

half contains original contributions from naval medical officers, while the remainder consists of a periscope of cosmopolitan current medical literature. A nominal roll of the medical department of the Royal Italian Navy accompanies this number. It contains the names of 227 officers who rank as follows:—Major-General 1, Colonels 6, Lieutenant-Colonels 11, Majors 23, Captains 107, and Lieutenants 79. The names are also given of 67 medical officers belonging to the Reserve and of 13 apothecaries. Medical officers, it will be seen, are accorded military titles, but the same distinction is not conferred upon the *Farmacisti*.

## Correspondence.

"Audi alteram partem."

### DISAPPEARANCE OF AN APPARENTLY MALIGNANT TUMOUR OF THE THROAT.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 25th, p. 821, Mr. F. W. Joshua raises the following question: Can a malignant tumour—a well-marked cancer—disappear spontaneously? An answer to this question has already been given by Mr. D'Arcy Power in a paper read before the Harveian Society of London on March 2nd, 1899; both the paper and the discussion on it at the society were published immediately afterwards in THE LANCET, the former on March 4th (p. 583) and the latter on March 11th (p. 693). Mr. Power described a series of cases of disappearance of malignant tumours after laparotomy in apparently hopeless cases where owing to the extent of the damage, the size of the tumour, &c., no operation was performed. In some cases the diagnosis of malignant tumour was made microscopically from excised portions of the tumour.

In the issue of the *Correspondenzblatt für Schweizer Aerzte* for October, 1904, I published the following case under the title, "Disappearance of an Apparently Malignant Tumour of the Throat." The patient was a woman, aged 76 years, a very quiet, unassuming, reliable person, who consulted me on Jan. 5th, 1904, about a papillomatous tumour growing on the left side of the soft palate. She was not only old and infirm but she had degenerative changes in the arteries, a weak heart and had been suffering for many years from dyspepsia. The tumour slowly increased under simple treatment (gargles, mouth washes, tonics) and began to slough. A specialist for throat diseases who saw her in February confirmed my diagnosis of cancer. The patient declined the operative interference proposed by her two medical attendants. By March the tumour was of about the size of a small egg, had pushed the uvula over to the right side, and occluded the pharynx to such an extent that the patient was reduced to fluid nourishment. Codeine and morphine had to be given every night to alleviate the agonising pain which she suffered heroically without complaint. Thus a few hours' rest were insured. In March she insisted on operative interference. A surgeon who was called in considered the case past operation and there was swelling of the submaxillary glands on the left side. In order to insure proper feeding, per rectum if necessary, the patient went to a private hospital and remained a month under the charge and daily supervision of two surgeons. The case being pronounced hopeless she returned home on June 1st, 1904, to arrange her affairs. On June 2nd she suddenly felt better, had less obstruction in her throat, had the first painless night for four months, and has had no more pain since. On June 4th her husband and a hospital nurse discovered that the tumour had disappeared. The specialist who had seen her in January saw her again in July and confirmed the fact, so did I, and the hospital surgeon under whose charge she had been. In September I noted the following "status": throat normal, uvula in the median line, a tiny benignant-looking papillomatous tumour is left, and a grey line like a scar marks the seat of the former ugly ulcerated tumour. The patient takes her usual food again, gets about as usual, and has regained her former state of health. She attributed her case of healing to a direct answer to personal prayer.

I am, Sirs, yours faithfully,

Zurich, April 4th, 1905.

THEODORE ZANGGER, M.D.

### PUERPERAL SEPSIS AND THE CURETTE.

To the Editors of THE LANCET.

SIRS,—In the second portion of the paper by Mr. A. G. R. Foulerton and Dr. Victor Bonney on Puerperal Infections, published in THE LANCET of April 8th, p. 915, and April 15th, p. 992, there is a point which calls for some remark. After describing much valuable bacteriological work on the subject, they briefly discuss the treatment of the conditions and condemn curettage in the following sentence:—

In the case of either a streptococcal or pneumococcal infection of the uterus, with or without secondary infection by other bacteria, this procedure would seem on the one hand to be incapable of doing any good, and on the other hand might be productive of most serious result by infecting the hitherto intact deeper tissues of the uterine wall.

This is misleading, as it suggests that those who advocate the active operative treatment of puerperal sepsis rely on the curette alone. Were this so, these strictures would be perhaps justified, though even then this condemnation seems to rest rather on bacteriological probabilities than on clinical experience.

But the essential point is that the curettage shall be followed by thorough disinfection of the raw surface, otherwise dissemination of infective matter might easily occur. I have myself had the best results from thorough removal of the endometrium with a sharp, light instrument (as distinguished from stirring up the surface with a heavy blunt one), followed by thorough rubbing with undiluted izal.

I am, Sirs, yours faithfully,

A. KNYVETT GORDON,

Medical Superintendent, Monsall Hospital; Lecturer on Infectious Diseases in the University of Manchester.

Manchester, April 15th, 1905.

### THE MEDICAL INSPECTION OF SCHOOLS.

To the Editors of THE LANCET.

SIRS,—Certain developments are taking place in connexion with the medical inspection of elementary schools which the profession would do well to follow closely, for they affect at once the health of the community and the progress of medicine. Sir William Anson states that every local educational authority has power to appoint medical inspectors to every elementary school and the Government has recently appointed a committee to inquire into what is being done in this respect.

Already medical officers of health take much interest in the elementary schools in their districts. Under the Education Code the sanitary authority of a district, or any two members thereof acting on the advice of the medical officer of health, can require either the closure of the school or the exclusion of certain children. These powers are from time to time exercised. Further, one medical officer of health analysed the air in one school and as a result made certain recommendations as to ventilation, and we have another reporting that epidemics are mainly kept up by attendance at school and complaining that head teachers are not sufficiently careful to exclude children slightly ill or those coming from infected houses. Besides this, one educational authority has decided to appoint a medical officer at a commencing salary of £400 a year. Another has appointed the medical officer of health to be medical officer to itself. A third has evidently appointed a medical officer, for it has decided that he should meet parents at a certain school twice a week and at outlying schools once a week. Lastly, we have a conference on school hygiene recommending that every educational authority should have a medical adviser.

Now, to advise a committee is one thing, to inspect children a second, and to treat those found to be ill is a third. As to the first, the best adviser on questions of lighting and the prevention of myopia would be an ophthalmic surgeon, but he would not, if he could, advise on the prevention of epidemics or on matters of ventilation and drainage; therefore, it would seem better to appoint a consultative board. Of this the medical officer of health might be a member, but he could not delegate to others his duties and powers as to the compulsory closure of schools. With respect to the medical inspection of schools it would seem best to appoint a separate practitioner to each school, who should attend daily at a fixed time and at other times when necessary. A medical officer to an authority with thousands of children in scores of schools could only visit each school occasionally, even