SIR,—Dr. Hutchison in his letter in the JOURNAL of November 15th, 1913, says:

One can distinguish, I think, three sorts of cases in which removal of the appendix is constantly being advised or performed with doubtful justification. These are cases of so-called "appendix dyspepsia"; secondly, cases of chronic pain or discomfort in the right iliac fossa; and, thirdly, cases of vague ill health, in which the patient "looks toxic."

The following case might reasonably be included in the second class:

The patient, a strong, healthy-looking girl, 22 years of age, came to me about the beginning of September complaining of occasional pain in the right side of the abdomen lasting for a few hours and then abating. She stated that she sometimes felt it down the right leg. There was no history of any acute illness; indeed, the patient had seldom been a day in bed. Menstruation was irregular. On September 14th I examined the patient in bed, and on inspecting the abdomen was struck by the marked growth of hair extending up to the umbilicus. Palpation elicited tenderness on the right side, most marked over McBurney's point, and the right rectus was contracted. No swelling could be made out. The temperature was normal and the pulse 76. She appeared to be of a somewhat neurotic temperament, and taking this with the above symptoms into account I decided to keep her under observation in hospital.

Two weeks after admission I examined her under an anaesthetic. No swelling could be felt in the right iliac fossa, and I could not make out any abnormality of the genito-urinary system or malformation which might be associated with the presence of hair extending up the abdomen. During the next

two weeks she was allowed to get up, but her condition was practically unchanged. The pulse and temperature were never above normal. One of my colleagues, who saw her at this time, suggested that the case seemed to be on a parallel with the cases in which Mr. T. K. Dalziel recommended division of the right twelfth dorsal nerve. Somewhat reluctantly I made up my mind to "look and see"; on November 7th I opened the abdomen, and I admit at once that I saw what appeared to be a perfectly healthy appendix with no adhesions. Several small

nodules were, however, felt in its lumen, and the appendix was therefore removed. The patient made an uneventful recovery and left the hospital within three weeks.

The lumen of the appendix was patent throughout, and the contents were easily expressed in the following order: Two small faecal calculi, a grape seed, two faecal calculi larger than the first. The photograph shows the appendix (with its mesentery removed) and of the grape seed.

Now I wish to ask Dr. Hutchison whether he would consider an appendix in this condition "as harmless as an extinct volcano or as potentially dangerous as a powder magazine," and the line of treatment adopted in this case as "at best a mere gambler's throw."

That pain in the iliac region may be frequently due to neuralgia of the twelfth dorsal nerve, and that it can be cured by division of that nerve seems to me to be open to much doubt, and more especially that such neuralgia should be due to mechanical injury, as Mr. Dalziel¹ suggested. The area in question is supplied by the eleventh and twelfth dorsal, the ilio-hypogastric, and ilio-inguinal nerves, and it is difficult to believe that any mechanical injury should definitely select the fibres of the twelfth nerve only. I take it that the most frequent form of mechanical irritation to which the branches of the twelfth nerve are subjected in this area is that resulting from operation scars. We know that severe neuralgia may result from inclusion of nerve fibres in amputation scars, etc., but it does not appear to be common after laparotomy, and certainly I have never heard of a case in which it was severe enough to justify division of the nerves. It is indeed difficult to believe that neuralgia of the twelfth dorsal nerve can be a distinct entity. It would be interesting to know how many of Mr. Dalziel's patients were females, and in what proportion of the total number the "neuralgia" occurred on the right side. One might also be tempted to ask regarding the first case mentioned by Mr. Dalziel how many abdominal organs the lady has parted with since the twelfth nerve was divided.—I am, etc.,

Wick, N.B., Dec. 15th, 1913.

THOS. WRIGHT, M.D.

¹ BRITISH MEDICAL JOURNAL, vol. ii, 1913, p. 1087.

SIR,—I have read with much interest the discussion that has taken place in the JOURNAL, but I have hesitated to join in the discussion, for, being a practitioner in a purely country district, my experience is not very extensive. All the same, during the past twelve months there was a very large amount of appendicitis in this neighbourhood. My total amounted to 23 cases, with 23 appendicectomies. I am fortunate in having at a distance of four miles a very up-to-date cottage hospital with a private ward, where most of the cases were sent, 3 only being operated on at their homes. Of these 23 cases only 6 can be described as acute; that is, they were operated on as speedily as possible, the times varying from ten minutes to twelve hours after the first interview. Of these 6 cases 3 proved to be fulminating, though only one was recognized as such; all three had free pus in the peritoneum, gangrenous appendices, and one had a concretion the size of a damson lying free in the peritoneal cavity. The remainder were cold cases, but all had had recurrent attacks and periods of ill health, and on removal all showed some gross pathological change. A considerable proportion had concretions, and when this condition was not present there were liquid faeces, kinks, adhesions, etc. The only healthy one I removed was found in a hernial sac during an operation for radical cure in a child. I am pleased to say that all the cases (including the fulminating ones) recovered without any alarming symptoms, thanks to free drainage of the peritoneal cavity in the peritonitis cases, though the one with the free concretion developed an abscess over his gall bladder, which I had subsequently to operate on.

Thus, of the 6 acute cases, just one half were so acute that had they not been operated on they were past praying for. The other 3 I have no doubt would have become quiescent with the treatment that some of your correspondents advise—namely, rest, starvation, and a subsequent course of cereal, fruit-juice diet, etc.; but what an awful risk to take! To quote 2 instances only of the "cold" cases. One small boy of 10, whose abdominal attacks were put down to green apples or other errors of diet, was found to have a dangerous appendix with a concretion and numerous adhesions. One lady, who nine months before had nearly died from haematemesis from a duodenal ulcer, developed evidence of appendicitis, and was found to have a dilated appendix with a considerable quantity of semi-liquid faeces in the dilated area—undoubtedly the cause of the duodenal ulceration.

I am told by pathologists that many *post-mortem* examinations show pathological lesions in the appendix which have given rise to no symptoms. How do they know? Take a similar pathological condition, namely, gall stones—one of the commonest discoveries in the *post-mortem* room. I am certain that no one can carry a gall stone or a concretion in the appendix without suffering from ill health, if it can only amount to a feeling of want of "well being." I am speaking from personal experience, for after suffering for many months appendicectomy made a new man of me, though I understand my individual appendix was not very malignant in character. My modest experience will have shown that I am thoroughly in agreement with Mr. Edmund Owen and the attitude that the Royal Society of Medicine took up on this question; and though freely sympathizing with my country brethren who have not the same access to hospitals as other men, I feel that the increase of cottage hospitals throughout the country ought to render the mortality from appendicitis a rapidly decreasing factor.—I am, etc.,

WILFRED BALGARNIE, M.B.Lond., F.R.C.S.Eng.

Winchfield, Hants, Jan. 11th.

PSYCHO-ANALYSIS.

SIR,—It is much to be regretted that the reviewer of Dr. Brill's book on this subject did not speak out plainly what was in his mind, and treat the subject as it deserves, instead of praising it with faint damns. It is high time some one made a protest against the new pornography, and though you have refused to publish previous protests of mine, I trust you will allow me to state publicly that there are still psychologists who have some regard to decency, and refuse to practise or to countenance this new doctrine. Phallic worship, under one disguise or another, perpetually revives from time to time, and is perhaps most sickening when it masquerades as science. The late

Krafft-Ebing was the high priest of one particularly revolting form of phallic worship, and his books had an enormous sale, but he did comparatively little harm. No one was likely to be contaminated by his teaching who had not already a strong leaning towards the worship of the phallus. But the new pornography is far more subtle and more dangerous. It teaches that medical practitioners should question and cross-question for hours together, day after day, for weeks and months, clean-minded men and pure-minded women upon the very subjects that clean-minded men and pure-minded women put behind them and refuse to think about. Sex, sex, sex, in its grossest aspect, is dinned into their ears for hours every day, and every failure to elicit a confession is met by the suggestion of some new form of beastliness. The Freudian finds tongues (talking dirt) in trees, books (on beastliness) in the running brooks, sermons (on sexuality) in stones, and filth in everything.

Sir, I have always refused to join in the general wail about the decadence of the English nation. The English have always led the civilized world in most things, and in most things they lead it still; but when I see the younger generation of English psychologists and alienists gulp down every silly fad that reaches us from the Continent I begin to have my doubts. The cult of the superficial and pretentious, as exemplified by the followers of Kraepelin and Bergson, is a regrettable waste of time and energy, but otherwise does no harm; but the cult of the foul is another and a much graver matter, and I think the BRITISH MEDICAL JOURNAL should have given us a much stronger condemnation of this gospel.—I am, etc.,

Parkstone, Dorset, Jan. 10th.

CHAS. MERCIER.

*** We have referred this letter to our reviewer, who writes: The Editor has permitted me to reply to Dr. Mercier's charge of damning with faint praise the "new pornography." I admit that I did not use the strenuous phraseology for which Dr. Mercier is so well known; at the same time, I disclaim any intention of speaking in praise of Freudism. While proud of the Englishman's respect for decency, I may feel perhaps that sometimes he is inclined to be too contemptuous of the scavengers of mud in the brooks, or of foul-smelling fungi in the trees, though their researches may result occasionally in a discovery of value. And, while some foreigners may be too intent on sex, the Englishman's *pudor* may lead him to bury facts in order not to see them. I hope Dr. Mercier will allow me to assure him that the only phallic worship I practise is that of the enjoyment, in a culinary sense, of the edible mushroom.

THE NEW POOR LAW INSTITUTIONS ORDER.

SIR,—In view of the revolutionary character of the Poor Law Institutions Order, 1913, which comes into force on April 1st, the large amount of work which it throws on the already badly paid workhouse medical officer, and the attempt, to which you direct attention in the current number of the JOURNAL, to place the medical officer in a subordinate position, it is essential that we should at once take steps for concerted action to protect ourselves.

We must make a firm demand for (1) proper remuneration on some definite scale; and (2) a perfectly clear understanding that we as professional men are not going to be placed in a subordinate position.

It may be true that this Order is a step in the right direction, but if the Local Government Board keeps on adding to the work and encroaching more and more on the time of medical officers whose salaries are simply ridiculous for the amount of work and worry entailed, it certainly ought to see that those salaries are increased all round. Now is the time to make a firm stand: the profession is not overcrowded at present; it would not be very easy for guardians to fill vacancies caused by resignations, especially if the British Medical Association takes strong action in the matter, as I trust it will.

I for one am prepared to take any step which appears desirable in a united movement for our protection.—I am, etc.,

A WORKHOUSE MEDICAL OFFICER OF TWENTY
YEARS' STANDING.

January 11th.

RAPID DELIVERY IN ECLAMPSIA.

SIR,—I read with interest Dr. R. Carmichael Worsley's communication on this subject in your issue of December 27th, 1913, p. 1625, and my experience entirely coincides with his. In puerperal convulsions I have always hastened the delivery of the uterine contents, if possible under chloroform, and have never seen a fatal issue from this alarming complication; the attacks cease immediately the womb is emptied. In one case—primipara—the woman was in *extremis*, the fits having lasted without intermission twelve hours; the patient, a weak frail girl, had been in labour three days when I was called in. I found a tense tough bag of membranes presenting and protruding from the vulva, as large as a fetal head; rupture of this, with the outlet of the waters and the immediate expulsion of the (living) child, brought instant relief to all untoward symptoms, the convulsions ceasing on the spot; the mother made a speedy recovery. Leaving aside of course all cases of uraemic origin, it has always been my experience that puerperal convulsions, pure and simple, yield at once to the removal of the exciting cause.—I am, etc.,

JOHN F. ELLIOTT, L.R.C.S. and P.I.

Rostrevor, co. Down, Jan. 8th.

Universities and Colleges.

UNIVERSITY OF LONDON.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

THE council have appointed Mrs. Flemming, M.D., B.S., to the Half-Lectureship in Medicine, and Mr. Malcolm Hepburn, M.D., F.R.C.S., to the Half-Lectureship in Ophthalmology.

Two St. Dunstan exhibitions of the value of £60 a year each for six years, the Isabel Thorne Scholarship of the value of £30, and the Mabel-Sharman-Crawford Scholarship of the value of £20 a year for four years, will be awarded on the results of an examination to be held in July next. A bursary for dental students of the value of £60 will also be awarded for the course beginning October, 1914. Further particulars can be obtained on application to the secretary.

PRELIMINARY EXAMINATION AT SCOTTISH UNIVERSITIES.

THE Joint Board of Examiners of the Scottish universities have issued tables of statistics relative to the preliminary examinations held in September last. Of the candidates who entered for the medical preliminary, 100 per cent. passed in all the subjects at St. Andrew's, 22.22 per cent. at Glasgow, 25 per cent. at Aberdeen, and 43.13 per cent. at Edinburgh. The table showing the number of passes and failures in each subject of the arts and science preliminary is most illuminating. At Glasgow 200 entered for the English paper, of whom no fewer than 121 failed; 127 out of 155 candidates failed in French. At Edinburgh only 12 out of 97 candidates passed in this subject.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY council was held on January 8th, when Sir Rickman J. Godlee, Bart., President, was in the chair.

Court of Examiners.

Mr. Walter George Spencer was readmitted a member of the Court of Examiners.

Hunterian Oration.

The President reported that Sir W. Watson Cheyne would deliver the next Hunterian Oration in 1915.

Queen Victoria's Jubilee Institute for Nurses.

Mr. C. J. Symonds was appointed to represent the college on the council of the above.

Donation.

The thanks of the council were voted to Mrs. King, Milton, Mass., for the presentation of a clock in memory of her father, Mr. W. C. B. Fifield of Boston, a former member of the college.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Part I (Chemistry). Part II (Physics): *R. Ambler, *H. Amin, E. G. Anderson, H. D. Apgar, *H. C. Apperly, F. Cameron, *H. C. Clifford-Smith, V. D. Corbett, *C. J. C. de Silva, *B. O. Dewes, *H. S. Drabble, *A. el H. El Rakhi, E. S. Gawne, R. B. Gibson, *E. F. Gullett, *J. Hollings, *J. B. Houghton, G. R. Hubbard, *R. E. Jenkins, *H. A. C. Kite, *Lillian Lowenstein, *A. Magill, *A. Y. Massouda, *G. Miller, *A. R. Moxsy, *W. P. Nelson, A. E. Parkes, K. S. Procter, *C. F. Rainer, O. A. Ll. Roberts, P. E. Robinson, H. M. Savery, K. E. Shellshear, *D. R. Thomas, *B. M. Tonkin, H. B. Troup.