of the whole of the left side; the fingers of the left hand were flexed and the thumb bent into the palm. On examining the head Dr. Sartorari found a depression on the right side of the skull, running backwards horizontally for 6 centimètres, and 7 centimètres above the auditory meatus. Though hopeless of success, owing to the rapidly-deepening prostration of the patient, Dr. Sartorari proceeded to trephine over the right motor area. The depression in the bone was found to affect only the outer table and the diploë, the inner table being perfectly sound and smooth. An incision into the dura mater gave issue to blood, together with about half a coffee-spoonful of yellowish oily-looking matter containing cream-coloured clots. The pia mater was opaque and infiltrated; the brain pulsed but did not protrude from the wound. The wound was thoroughly cleansed and dressed. For about half an hour no fits occurred, and a flicker of consciousness returned for a few minutes, but death took place four hours after the operation.

The Animal Vaccination Committee of Milan has recently had a windfall in the form of a supply of lymph derived from a herd of cattle in which cow-pox had spontaneously broken out. On August 3rd the Prefect of Sondrio (N. Italy) announced that natural cow-pox had appeared in a herd in the commune of Cosio, in Valtellina, at a height of 2,000 mètres, near the top of the Tagliata Alp. The eruption had shown itself on the udders on June 27th, and of the eighty cows only four had not been attacked. The herd was examined on August 8th by a veterinary surgeon, who found marks of the disease in a great many of the animals. One of them was found to have pustules still full of lymph, from which some glass tubes were filled and despatched to Milan. On August 13th the Milanese Committee inoculated a healthy cow with this lymph in more than fifty places. On the 19th it was found that all these points had taken; and on the 20th, after careful examination of the bovine vaccifer, which was found to be perfectly healthy, the lymph was successfully used on the human subject. This is the twentieth time in twenty years, and the third in the present year, that the Milanese Committee has been enabled to renew its lymph supply in the same manner, the last occasion having been in March of the present year. It is obvious, therefore, that the recent severe epidemic of small-pox in Milan has not been due to any deficiency in the quality of the lymph-supply. It is notorious that a large proportion of the population is still either altogether unvaccinated or insufficiently protected.

¹ *Gazzetta degli Ospitali*, August 23th, 1889.

CORRESPONDENCE.

LONDON POST-GRADUATE COURSE.

SIR,—The criticisms of your correspondent "Scientia," in your issue of September 14th, are, on the whole, friendly to the scheme of the post-graduate course, which the Committee of Delegates propose to publish soon *in extenso*, but I should like to add a few words in explanation of some of the points to which he objects.

First, as regards the length of the course. "Scientia" says two months is too long, and will prevent many provincial men from attending, and that it is no very difficult matter to give eighty lectures in a session of four to five weeks. But in order to secure the services of the senior members of the staffs of the various special hospitals, as well as that of the juniors, we have been compelled to fix on only afternoon and evening hours for the demonstrations, as it is hardly to be expected that busy physicians and surgeons can attend in the forenoon, the usual home-consultation hours, at hospitals situated for the most part at some distance from their houses.

Nor should a fee of ten guineas for no less than eighty demonstrations be objected to, which include practical teaching at five of the leading special hospitals of London; and it will always be open to practitioners, who do not require the whole course, to enter for the demonstrations of one or more hospitals at a proportionate fee.

With regard to "Scientia's" suggestion as to the co-operation of certain hospitals for the study of gynaecology, I may state that it was intended to associate one of the hospitals for women's diseases with the scheme, but it was found impossible on account of the strong objections raised to examinations of the female patients. Though at present five hospitals are included in the course, it is not improbable that others may be added at a later date, and the scheme placed on even a broader basis than at present.

Much is said about the excellent post-graduate course given in Edinburgh and the low fee charged for it, and in the prospectus of that course, which lies before me, I see much to admire and to follow; but I also note that, though the matriculation fee is so low, the fees for the special courses amount in all to ten guineas, the same as that of the proposed London courses. Edinburgh, however, includes several demonstrations in medicine and surgery in the original matriculation fee.

And I would ask "Scientia" where is there in Edinburgh, or, indeed, in any European city, anything equivalent in number of beds or variety of cases to the great special hospitals of London, in some of which instruction has been given for years, but whose material we are now for the first time attempting to organise more systematically for teaching purposes.

That success may attend our efforts is, I am glad to see, the hearty wish of "Scientia," and I am sure of all who desire to advance the knowledge and science of the medical profession.—I am, etc.,

C. THEODORE WILLIAMS,

One of the Delegates of the Post-Graduate Course.

ENGLISH PRACTITIONERS IN SWITZERLAND.

SIR,—Dr. Huggard, in his letter to you on this subject in the *JOURNAL* of September 21st, makes some very serious mistakes. For example, he says: "What is demanded is that the right to practise in England should carry with it the right to practise in Switzerland." That is not what is demanded by English practitioners; they simply ask to be allowed to practise in health-resorts among their own country people. Again, he says: "If a Swiss medical man wishes to practise in England, he must pass an examination in order to be a recognised member of the profession there." Nothing of the kind. He may practise to any extent he pleases provided that he does not pretend to practise under an English qualification. Moreover, if the Swiss medical authorities thought proper to apply, under the seventeenth section of the Medical Act of 1886, to the Privy Council, they could have their qualified practitioners placed on the list of foreign graduates, which would give them all the rights and privileges of English registered practitioners. He further remarks: "Anyone who thinks it worth his while to practise there might surely also think it worth his while to undergo the necessary examination." Few practitioners would be found to agree with him, for this gentleman, having obtained the degree of

Doctor of Medicine and Member of the College of Physicians of London (qualifications which would enable him to practise throughout the British dominions, over the extent of which, as it is said, the sun never sets), thought proper to go through a series of examinations to obtain a qualification to practise in the small Republic of Switzerland. It should surely be unnecessary to follow such an example as this.—I am, etc.,

HEALTH RESORT.

UNCERTIFICATED MIDWIVES.

SIR,—We are glad to see that public attention is at last being called to the crying evil of uncertificated women practising as midwives. The recent cases reported in various papers of death through puerperal fever, conveyed to six poor lying-in women by an uncertificated midwife, set forth in a striking manner the need of legislation as to the employment of untrained and irresponsible women.

Though there are at present many well-trained and certificated midwives in practice, the uncertificated woman will continue to be employed, to the great detriment of mothers and infants; and nothing but compulsory registration—that is, by Act of Parliament—will meet the case. It is earnestly hoped, therefore, that the Bill for the Registration of Midwives, notice of which has been given in the House of Commons, will shortly extend to the mothers of England that protection in childbirth which they can command in every other European country.

The Midwives' Institute has been quietly and steadily working towards this end for the last eight years, and will gladly supply all information on the subject to anyone desiring it.—I am, etc.,

MARGARET NICHOLL,

Secretary to the Midwives' Institute.

15, Buckingham Street, Strand, W.C.

INSANITARY HOUSES IN LONDON.

SIR,—As you mention my name in your leader of September 21st, perhaps you will allow me to make a few remarks in reference to it. It is certainly satisfactory to be able to note, as you do, that the question of expert sanitary officials is so far "fairly advanced that we may hopefully await its further development." Thanks are certainly due to the Sanitary Institute for the part it has already taken in the good work; but, as I have said elsewhere, and as I have pointed out to the Secretary of the Institute, the regulations (a copy of which I have before me) are wanting in two points. There should be a preliminary examination in general subjects, of such a character as to guarantee as far as possible the candidate's social position. The present requirements—legible handwriting and correct spelling—are insufficient. It must be obvious that an official who lives upon the same social level, and is "hail fellow well met" with the very class which is chiefly responsible for the delinquencies to guard against which he is appointed, cannot be altogether independent, though I would gladly hope that cases of actual dishonesty or conscious yielding to influence may be comparatively rare. Of course I am attacking the system under which such cases are insufficiently guarded against, and not the class for which it is responsible, as one of the correspondents of the *Times* ("R. S. S.") seemed to think. The other point in which I think the Sanitary Institute's examination is weak is that it makes insufficient provision for the practical instruction and examination of surveyors in sanitary construction, and in the practical testing of the soundness of such construction. My idea is—and I hope that Mr. Ritchie's scheme will run upon those lines—that legislation should provide for the compulsory employment by all local sanitary authorities of properly-qualified, well-paid sanitary officials. I think that in many instances the offices of surveyor and sanitary inspector might with advantage be combined. Such officials should be of a certain social standing, and hold a position, as it were, intermediate between that of the sanitary engineer or architect and the medical sanitarian, and should possess a thorough practical as well as theoretical knowledge of his business. Reverting for the moment to the education and qualification of such officials, I would add that I do not propose that the Sanitary Institute should monopolise them. It has taken the lead in the matter, and when it has established a thoroughly sound standard of examination I am sure it will be only too pleased to see the universities follow its useful example.

I agree generally with your criticisms of Mr. Wootton Isaacson's Bill, but I should like to see what he proposes to do centrally

carried out to a certain extent locally. *Caveat emptor* is a good motto. No one has a greater objection to "grandmotherly" legislation and to the swamping of individual responsibility than I have; and were the interests of the "emptor" alone in question, I would admit its applicability. Unfortunately, however, a careless "emptor" may endanger the health of a large household, or even of a small community, should he happen to keep a school or a hotel, for instance. I think it would much simplify any contemplated legislation if it were to cover all such cases. Local authorities claim—and the best "urban" by-laws include sanitary provisions—a voice in the construction of new dwellings. Is it not a logical sequence that they should have the same voice in the maintenance of the efficiency of the sanitary arrangements, when defects only discoverable by skilled inspection may have a widely-spread detrimental influence upon the health of the community? Drains and pipes are at least as likely to get out of order and repair as other structural or ornamental portions of a house; and, whilst the consequences are more serious, the defects are more likely to be overlooked. In my opinion, periodical inspection by a thoroughly competent inspector should be insisted upon by all local sanitary authorities. The frequency of such inspection, and the question of upon whom the expense should fall, or in what proportions, would be matters of detail for after consideration; but I think that it would probably be found convenient to follow Mr. Isaacson's suggestion so far as to adopt the normal unit of lease—seven years—(7, 14, 21), coinciding so often, as that period would do, with changes of tenancy.—I am, etc.,

Constitutional Club, September 24th.

C. H. ALLFREY.

THE MEDICAL DEFENCE UNION.

SIR,—An editorial paragraph in the *JOURNAL* of September 14th provokes some comment. You are pleased to congratulate the Medical Defence Union on its successful prosecution of quacks, and you hope its energies will not be paralysed by a want of support. Such a condescending approval of the Medical Defence Union by the official organ of the British Medical Association reminds me of a certain class of benevolent people who are so charitable as long as they can use other people's purses. But I am afraid that the managers of the Defence Union will find their income injuriously affected by this crusade, as I have already requested my name to be taken off the list of members, and others, no doubt, will do the same.

The prosecution of quacks may very fitly be undertaken by the British Medical Association, which so highly approves of the step, or by the corporations; and the entire profession has a right to expect that this duty should be taken in hand by these representative and responsible bodies. But the Medical Defence Union, so I thought, was founded for the protection of its own members against the risks that beset them in having to defend themselves against unjust charges, in actions for damages in courts of law, in the certifying of lunatics, and misfortunes of a like kind. In restricting their functions to this useful work the managers of the Union will find their highest and best claim for support.—I am, etc.,

W. H. DAWSON, M.D.

St. Helens, Great Malvern, September 17th.

FLUSHING THE PERITONEUM.

SIR,—Dr. J. S. Briscoe should become a Fellow of the British Gynaecological Society and read its *Transactions*. When he does so he will find that flushing the peritoneum from a jug has long since been discarded, and that a very simple method of washing has been described, varied according to well defined requirements, by which the cleansing is accomplished in a method much better than that which he described. In a very few instances, however, such as the large incisions required by hysterectomies when there have been extensive adhesions, it may be as well to revert to the old plan of the jug which I recommended when I first introduced flushing the peritoneum some ten or twelve years ago.

In the matter of opening the peritoneum through the sheath of the rectus, Dr. Briscoe is also a little behindhand. In Birmingham this has been the almost uniform practice for fifteen or sixteen years.—I am, etc.,

LAWSON TAIT.

Birmingham.

SECTION CUTTING OF HARD TISSUES.

SIR,—As the demonstration at the recent meeting of the British Dental Association at Brighton, on microscopical section cutting of hard tissues, was productive of so much interest, may I, as the