

be the invariable rule, but it is exceptional to have to operate because of non-subsidence of the alarming symptoms or of any new developments. With varying rapidity the inflammation yields and there is reached the interval stage, when I operate with the usual satisfactory result that accompanies surgical interference in the quiescent period following acute appendicitis.

In following the above course I am not relying on "insight and prophetic talent" but on recognition of the ordinary pathological conditions which clinical experience has shown to exist. I quite admit that the measures of defence possessed by the peritoneum in the shape of its antibacterial serum, its leucocytes, and its plastic lymph are not possessed equally by all individuals to the same extent, but as a rule they are present in the large majority of cases and prove successful. To hold that their absence is the common state of matters and that gross changes can take place in an organ such as the appendix without affording some definite physical signs is incorrect, and it is not warranted by clinical experience. Such cases are in a small minority, and to make them the basis of the treatment of acute appendicitis in all stages of the disease is both illogical and dangerous. This, however, is what Mr. Paterson, Mr. Edmund Owen, and others wish us to do, so that they take as the basis of their teaching a fixed and erroneous preconceived idea. They will not recognise that acute appendicitis presents itself in protean forms and with different intra-abdominal conditions at different stages of the disease and that the immediate operation they urge is only absolutely safe within the first 24 hours of the attack, whereas a very large number of cases are not seen, especially in hospital patients, at the very beginning of the illness, but come into the surgeon's hands later on and in varying stages of the malady. Further, they display an absolute contempt for any measures that a little reflection will show can materially help the peritoneum in its protective work during an attack.

I observe that Mr. Owen in his recent book on appendicitis maintains that there is no "guiding" the course of appendicitis, which he likens to a mad bull that has broken loose. Following this agricultural simile I would point out that it starts with a wrong premise. It assumes that every case of appendicitis is "loose," which is anything but the case. In fact, it is the exception to have it so. It is more frequently tethered within bounds by the peritoneum, and it is the manipulations of the surgeon during an operation that lets it loose. At p. 83 of his book Mr. Owen accurately describes what takes place when he says: "The shock of the operation is borne badly and for a while the child hovers between life and death. The peritonitis refuses to remain localised as it was found at the time of the operation, and, as likely as not, the child falls a victim to septic intoxication." In other words, the peritoneal cavity which was the seat of a limited and localised disturbance, that by definite measures might have been kept limited with certainty and with safety, is converted into what may be more accurately described as a pandemonium or a Dante's Inferno.

I am no opponent to immediate operation on an acutely inflamed appendix, if the operation is done within the first 24 hours of the attack, because experience has shown that no appreciable mortality accompanies it, but in cases of acute appendicitis of

some days' duration with evident localised peritonitis, even though accompanied by local suppuration, I am satisfied that the safest course lies in palliative measures rather than in immediate operation. I followed that plan for 14 years in my work at the Glasgow Western Infirmary, and my 300 consecutive cases with a percentage of deaths of 3.6 and 282 successful operation cases out of 290 recoveries, 8 refusing operation, justifies the "procrastination" that I preach and that Mr. Paterson condemns.

I am, Sir, yours faithfully,  
Glasgow, June 14th, 1914. GEORGE THOS. BEATSON.

## THE ADMISSION OF PATIENTS TO THE METROPOLITAN HOSPITALS.

*To the Editor of THE LANCET.*

SIR,—On Saturday last St. George's Hospital was stated not to have a vacant bed for the admission of a suitable and urgent case. If this statement be true, surely it is the duty of the municipal authorities to provide more accommodation. Our hospitals are charitable institutions, and the management therefore concerns all contributors to the hospital funds. The rules for the admission of patients to hospitals need revision, for according to my experience they are as faulty to-day as they were over 30 years ago when I was a house surgeon at Middlesex Hospital. I maintain that when a qualified medical man recommends a patient for admission the recommendation should be considered by one of the visiting staff, and that the decision should not be left to the resident officer, who usually is a man of comparatively recent qualification and generally without any experience of private practice.

During the 24 years I have been in practice in London I have recommended ten cases for admission to hospital. Seven were refused admission and three were admitted after previous application to members of the visiting staff. The following are the cases which were refused admission. 1. Acute meningitis. Refused admission. Admitted; died in three days. 2. Sloughing phagedæna. A doctor. Admission refused. Admitted; died in 13 days. 3. Ulceration of cornea. Refused admission. Admitted after personal application to a member of the staff. Lost the vision of the eye. 4. Suppuration of knee-joint. The lad had travelled over a hundred miles. Was refused admission. The lad's father was told the case was one of simple synovitis, and that the doctor should have known better than to send him to hospital, as the knee only required to be painted with iodine. After complaint to the chairman of the hospital the lad was admitted, and the leg was amputated through the thigh two days after admission. 5. Severe hæmorrhage (uterine) the result of a fall down stairs. Admission refused. I was interviewed by three medical officers. The one said as the hæmorrhage was the result of a fall it could not be a case for the medical wards. The second said as the hæmorrhage was uterine it was not a case for the surgical wards. The third cross-examined me as to the symptoms of fibroma, polypus, and metrorrhagia, and then decided as the case was the result of a fall it was not a case for the gynaecological wards. The patient recovered. 6. Severe influenza. Admission refused. The patient had to be sent home to her family, as the mistress was seriously ill with two nurses in attendance, and there was not another bedroom for a servant.

7. Contraction of forearm, the result of a burn. Admission refused on the grounds of incurability. Patient admitted on personal application to a member of the staff of another hospital. Complete recovery.

These cases speak for themselves. With the exception perhaps of the case of influenza, for which admission was asked for as a kindness owing to the serious illness of the mistress, all were suitable cases for admission. I have not included the case refused admission last Saturday.

I am, Sir, yours faithfully,

Victoria-street, S.W., June 15th, 1914. G. SHERMAN BIGG.

\* \* Mr. Sherman Bigg's letter deals with a very important subject, but we think that his personal experience may lead to a general deduction that would be unfair. The application for beds to the great metropolitan charities is so much in excess of the available accommodation that delays in admission or refusal must happen in a certain proportion of suitable cases, and this would occur even if it were possible to have members of the honorary staff, representing medicine, surgery, and obstetrics, always on the premises. This would be very difficult to secure under revised rules.—ED. L.

## LONDON PANEL COMMITTEE AND THE SUPPLY OF LOCUM TENENTS.

*To the Editor of THE LANCET.*

SIR,—With reference to the letter of protest on the above subject from the London medical agents, in your issue of June 13th, kindly allow me to point out that when the resolution in question came before the meeting of the London Panel Committee on May 25th (which was open to the press) I proposed a direct negative to it on the grounds (1) that it was encroaching on the legitimate rights of the agents; and (2) that by creating a monopoly it might be unfair to the non-panel practitioners. Beyond getting a seconder my proposal did not receive a single vote. I am of opinion that the letter of the medical agents is entitled to the entire sympathy of the profession.

I would like to take this opportunity to inform my colleagues in the City of London who elected me last year at the meeting at the Guildhall as their non-panel representative on the London Panel Committee, that under the new scheme for the forthcoming election of the London Panel Committee non-panel practitioners are not eligible for election. I automatically cease to be their representative after next month.

I am, Sir, yours faithfully,

J. J. SCANLAN.

Castle-court, Cornhill, E.C., June 13th, 1914.

## THE EARLY TREATMENT OF MENTAL DISEASE.

*To the Editor of THE LANCET.*

SIR,—It is clear from articles and letters in the medical and the lay press that there is a considerable public feeling towards a change in the law relating to the treatment of cases of mental instability and unsoundness in their early stages. May I unofficially inform your readers that a special committee of the Medico-Legal Society, of which the President, Earl Russell, is chairman, and of which Sir William J. Collins, Mr. Roland A. Burrows, and others are members, has drafted a Bill for this purpose. The Bill is shortly to be considered by this committee in conjunction with invited representatives of the British Medical Association and

the Medico-Psychological Association of Great Britain and Ireland. The movement towards some change is one which has the cordial support of the Board of Control, one of their number, Dr. Hubert C. Bond, opening an adjourned discussion upon the subject at a meeting of the Medico-Legal Society on Jan. 20th last. It is an unfortunate and an unjustifiable fact that the certificate of insanity which implies the best appropriate treatment should convey a stigma upon the "ill" person as well as upon his relatives. In consequence of this there is a delay in bringing cases under remedial control, and appalling revelations, such as the case of "Laura Grey"—and it is feared many others of a cognate character—have become possible. Dr. Helen Boyle's practical efforts for so many years deserve a full measure of public support, and I trust that soon she and others may be rewarded for their uphill work in calling attention to so urgent a public need.—I am, Sir, yours faithfully,

ROBERT ARMSTRONG-JONES.

Claybury, June 15th, 1914.

## SOCIETY OF TUBERCULOSIS OFFICERS.

*To the Editor of THE LANCET.*

SIR,—Since the insertion of my letter in your issue of June 6th I have received information that a tuberculosis society has been in existence for some time and that monthly meetings have been held in London. The constitution of the association, however, does not seem to meet the requirements of members remote from the metropolis, and it would appear advisable for the organisation to be developed to embrace the whole country. If the constitution does not provide for the election of an executive committee drawn from various centres, and the organisation of branches to permit members in grouped areas to meet regularly in order to fulfil the objects of such an association, there is a probability of several separate societies being formed, with resultant loss of efficiency. With the object of expanding the organisation I still think a good purpose might be served if a meeting of those interested were held in Leeds on July 8th.

I am, Sir, yours faithfully,

THOMPSON CAMPBELL, M.D. Glasg.

The Limes, Wakefield, June 13th, 1914.

*To the Editor of THE LANCET.*

SIR,—I think most tuberculosis officers will agree with the suggestion of Dr. J. T. Crowe in your issue of March 21st (p. 862), supported by Dr. Thompson Campbell on June 6th (p. 1652), that a society of tuberculosis officers should be formed, but in my opinion it is inadvisable that a preliminary meeting should be called during the annual conference of the National Association for the Prevention of Consumption in Leeds; it would be a great mistake for such a society to be initiated in any way suggestive of a connexion, however remote, with the National Association, if the society is to be truly representative and is meant to include men of every school of thought.

Last year's conference of the National Association showed, I think, that the medical section is in the hands of a too limited coterie, and is dominated by medical men not sufficiently representative of present-day ideas concerning tuberculosis.

No, Sir, if we are to have a society of tuberculosis officers let it be formed quite apart from any existing institution, and let a preliminary meeting be