

THE UNIVERSITY OF LONDON.

At the meeting of the Senate of the University of London on Dec. 7th, the chairman of Convocation presented the following resolution passed at the meeting of the Annual Committee of Convocation, held Nov. 16th:—"That the annual committee request the chairman of Convocation to convey their thanks to the Senate for their courtesy in receiving the deputation, and for acceding to the request of Convocation by abandoning their proposed action under the Russell Gurney Act, and by submitting the intended important change in the constitution of the University to the judgment of Convocation by a new charter, which will apply to all the faculties." It was then resolved by the Senate: "That the Senate receive with pleasure the expression of opinion of the Annual Committee, conveyed to them by the chairman of Convocation, that the objects desired in common by the Senate and by Convocation may be obtained in a manner to which neither party objects by a new supplemental charter in place of the existing one for the admission of women to all degrees, with the requisite limitation in regard to the admission of women to Convocation; but at the same time feel it necessary to point out that they have not taken any resolution as to their future course."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At an ordinary meeting of the Council, held on Thursday last, all the members of the Board of Examiners were re-elected except Mr. Birkett, who retired, Mr. Wagstaffe being elected in his place. Mr. Simon's motion to rescind the rule that all Examiners in Anatomy and Physiology shall be Fellows of the College, was rejected by an overwhelming majority. A Bill for placing all dentists on a separate register, irrespective of any qualification except that of having been engaged in the practice of dentistry for a certain period, was, after much discussion, approved. An explanatory letter was read from the secretary of the Faculty of the Bristol Medical School, but the Council decided to do nothing more at present than to express a hope that their recent recommendations would be carried out.

MR. SPENCER WELLS AND THE SAMARITAN HOSPITAL.

ON Wednesday last Mr. Spencer Wells performed ovariectomy for the 404th time at the Samaritan Hospital. After the operation, he remarked that it was twenty years since he first joined the institution, which was then a dispensary. His first ovariectomy in connexion with the institution was done about twenty years ago, and fortunately the first three cases recovered. Had they proved fatal the history of ovariectomy would probably have been different, and the operation might have remained under a cloud. The mortality in each quinquennial period had steadily diminished; it being one in three during the first five years, one in four in the next five, and one in five in the third five years. Still more recently it had been only one in ten. The total number of deaths among the 404 cases was 99. Other operations than ovariectomy had been done in the hospital; for example, amputation at the hip joint, removal of the lower jaw, and operations for vesico-vaginal fistulæ and ruptured perineum, and these showed that better results were obtained when the same care was bestowed upon them as upon the ovarian cases. The hospital was not perfect, but practically it afforded very good results. Mr. Wells then mentioned that he was now retiring from the active work of the hospital, having been elected consulting surgeon, and that this was probably the last operation he should perform there, unless he operated again next week. But it had been arranged that public consultations should be held at the hospital every Friday; due care being taken to respect the feelings of the patients.

Mr. Wells's connexion with the hospital, for whose reputation he has achieved so much while establishing his own unrivaled position, will not be entirely severed, for it will still enjoy the great advantage of his unequalled experience, calm ripe judgment, and valuable counsel. But the loss the institution has sustained in losing him as an operator is severe, and probably irreparable; for not only is it unlikely that any one with equal ability will enjoy his unique opportunities, but it will be long before qualifications and endowments for this special work, such as characterise Mr. Wells, will be found again united in one person. We believe that in public and in private Mr. Wells has operated about 900 times, but there are now so many and competent operators in the field that cases will be more widely distributed than heretofore; fewer, probably, falling to the lot of any one man in a like space of time. Mr. Wells's teaching and example will largely influence his disciples, who are to be found not alone in this country, but in every quarter of the globe. Nothing, we feel sure, would more gratify him than that the noble work he has been so instrumental in placing on a sound and permanent basis should be carried on and developed to the utmost attainable perfection. Few men have had the privilege of contributing so largely and directly to the relief and welfare of their suffering fellow-creatures as Mr. Wells, and probably fewer still could with more justifiable pride say, if called upon to justify the labours of their life, "*Si monumentum quaeris, circumspice!*"

Correspondence.

"Audi alteram partem."

ANTISEPTIC SURGERY.

To the Editor of THE LANCET.

SIR,—In company with all other hospital surgeons, I am profoundly interested in the question of the real value of antiseptic surgery, as carried out by Mr. Lister, and, like many other hospital surgeons with whom I am acquainted, I have not as yet met with what I should consider convincing evidence on the point. I do not deny that the method of dressing is an admirable one. We hear of many daring operative procedures being attempted under its protection, and with some degree, at any rate, of success; but what we have not yet seen is any definite evidence that the antiseptic method gives results of a different kind and nature from those which other methods of dressing would give if applied with equal care and skill. Such evidence can hardly be furnished by the success of exceptional operations such as those I have above referred to, but the recent removal of Mr. Lister to King's College Hospital seems to give us the opportunity for a comparison to which, as far as I see, no objection can be taken, if I am right in believing that Mr. Lister and Mr. Wood have about an equal number of patients, and that number is sufficient to afford a fair surgical experience in the course of a limited time. Mr. Wood is understood hitherto not to have practised the antiseptic treatment—at least systematically,—so that his patients would suffer no injury if he were to agree to adopt for the time any form or forms of dressing he might prefer, provided that the dressing was based only on the ordinary principles of cleanliness, drainage, support, &c., which are recognised as common to all good forms of dressing. Nothing then would be required but careful registration, and full publication year by year of the experience of Mr. Lister and Mr. Wood, on a scheme, which they could most easily devise, showing, I presume, amongst other particulars, the number of cases of so-called hospital disease originating in the wards, the deaths and the causes of death in cases of accident and operation, and the relative period of recovery in selected classes of cases. We in London have often been twitted by our Scotch brethren with slowness in adopting Mr. Lister's theory and practice in their entirety, and have hitherto been content to reply that (as far as we are able to judge) our practice, following the rules of surgery which we have been taught by precept and experience, has been fairly successful, and that if the antiseptic method gives results mate-

rially different, they ought to be demonstrated, not by attempting operations for which the indications are dubious, and which, therefore, cannot be expected to become common, but by showing that hospitals are decidedly healthier and cures decidedly more rapid and more certain in ordinary cases. Some difficulty seems to have stood in the way of affording such evidence in Edinburgh. There ought to be no such difficulty in London, and the beginning of a new year affords a favourable opportunity for commencing the comparison. I hope the importance of the subject, and my own anxiety to do my duty in connexion with it, may relieve me of any charge of presumption in making the suggestion.

I am, Sir, yours, &c.,

Great Cumberland-place, Dec. 11th, 1877.

T. HOLMES.

THE MEDICAL ASPECTS OF TOTAL ABSTINENCE.

To the Editor of THE LANCET.

SIR,—It is much to be regretted that Mr. Brudenell Carter's attempts to become a total abstainer have ended in failure. The advocacy of his pen, to say nothing of the force of his personal example, is a loss to the cause of temperance.

One may, however, be allowed to discount the loss. For, after all, his letter goes to prove nothing more than that he, as an individual, is unable to accomplish his work without the assistance of "very weak whisky-and-water—the genuine article—well matured by keeping." For the purpose of illustration in this matter, one man is as good as another. For four years I have succeeded in doing my work, not only without detriment to myself, but with improved health, unaided by any alcoholic stimulant. My work is no trifle, covering, as it does, that of a busy general practitioner, together with the cares and anxieties of hospital work. Like most men in such a position, I have to combine as best I can in my work all the "specialisms" of the day. I may, then, set my case against Mr. Brudenell Carter's, and, so far, we may cry quits! But when we come to discuss the broader question as to whether total abstinence from alcohol, or moderate drinking, is best for the community at large, we launch out on a discussion to which neither the personal experience of Mr. Brudenell Carter nor my own can contribute much. Let us first eliminate from the community certain classes. The habitual drunkards, Mr. Brudenell Carter will, no doubt, admit, must be treated by total abstinence. Next, the vast multitude of total abstainers who, like myself, have become so for example sake. Then the smaller number of persons, who, for one disease or another, have been obliged to renounce stimulants. Of the residue it is impossible to say how many can live and work without stimulants, because they have never tried the experiment. Judging from what one knows, one would think that a very vast number would not only succeed, if they tried, but would in every way be better off. So, too, some eminent members of our profession seem to think. Dr. Brunton, before the Lord's Committee, is reported to have said, "If a man eats well and sleeps well he does not require alcohol, and he is better without it." Dr. Burdon-Sanderson said, "My belief is that, upon the whole, the human race would be situated just as favourably if the use of alcohol did not exist." Sir William Gull said, "I should like to say that a very large number of people in society are dying day by day poisoned by alcohol, but not supposed to be poisoned by it."

I agree with Mr. Brudenell Carter that we have plenty of facts to go upon without pinning our faith to the result of laboratory work, or the fallacies of chemists. We know as a fact that, supposing alcohol were to-morrow eliminated from all dietetic purposes, and restricted only to medicinal uses, we might inflict a minute evil on a very small minority, but that the vast majority of the people would be immensely benefited; nay, more, that thousands of lives would be saved, many crimes avoided, and pauperism diminished. As individual members of a profession, whose great aim ever has been to help in effecting these objects, I think it is our bounden duty to do all we can to diminish intemperance. If, then, with a wise discrimination, we can induce people to become total abstainers, we not only place them in a position of safety, but we provide in each one so abstaining

a point from which temperance principles radiate; for I hold that one wise total abstainer is worth any number of platform speeches or temperance sermons. In my humble opinion Mr. Brudenell Carter has taken up his pen too soon. We are not yet, either as a profession, or a nation, so far gone in total abstinence as to need a crusade against it.

I am Sir, your obedient servant,

WILLIAM PAUL SWAIN, F.R.C.S.

Devonport, November, 1877.

ON THE USE OF THE SUBCUTANEOUS SAW IN OPERATIONS FOR CLOSURE OF THE HARD PALATE.

To the Editor of THE LANCET.

SIR,—In your issue of September 22nd, 1877, I notice the report of a case of cleft through the hard and soft palate, for the relief of which Mr. Henry Smith, at the King's College Hospital, employed the plan of operation suggested by the late Sir William Fergusson, by which method the cleft in the hard palate is closed by segments of bone detached by the chisel from the sides of the palate, drawn to the median line, and secured in position by suture.

In the report the statement is made that occasionally some necrosis of the bone has occurred at the point of division, and that failure has followed this method of operation in consequence of severe hæmorrhage.

Having encountered both of these unfavourable conditions in performing uranoplasty by this plan, I determined to abandon the use of the *chisel* and employ the *saw* for the purpose of dividing the bone. In February of this year I employed it for the first time, and with complete success. With this instrument the section of the bone is accurately and rapidly made. The bone is not splintered, the segments being separated *entire*, and the laceration of the soft structures is very slight.

I have found the saw devised by Mr. Adams for section of the femur to be well adapted for the purpose. In using it, a small incision is made in the soft palate at the line of attachment to the hard palate, the saw is introduced, and the bone is divided from behind forwards, care being taken to follow the line of incision previously made through the soft structures, mucous membrane and periosteum, covering the hard palate.

The spaces left on each side are packed with lint, as suggested by Mr. Smith.

I venture to express the belief that the use of the saw in place of the chisel will perfect the method of operation suggested by the late Sir William Fergusson, and which is, without doubt, the best that can be employed for the relief of cleft of the hard palate.

Very respectfully, your obedient servant,

J. EWING MEARS, M.D.

Philadelphia, Pa., Oct. 21st, 1877.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—

The following Members having passed the required examination on the 22nd, 23rd, and 24th ult., were, at a meeting of the Council on the 13th inst., duly admitted Fellows of the College:—

Amphlett, Edward, M.B., Leamington.
Archer, W. Gammon, M.B., Birmingham.
Cantlie, James, M.A. and M.B., Dufftown, Banffshire.
Clarke, J. St. Thomas, L.R.C.P. Lond., Leicester.
Dent, C. Thomas, Chesham-street.
Elliot, N. Bruce, L.R.C.P. Lond., Denmark-hill.
Harsant, W. Henry, L.S.A., Bristol.
Paley, W. Edmund, L.R.C.P. Lond., Peterborough.
Taylor, J. William, Birmingham.
Vercy, J. Cooke, Adelaide, South Australia.

Three candidates failed to satisfy the Court of Examiners, and were referred for twelve months' further professional study.

UNIVERSITY OF LONDON.—The following candidates passed the recent B.S. Examination for Honours:—

Vercy, Joseph Cooke, M.D. (Scholarship and Gold Medal),
St. Bartholomew's Hospital.
Symonds, Charters James (Gold Medal), Guy's Hospital.