

one of the most distinguished in Germany, and his writings on various surgical subjects, especially on the modern treatment of fractures, are numerous and important. He studied medicine in Berlin, and afterwards worked under Busch at Bonn and Simon at Heidelberg. He also spent a year in Paris, Vienna, and London. During the Franco-German war he was in charge of the lazaret in Cologne, and afterwards settled there in practice. He was 74 years of age.—Dr. K. Saarbourg, of Cologne, surgeon-general in the German army.

## Correspondence.

"Audi alteram partem."

### NATIONAL INSURANCE ACT CERTIFICATES.

To the Editor of THE LANCET.

SIR,—These somewhat perplexing documents having received the careful consideration of the British Medical Association and other representatives of insurance practitioners, a new form is, I understand, to be issued, which purports to be ethically correct and businesslike. Allow me just a few words of criticism. The form in question starts with "Confidential" and finishes with "Member to fill in other details."

From an ethical point I have no doubt every care has been taken to safeguard the interests of the medical profession, and yet I must point out that if the "declaring on certificate" is the only confidential document, and the continuance of inability is to be made upon the societies' particular form, and after their particular methods which are not termed confidential, the object of the so-called confidential form is defeated; and as the medical man (according to his agreement with the Insurance Committees) cannot legally refuse to sign these documents his position (apart from the risk of legal liability) would be rendered very unpleasant.

Now as to the business or monetary side, this appears to have been entirely overlooked, and no doubt the society members laughed up their sleeves as they apparently gave way on the first confidential certificate, knowing full well that the continuation certificates would be demanded upon their own forms, which not being termed confidential, no matter what shape they might take, must be filled in (free of charge).

The question here arises, how many certificates per member per week is a medical man expected to make out free of charge? The representatives of the medical profession should, I submit, in this their last effort have definitely settled this portion of what still remains, to say the least, a very perplexing question, especially as a continuance certificate on a Government form is so much waste paper and definitely relegated to limbo under the new regulations.

I am, Sir, yours faithfully,

Liverpool, August 28th, 1913. A. M. ST. JOHN WRIGHT.

### MEDICAL PRACTICE UNDER THE NATIONAL INSURANCE ACT.

To the Editor of THE LANCET.

SIR,—“It is the only practical remedy by which we can meet a declining sickness rate.” Thus ends Dr. Hall's long but unconvincing letter (in THE LANCET of August 9th) on the Insurance Act, and Dr. Cameron Kidd endorses every word of it. We who advocate payment for work done do so on higher grounds.

We are convinced that it is better for the patient, and in most cases it leads to a better class of work on the part of the doctor. Many doctors object to payment for work done because they wish to be paid for work they do not do. Payment for work done is, however, a thing of the past. Private practice except amongst the rich is doomed. Contract work has come to stay, but not in the form of the present Insurance Act, which is absolutely unsound and full of glaring anomalies.

We have missed our chance. The British Medical Association, apart from its initial and fatal blunder in putting

payment by capitation in the foreground, did its best to improve the conditions of contract work, and succeeded up to a certain point; but owing to the lamentable lack of honour displayed by many of its members it failed at the last moment when a glorious victory was within its grasp. The result is a discredited and disunited profession. The next item on the programme will be State medical service, if not in name, in reality.

I am, Sir, yours faithfully,

T. CUMING ASKIN, M.D. Dub.

Alderton, Woodbridge, Suffolk, August 24th, 1913.

To the Editor of THE LANCET.

SIR,—In THE LANCET of August 9th a correspondent states, “The *clientèle* of each is now exactly what it was before the Act,” and he further states that all these panel doctors are quite satisfied with their position. Another correspondent endorses this in your issue of August 23rd. One can quite understand their satisfaction, for in some instances their practices must be pretty well doubled in receipts, and from a commercial point of view what more can they desire? But I think a protest must be made against the assertion that the *clientèle* remains the same without touting or encroachment. What have those doctors to say to this who, having given a pledge and held with the whole body of the British Medical Association that work under the Act was not what self-respecting medical men could undertake, have attached some value to their pledge and declined panel work? Cannot these men tell a different tale? I can give an instance where at least three panel doctors have added considerably to their earnings by running over the district of a neighbour, where before a coercing “Act” came into force they were practically unknown. One can hardly envy the position of men who willingly take patients the majority of whom resent being coerced into treatment against their will. The letters you have recently published would give the impression that no hardship had been caused by the action of panel doctors, and it is only just that this impression should be corrected.

I am, Sir, yours faithfully,

Fulbourn, August 25th, 1913.

F. L. NICHOLLS.

### FATAL HÆMATEMESIS FOLLOWING THROMBOSIS OF THE SPLENIC VEIN.

To the Editor of THE LANCET.

SIR,—In an annotation in THE LANCET of March 29th, under the above heading, there is a report of a case of fatal hæmatemesis following thrombosis of the splenic vein which was reported and discussed at a meeting of clinicians in Berlin. There is little doubt from the account given that the hæmatemesis was the result of congestion of the left gastro-epiploic vein and the vasa brevia, which lead into the splenic vein and drain a large part of the greater curvature of the stomach.

A somewhat similar case came under my notice at St. Bartholomew's Hospital in 1908 and is worth recording. A man, aged 40, was admitted with a history that five and a half years previously he began to suffer from indigestion and pain after food. A year later he was jaundiced for 17 weeks. The jaundice eventually disappeared, but the digestive trouble continued. About two years previous he vomited a quantity of blood on several occasions. About seven weeks before admission he noticed an enlargement of the abdomen. He was found to have a large pancreatic cyst occupying the left half of the abdomen. This was incised and drained of several pints of brown turbid fluid. The patient appeared to make a good recovery. Three months later he was readmitted in an exhausted condition, having lost a large quantity of blood by the mouth and by the bowel, and soon afterwards he died. At the necropsy it was found that the cyst had filled up again, and contained about four pints of a brown turbid fluid loaded with cholesterin. There was no gastric ulceration, nor any evidence to show that the blood came from any localised area in the stomach. There was thrombosis of the splenic vein, which had in all probability been compressed by the pancreatic cyst. The specimen is preserved in the museum at St. Bartholomew's

Hospital (No. 2271B), and the following is a description given of the same.

A pancreas with parts of the spleen and stomach, showing a large pancreatic cyst. The head of the gland appears normal, as does a portion of the body, but towards the middle of its length the latter terminates in a sclerotic mass. The fibrotic area is stained by altered blood and firmly adherent to the wall of a large thick-walled cyst, spherical in shape and measuring  $5\frac{1}{2}$  inches in diameter. The cyst exhibits at the site of its union with the pancreas a small orifice, indicated by a red glass rod. The inner wall of the cyst is stained a reddish brown colour by blood pigments. Closely adherent to its posterior wall is a portion of the anterior wall of the stomach, below which lie the splenic vessels, shown by a blue glass rod. On the posterior aspect of the spleen is an area of chronic perisplenitis.

There is also a specimen in St. Bartholomew's Hospital museum (1914C) which illustrates a condition somewhat analogous, though in a reverse direction. It is a specimen showing a chronic ulcer of the posterior wall of the stomach near the cardiac end, thrombosis of the splenic vein, and a hæmorrhagic infarct of the spleen. This patient also died of hæmatemesis.

It would be interesting to know if thrombosis of the splenic vein has been found in other cases of fatal hæmatemesis in which there has been an absence of gastric or duodenal ulceration and no cirrhosis of the liver. Post-operative hæmatemesis nearly always occurs after abdominal operations, and venous thrombosis is also a complication occasionally met with after abdominal section. It is quite possible that thrombosis of the splenic vein has been recorded in some of these cases, and in others has existed and yet has not been observed. Possibly some cases of gastrostaxis of unknown origin which make good recoveries are the result of a temporary splenic or portal thrombosis.

I am, Sir, yours faithfully,

London, W., August 26th, 1913.

C. GORDON WATSON.

## THE INTERNATIONAL MEDICAL CONGRESSES.

*To the Editor of THE LANCET.*

SIR,—I have made several attempts during the sessions of the late International Congress of Medicine and since to find out the dates and the places of meeting since its inauguration, but have not been able to get a satisfactory answer.

Will you or any of your readers, therefore, be good enough to supply me with the following information? 1. Where and when was it first held? 2. What were the circumstances under which it was first held? How many countries took part and how many members attended? How many sections were there? 3. Dates and places of meeting since the first Congress?

This information will, if complete, form an interesting episode of the greatest scientific Congress that has ever been held. Thanking you in anticipation,

I am, Sir, yours faithfully,

On board s.s. *Cedric*, August 20th, 1913.

WU LIEN TEH.

\* \* The International Medical Congresses are held in important capitals of the world at somewhat varying intervals. The idea was ventilated at a meeting of the French Medical Association in Bordeaux in 1865, and the First Congress was held in Paris in 1867, during the time of the International Exhibition, when upwards of 1200 medical men attended. The Second Congress was held in Florence in 1869; the Third in Vienna (1873); the Fourth in Brussels (1875); the Fifth in Geneva (1877); and the Sixth in Amsterdam (1879). The Seventh Congress was held in London in 1881, when over 3200 were present and there were 15 sections; the growth of the meetings in importance can be gauged by the figures for the recent London Congress which follow. The Eighth Congress was held in Copenhagen in 1884; The Ninth in Washington (1887); the Tenth in Berlin (1890); the Eleventh in Rome (1894); the Twelfth in Moscow (1897); the Thirteenth in Paris (1900); the Fourteenth in Madrid (1903); the Fifteenth in Lisbon (1906); and the Sixteenth in Budapest (1909), when 4300 were present. The Seventeenth Congress in

London this year was attended by nearly 8000 persons, and the proceedings were divided into 26 sections, while advantage was taken of an international gathering of medical men to hold, in loose combination with the Congress, other meetings associated with medicine—such as the meeting of the International Association of the Medical Press and the International Conference on Post-Graduate Instruction. The next Congress will be held in Munich.—ED. L.

## INTRAVENOUS INOCULATION OF FRIEDLÄNDER'S PNEUMOBACTERIUM VACCINE IN THE TREATMENT OF OZÆNA.

*To the Editor of THE LANCET.*

SIR,—Cases of ozæna have till recently been treated by me with vaccines with indifferent results. The vaccines were made from an organism which, as far as my experience goes, is always present and belongs to a group which for convenience may be called Friedländer's pneumobacterium.

In working on the lines devised by Sir Almroth Wright—namely, to be guided for doses by laboratory tests of the blood—I met with considerable difficulty because the organism is not readily phagocyted. In the course of some experiments on animals I injected rabbits intravenously with a living culture of this organism and found that their blood serum acquired the property of agglutinating and also of opsonising the bacteria so that they were readily phagocyted. It was evident that it was worth injecting a killed vaccine of the organism into the vein of a patient. The result in the case of a young girl who was under my care in the Johannesburg Hospital was striking. She had been an in-patient for some months and had been treated carefully by me, to the best of my ability, by the subcutaneous injections of vaccines made from the Friedländer organism, from a streptococcus, a diphtheroid organism, and a staphylococcus, and also by ionisation. Still big foetid crusts formed almost daily in her nose. When, however, she received the intravenous injection of the Friedländer organism the improvement was immediate and great. The secretion nearly ceased and the interior of the nose became dry and the mucous membrane such as is often seen in adults with atrophic turbinals and in whom there is very little secretion. I gave her four intravenous injections of 100 to 200 millions.

An important point is that her blood serum has acquired the power of agglutinating and opsonising the bacteria. To show the opsonising power the following method is useful for the ordinary strains of the Friedländer organism as met with in ozæna. Make an emulsion of one loopful of culture in 10 minims of salt solution and take one volume of this and six volumes of serum; mix and incubate for 12 to 24 hours. Centrifuge the bacteria down and mix them up with a little salt solution and take one volume of this, one of fresh serum, and one of blood corpuscles; incubate this mixture for half an hour and then spread the films.

In the above case immunity was established more readily by the intravenous than by the subcutaneous method of inoculation.

I am, Sir, yours faithfully,

Johannesburg, August 7th, 1913.

A. R. FRIEL, M.D.

## THE ROYAL SOCIETY OF MEDICINE AND THE SOCIETY OF TROPICAL MEDICINE AND HYGIENE.

*To the Editor of THE LANCET.*

SIR,—In a letter in THE LANCET of March 15th I wrote in favour of the amalgamation of the Royal Society of Medicine with the Society of Tropical Medicine and Hygiene and enumerated the objections that the council of the Society of Tropical Medicine and Hygiene put forward against amalgamation. This was based on a memorandum sent out by order of the council.

The council of the Society of Tropical Medicine and