CORRESPONDENCE.

THE "REVISED SCHEME" FOR THE RECONSTRUCTION OF THE UNIVERSITY OF LONDON.

SIR,—In the fourth paragraph of the report of Lord Selborne's Committee, the Commissioners observe:

Of the evidence which we have received, a large and important part relates to the position and wants of the Medical Faculty and its schools in London, and to the reasons for and against the petition of the Royal College of Physicians of London and the Royal College of Surgeons, England; the result has been to satisfy us that a great demand exists for medical degrees attainable in London more easily than at present, and that it may be desirable to provide for that want in some proper manner. But a careful consideration of the whole evidence has led us unanimously to the conclusion that the establishment of such a body as the Senate of Physicians and Surgeons proposed by the Royal Colleges would not be the best means by which that end could be attained, and that a remedy may be found for any practical grievance under which the medical students of London and the licentiates of the Society of Apothecaries may now labour under in respect of medical degrees, without either conferring the power of giving such degrees upon colleges which have no academical character, or creating a new examining and degree-giving university in a single faculty.

With the recommendations of the Royal Commission before them, the Senate of the University of London proceeded to draw the outlines of a scheme for the reconstruction of the University, their efforts, like that of the Commissioners, being directed towards raising the standard of medical education and the completeness of examination tests for London medical students. While adhering to these principles, there was obviously ample opportunity of granting degrees to every well educated and industrious medical student, reserving higher distinctions or honours for men who were able to raise their standard of attainments above the level of the majority of students. In this spirit, the Senate elaborated their first scheme for the reorganisation of the University; this was submitted to the Colleges of Physicians and Surgeons on November 20th, 1889. In March, 1890, the Colleges accepted the main part of this scheme, upon condition that the University would provide: (1) that the examinations for the M.B. degree should be under the control of a conjoint board of the University and the Royal Colleges; (2) that the University should undertake the matriculation and preliminary science examinations—Lord Selborne's Commission had recommended that the preliminary science examination of the University of London should be dispensed with, and the examinations of the Colleges accepted in its place; (3) that the London medical schools should be directly represented on the Senate. It would appear that the Senate of the University either dismissed or did not comprehend the meaning of the first of these demands, for they issued a second revised scheme for reorganising the University, dated June 4th, 1890, in which, in place of a conjoint board to control the examinations for the M.B. degree, they proposed a conjoint board of examiners to be appointed by the Senate and the Colleges, who should conduct the examinations and send up their joint report as to its result to the Senate. This plan, however, was not what the Colleges proposed, and the scheme was therefore sent back to the Senate with an intimation that what was desired was a standing committee outside the Senate of the University, to be appointed conjointly by the University and the Royal Colleges, which committee was to be an administrative board of management in all matters relating to professional examinations for the M.B. degree; and to these terms the Senate of the University have now, as was stated in the BRITISH MEDICAL JOURNAL of February 7th, 1891, virtually agreed.

Obviously the Senate have altered their views since issuing their first scheme. Under the last scheme the Senate virtually hand over their final examinations for the M.B. degree to the Conjoint Board of the Royal Colleges. In fact, any student who has matriculated and passed the conjoint examination will, if he pleases, receive an M.B. degree from the London University, in addition to the diploma of the Colleges, to which he is entitled. Presumably he will have to pay an entrance fee for the degree.

As I understand this scheme, the Colleges are practically to determine if a student is to obtain a degree, and so become a graduate in medicine of the University, but surely this is giving the Colleges precisely the powers which the Royal Commissioners have decided it was unwise to grant them, and against which the universities of the United Kingdom and the Apothecaries' Society petitioned. The distinction between allowing the Councils of the Colleges to combine and form a senate to grant degrees and the scheme now proposed of permitting students who pass the final conjoint examinations of these Colleges to demand an M.B. degree from the University of London is more nominal than real. No reference is made to the M.D. degree. Would the scheme tend really to improve medical education in London? I feel sure that a degree obtained in this way will be of so small a value that many London students will, as at present, prefer leaving the metropolis to seek degrees having a higher intrinsic value than they could obtain under the remarkable arrangement proposed by the Senate of the University of London.

It is unwise to prolong this kind of struggle, the interests concerned are pressing; they are far too serious for further delay. It would be better to refer the matter, with all the documents from the Senate and other educational bodies bearing on the subject, to the Commissioners, to draw out a scheme to be presented to Her Majesty, providing for the construction of a university in London upon the lines contained in the report presented to both Houses of Parliament, by command of Her Majesty, on April 29th, 1889.—I am, etc.,

F.R.C.S.

ENDEMIC FEVER IN BERMUDA.

SIR,—It is an admitted fact that typhoid is endemic amongst the civil population of Bermuda, and that from time to time it breaks out amongst the military by reason of their using polluted water for drinking purposes, which they obtain in the several grog shops, etc., in the town of Hamilton and St. George's. Recent statistics prove that matters are growing worse year by year, and point to the fact that unless some radical sanitary measure is taken in hand, Bermuda, which ought to be, by its position and conformation both as a military station and a health resort, one of the most coveted of Her Majesty's possessions, will soon earn for itself unenviable notoriety, and its name and typhoid become synonymous terms.

Some few years ago—and I believe the same state of affairs still exists—there was not a made drain upon the island, the only attempt at sanitation being a number of cesspools, loosely covered by planks of wood, here and there in the public streets, and generally within a very few yards of a dwelling-house, which served alike for the reception of both surface and other drainage. The arrangements in private houses were no better, the privies being either in, or close to, the dwelling-house, and almost invariably in juxtaposition to, and, if possible, on a higher level than, the tank wherein was stored the drinking water. It will thus be seen that, under these circumstances, contamination of the water supply easily takes place, more especially when it is understood that the soil is of a very porous nature. The natives themselves have no idea of sanitation in any form, and adopt what seems to them to be the easiest way of disposing of their excreta, and are thus unwittingly a powerful means of propagating disease. One would imagine, in such a place, that there would be a sanitary officer with a working staff, whose especial duty it should be to look after the health of the population, but such is not the case. Some time since, I understand, there was an individual one of whose multifarious duties was to look after the sanitary condition of the town of Hamilton; but in the course of Nature he passed away, and was never replaced.

Under these circumstances is it any wonder that typhoid fever should prevail at Bermuda? Some good drainage scheme should be at once adopted and carried out. A short sanitary Act should also be passed in the House of Assembly, and a sanitary medical officer, with a properly organised staff, appointed, whose duty it should be, by periodic inspections, to ascertain that the island was kept in a good sanitary condition. I am convinced that, if the Government were to adopt the above suggestions, Bermuda would soon become, instead of as it is a hotbed of typhoid fever, one of the most delightful and healthy of Her Majesty's possessions.—I am, etc.,

SANITAS.

THE GENERAL PRACTITIONER AND HOSPITAL ABUSES.

SIR,—Mr. Hardy's letter affords me an opportunity for reminding your readers that if the hospital abuses from which we all suffer so grievously are to be put down, the case of the

general practitioner should be thoroughly ventilated before the Lords' Committee. Mr. Hardy and others have no doubt put the case very ably according to their own knowledge of the facts, but, to make it complete, others should also have their say. I have myself applied to the Lords, for I would have something to say on Irish hospital abuses, but, so far, the friends of these abuses have been able to shut me out. The provinces, Ireland, and Scotland should be included within the scope of the inquiry.—I am, etc.,

THOMAS LAFFAN, M.R.C.P.,
Physician to Union Hospital, Cashel.

THE PRESENT POSITION OF ANTISEPTIC SURGERY.

SIR,—In the BRITISH MEDICAL JOURNAL for September 22nd, 1890, p. 731, Mr. Tait states that "a damp sponge kept at a temperature of 100° will be a mass of stinking putridity beyond all imagination in twelve hours." He instances the case of a sponge tent in the uterus. In this example, the sponge is placed under conditions well known to be favourable to putrefaction. Under other circumstances, a different result is obtained. In the process of draining the abdominal cavity, it is now the custom to use a glass drainage tube, the end of which is covered by a sponge enclosed in a rubber sheet in which the discharge collects. Here we have dead animal matter, moisture, and warmth, which Mr. Tait declares are alone necessary for the development of putrefaction, since, in his opinion, the causes of this process cannot be kept out. But if the sponge be rendered aseptic by carbolic or other antiseptic solution, and if there be no discharge except from the peritoneal surface and from divided tissues, it is a fact that the dressings may be left untouched for twelve hours with the utmost confidence that the sponge will remain quite sweet and free from any sign of putridity.

In the paper already quoted (page 732), Mr. Tait also says that if "a big bit" of sponge be left in the peritoneal cavity, the patient "dies rapidly of suppurative peritonitis, no matter what Listerian precautions have been taken." This is not proved. On the contrary, a sponge has been left in the cavity of the peritoneum, on one occasion at least, for twenty-two hours. After this time the sponge was removed, and was found to be "full of dark serum, and firmly adherent to the surfaces with which it was in contact." It was quite sweet, and "permeated to some depth with organising lymph."[1] There was no further evidence of peritonitis, and the patient got quite well. According to Mr. Tait, this sponge should have been "a mass of stinking putridity beyond all imagination" twelve hours after the operation. Doubtless, had no antiseptic been used, exudative peritonitis and rapid death would have been brought about. Thanks, however, to the fact that the sponge was thoroughly aseptic, the patient is now alive and well.

It thus appears that certain clinical facts do not agree with Mr. Tait's statements about sponges. This is not remarkable when we consider that he avowedly laughs at the knowledge acquired from scientific experiment, and prefers to found his opinions upon the evidence of certain household customs, on which he has put an interpretation the accuracy of which is not above suspicion.

One more clinical point. It is a fact within my knowledge that death from general peritonitis, with abundant exudation of lymph, in less than three days after a simple ovariotomy, is not unknown in experienced hands when no antiseptic is used. The careful use of antiseptics is a scientific means directed to the prevention of such deaths, and is in my experience invariably successful in this respect in abdominal surgery, when there is no complication, such for instance as a fistula, which necessarily counteracts the benefits to be derived from the antiseptics. I have never seen such rapid death with general peritonitis and exudation of lymph when the operation has been performed with the careful use of antiseptics, and the peritoneal cavity has been completely closed at the time of operation. Hence it seems to me that, in not using antiseptics, the surgeon subjects his patients to an additional risk, to which the simplest case is as liable as the most difficult, and to which the patient may succumb when a fatal termination is least expected.—I am, etc.,

Bryanston Street, W. JOHN D. MALCOLM.

[1] *Lancet*, January 9th, 1886, p. 58.

THE MIDWIVES BILL.

SIR,—I have hitherto abstained from adding anything to the wordy discussion in your columns on the proposed Midwives Registration Bill. This must be my justification for asking room at the last moment for a very brief statement of what I conceive to be the proper attitude to be taken up by the general practitioner in reference to the Bill at the present time.

In a matter of such importance to the future well-being of a large portion of the community, and at the same time so vital to the interests and status of the midwifery practitioner—of either sex—"no Bill at all" is vastly preferable to one which many of us consider calculated to intensify the very evils which it is desired to remedy. I think, then, it becomes the duty of every registered practitioner who shares this view to petition against the Bill, and to ask the members of Parliament in his division to oppose its second reading. Opponents of the principle of the Bill have already, in many instances, had recourse to such a step, but those who, like myself, are not antagonistic to the principle of registration after adequate instruction and examination for the most part have abstained from doing so. I venture, therefore, to draw their attention to the fact that if they continue to stand aside for fear of appearing to make common cause with those whose opposition may possibly be founded on a somewhat different motive to their own, the Bill may pass, and the opportunity for introducing into it such provisions as they think urgently required be ultimately lost. To prevent such a result as this, all the registered practitioners in the town from which I write have put their names to a petition, and have thus, I venture to submit, adopted the only logical course under present circumstances.—I am, etc.,

Tamworth. J. HOLMES JOY.

SIR,—Anyone who reads between the lines of the Midwives Registration Bill must see that it will, for all practical purposes, repeal the Medical Act. That Act lays it down that if any person wishes to practise any branch of medicine such person must hold three registrable qualifications, namely, in medicine, surgery, and midwifery. But by this Midwives Bill a person will be able to practise midwifery if such person has a diploma in midwifery. It has been suggested that this new midwifery practitioner is to attend natural labours only, that is, 990 out of every 1,000. But mark, this Bill does not say that this new midwifery practitioner *is not to conduct abnormal labours*. It does not say that she is not to vaccinate, or prescribe for mother or infant.

Therefore, I trust each doctor will do his best to kill this infamous Bill, and will at once write to the member of Parliament for his division to oppose it. I shall be glad to offer any suggestions to those who wish to do so.

The worst fault of this Bill is that in the future the training of the student in practical midwifery will be placed in the hands of the midwives, for they will attend all those who are now treated by doctors.—I am, etc.,

Liverpool. ROBERT REID RENTOUL.

ON THE OPERATIVE TREATMENT OF DISEASE OF THE UTERINE APPENDAGES.

SIR,—In 1887 a paper of mine "On the Frequency of Diseases of the Fallopian Tubes" was read at the Obstetrical Society of London, based on an examination of the pelvic organs in 100 bodies in the *post-mortem* room of the London Hospital. Dilatation of the tubes was found in 17 of the cases; in 2 of these the condition (pyosalpinx) had probably been the cause of death, but in the other 15 cases death was due to other causes. In the discussion that followed the reading of my paper, the late Dr. Matthews Duncan drew attention to the comparatively advanced ages of most of the patients in my list—the average age being 42—and argued, therefore, that in many of them the disease had passed into an obsolete condition, that is, had undergone a process of natural cure. This seemed to me then, and still seems to me, to be the true explanation. It is curious to find that Dr. William Duncan spoke in the same discussion as follows:—"He thought it remarkable and most important that of the 17 cases of tubal disease recorded in Dr. Lewers's valuable contribution, 14 were over 40 years of age; in only one single