will terminate on Thursday, July 27th. The results of the Netley Examination will be announced on Saturday, July 29th, when the prizes will be distributed and an address delivered by Lieutenant-General Sir George S. White, V.C., G.C.I.E., G.C.B., G.C.S.I.

Correspondence.

"Audi alteram partem."

TRACHEOTOMY IN DIPHTHERIA: THE AFTER-TREATMENT.

To the Editors of THE LANCET.

SIRS,—Dr. George Thornton's important remarks on the tracheotomy statistics of the Fountain Fever Hospital at Tooting, emphasise the fatality of the disease in spite of antitoxin, when it implicates the trachea and bronchi, and the prevailing absence of any adequate treatment for this complication. I therefore venture again to call attention to a method which is alike beneficial and harmless, and which I believe is based upon a sound therapeutical principle and one capable of further development. I refer to the systematic intra-tracheal treatment by creasoted oil.¹

"Of the 39 *dry* cases" (Dr. Thornton describing as "*dry*" those cases in which "there is diphtheritic exudation in the trachea and bronchi, whilst the patients bring up little or no mucus and make a dry whistling sound on coughing") "no fewer than 20 of the patients died." It is clear then that we are in need of some more efficacious treatment than feathering and spraying the trachea, occasionally introducing a minim or two of sodium bicarbonate solution and administering antimonial wine, and that our aim should be to prevent the occurrence of obstruction and to remove it before urgent dyspnoea calls for extreme measures. If any form of treatment is of any use it should be resorted to immediately and kept up perseveringly.

When tracheotomy has been performed surgery has done its "best" and its "worst" and it rests with the physician to deal with the resulting condition. The "worst" is that by suspending the function of the glottis tracheotomy greatly reduces the power and efficacy of cough, whilst the disease itself and the carbonic acid intoxication dangerously depress the cough reflex in the worst cases. The result is that whilst there is much to cough up, cough is often almost suppressed after tracheotomy.

One of two broad clinical states presents itself immediately after the operation. Either (1) air enters freely, no râles are audible at the bases, and the chest expands fully (cases of this kind may be "let alone," as Dr. Thornton advises); or (2) there are râles, air may not enter freely, and the chest may not expand as it should, the patient's cyanosis also showing that tracheotomy has not cured the case. In all these cases I would strongly recommend the introduction of creasoted oil (1 in 20) through the tube after its insertion, to be repeated every two hours until all serious symptoms have subsided, in the dose of five drops for an infant, 10 for a child, and from 15 to 20 drops for an adult.

It is almost superfluous to point out that the objects aimed at and in great part secured by this method are (1) to promote cough; (2) to stimulate and to heal the mucous membrane; and (3) to soften and detach the membrane and to lubricate the air passages. Most stress, I believe, is to be laid upon the local treatment; but we are also greatly dependent upon feeding (if necessary, partly by rectum), upon careful stimulation by alcohol and upon a tonic treatment, such as that which I prescribe (the perchlorides of mercury and of iron, with strychnine and digitalis).

I venture to submit these suggestions as mere instalments towards the full measure of treatment required by the urgency of these cases, some of which cannot be saved by any treatment, and in the hope that some better suggestions may be elicited. I am, Sirs, yours faithfully,

Curzon-street, Mayfair, W., July 10th, 1899.

WM. EWART.

REFORM IN THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—With regard to the meeting of Fellows and Members of the Royal College of Surgeons of England on July 5th may I as one of the Members present say that I feel sure that none of them have any desire to spoil the approaching centenary of the College? They simply feel that their needs are not understood by the Council of the College and desire such a representation thereon as may suffice to make them known to that body, being certain also that the College as a whole is likely to suffer if the present state of affairs continues. The present importance of the College is due apart from its wealth, to its existence before the modern universities came into being and before the Scotch and Irish Colleges and universities provided so many surgeons for England; also to its being a purely professional body not under the domination of a convocation composed largely of schoolmasters or of a City Company which examines by deputy; and, above all, to the fact that the Membership is the necessary introduction to the Fellowship the possession of which has, till recently, been a *sine quâ non* for those desirous of holding a position on the staff of the greater hospitals. This is no longer the case in the provinces where the Fellowship of the Scotch and Irish Colleges or the possession of a degree in surgery of certain universities now equally qualifies for admission to the surgical faculty of many of the important schools and hospitals. Moreover, students are following the lead of practitioners in asking what use it is to them to hold the London collegiate diplomas since they bring them neither position in the Colleges nor profit outside them.

The Members of the College do not ask for a preponderating political power, but only for such a share of representation that they may feel sure that their interests as practitioners are being duly considered and adequately protected. They do not ask to govern so much as to be governed, to be defended from the black sheep among them who cadge and tout from door to door and degrade not only themselves but their fellows. They demand that the Council shall see that each Member as well as each Fellow is required to do his best to maintain the honour and reputation of the College and all its constituents. If the College will not undertake these duties through its Council fewer and fewer men will become Members and as the monopoly of hospital appointments is broken up, as it will be, fewer Members will become Fellows and the College will cease to be the great and important corporation it now is. It must become something more than a London consultants' club if it is to continue to exist worthily. At present most Members I am acquainted with are wondering why they became so since they find that university diplomas confer more *éclat* in the eyes of the public, a fact largely due to the persistent way in which the College deprecates the qualifications it confers (the profession itself has always recognised the sterling practical value of them and most English students have taken them as a matter of course), while certain other diplomas permit of greater freedom of practice without giving the holder the feeling that he is infringing ethical codes inculcated in a half-hearted way by the Colleges and which, as things are, hinder without helping. The Members themselves are proud of the College, of its history, of its magnificent museum and library, of its lectures and laboratories, of its President and eminent Council, and of the attainments of its Fellows, and they only desire that the ties which bind them to it and its traditions may be strengthened. It is not necessary or even advisable that too many men should be led to specialise in surgery, to undertake difficult operations which they have not opportunity to perfect themselves by frequent performance in the details of; but it is not because a man has to cover a considerable area of practice that he is to be denied all interest in the field of labour the ground of which he tills, though he reaps so small a portion of the harvest of wealth and honour. The ploughman has as much right to be considered as the husbandman in the day of harvest rejoicings and rewards, the general surgeon as the consulting specialist. The Members of the College do most of the early work of diagnosis even of the obscure cases, to them fall most of the emergencies of civil and military life. When the bulk of the general surgical practitioners seek other qualifications easier

¹ THE LANCET, 1897, vol. ii., p. 1564; also L. A. Grimes, A Case of Membranous Tracheitis, THE LANCET, 1898, vol. ii., p. 409.