THE FUTURE OF THE POOR-LAW INFIRMARIES.

To the Editor of THE LANCET.

SIR,—Dr. C. M. Wilson's letter in your issue of Jan. 15th may soothe hurt feelings, but he must forgive those who read his address and took it that he intended the plain meaning of his words. The medical superintendents are, to a peculiar degree, responsible for the infirmaries. Some of us have spent many years confronting their problems. Dr. Wilson proclaims our defects and does not hesitate to instruct us as to how we should proceed. But in one direction, at least, he does not, in my opinion, point out the right path of progress. He appears to indicate that a medical staff of the quality and dimensions of that of a general teaching hospital is the goal towards which the infirmaries should strive. If we are wise we shall attempt no such thing. Whatever changes occur the infirmaries will remain a charge upon public funds. They must be conducted economically. Every member of the medical staffs will quite justly demand to be properly remunerated. It is clear also that the main, almost the sole, function of the infirmaries will continue to be the treatment of the sick. They will never take any but a quite secondary place in medical education. Under such circumstances a staff of 20 residents and 30 consultants for, say, 500 beds would be immensely costly, quite unnecessary, and indeed preposterous.

At the present time the basis of the medical staffs of the infirmaries is the general practitioner, for what in the world else is the resident medical officer? This must remain. The medical work must be carried out mainly by general practitioners, whether whole or part time is debatable, but still general practitioners. And the specialist must play precisely the same rôle in the infirmaries as he plays in general practice. This principle is, in my opinion, fundamental.

Along these lines the medical superintendents have striven and are striving to progress. Their object is to obtain for the infirmaries an adequate—that is to say, what they consider an adequate—staff of efficient general practitioners or medical officers as they are usually called, and to make such provision as will ensure that they can obtain the services of specialists when they require them. They do not wish, or, at any rate they should not wish, to staff the infirmaries with specialists as the hospitals are staffed, and reduce the medical officers to the position of dressers or clerks.

With regard to the question of linking up with the general hospitals, I believe this to be cordially desired by the majority of medical superintendents. Dr. Wilson agrees that the spirit in which we approach one another is all-important. It is because they inevitably arouse resentment and antagonism that I beg that, in future, we may be spared the prominent publication of such essays by amateurs as were delivered at the Harveian Society.

I am, Sir, yours faithfully,

H. W. BRUCE,

Medical Superintendent, Southwark Infirmary, and
Secretary to the Society of Infirmary
Medical Superintendents.

Jan. 15th, 1921.

PNEUMONIA AND MEMBRANOUS COLITIS.

To the Editor of THE LANCET.

SIR,—Everyone will agree with Dr. E. Cronin Lowe (THE LANCET, Jan. 15th, p. 112) as to the rarity of membranous colitis with pneumonia, but it is of interest that Bristowe in 1884, in his "Theory and Practice of Medicine," fifth edition, p. 407, writing of the morbid appearances met with in pneumonia, mentions "intestinal congestion, with sometimes membranous patches on the mucous surface of the large intestine." The occurrence of acute colitis with pneumonia is described in the article on Diseases of the Colon in Allbutt and Rolleston's "System of Medicine (1907, Vol. III., p. 815), and it is stated to be extremely rare. There is nothing to show whether in these cases the pneumonia was, as in Dr. Lowe's cases, influenzal, but as his cases are described as septicæmic, it is to be remembered that

several cases of severe septic acute colitis, sometimes membranous, are mentioned on p. 814 and p. 824 of this article. In these cases the formation of a membrane is only an expression of the intensity of the inflammatory process. Very occasionally pneumonic infection may show itself in the bowel. I remember a man who was taken ill suddenly with a rigor and high temperature: he had also bloody diarrhoea, but no abnormal signs in his lungs. The diagnosis of pneumococcal infection was made and turned out to be correct, for next day the patient had characteristic pulmonary signs.

I am, Sir, yours faithfully,

London, Jan. 15th, 1921.

W. HALE-WHITE.

THE CULTURAL DIAGNOSIS OF ENTERIC FEVER.

To the Editor of THE LANCET.

SIR,—The article which Dr. J. C. G. Ledingham contributed to your issue of Jan. 8th, and the letter from Dr. R. P. Garrow which appears to-day, indicate the serious disagreement still existing among those who are interested in the diagnosis of enteric infections among inoculated individuals, whether from the clinical or the bacteriological side, with regard to the interpretation of repeated agglutination tests. As the question is one of considerable importance, and as further discussion seems inevitable, and indeed desirable, may I suggest that the first requisite for a profitable consideration of the matter is a clear definition of the points at issue? It is unlikely that any argument which lays stress on an opposition between the clinical and bacteriological points of view, or which attributes to an opponent "the desire" to prove a given hypothesis, will lead to any satisfactory result. Most of those, clinicians or bacteriologists, who are concerned in the solution of such a question are interested only in arriving at the truth. The regrettable habit of drawing an unhelpful distinction between the acquirement of new knowledge and its application to practical medicine, to which you have yourself drawn attention, and which is usually marked by the use of the word "academic," merely indicates a lack of understanding of scientific method.

The question raised by Dr. Ledingham is, however, of the first importance, and it was considered at some length in the report¹ from which you have already allowed me to quote. I do not suppose that there is a single bacteriologist who would not prefer to base a diagnosis of enteric infection on a positive blood-culture rather than on the results of agglutination tests. The position is simply this. It has been found by numerous workers that a proportion of cases of undiagnosed pyrexia, which have yielded consistently negative results on repeated cultural examination, show an agglutination curve having all the characteristics which have been accepted by certain authorities as diagnostic of an active infection with the organism concerned. In some of these cases the cultural tests have of necessity been carried out under conditions so disadvantageous as to minimise the significance of the negative results obtained; in others they have been made under circumstances entirely favourable to successful isolation of the infecting organism. The problem remains the same. What meaning are we to attach to a "typical" agglutination curve in the absence of confirmatory evidence? The answer to this question would seem to depend mainly on whether or no similar fluctuations can be shown to occur in cases in which enteric infection can be excluded. If so, then we must clearly discard all evidence as to the incidence of this disease among our armies in the late war, which depends upon this method of investigation.

The conclusion to which our own work led us, and which still expresses my own opinion, will be found in our report:—

"We must own to a considerable reluctance to rely on diagnoses made on serological tests alone. Having

¹ Topley, Platts, and Imrie (1920): A Report on the Probable Proportion of Enteric Infections among Undiagnosed Febrile Cases Invalued from the Western Front since October, 1916, Med. Res. Council, Spec. Rep. Series, No. 48.

regard to all the facts, including the clinical features of the cases, it seems to us that the weight of evidence is clearly in favour of the probable correctness of the serological diagnoses. This investigation yields a tentative answer (to the question of the probable proportion of enteric infections among cases of undiagnosed pyrexia among our armies in France) which will be confirmed or refuted by the accumulation of evidence obtained by other workers."

I am, Sir, yours faithfully,

W. W. C. TOPLEY.

Institute of Pathology, Charing Cross Hospital
Medical School, Jan. 15th, 1921.

THE INSURANCE MEDICAL RECORDS.

To the Editor of THE LANCET.

SIR,—Your leading article in THE LANCET for Jan. 8th will cause considerable distress, a great deal of irritation and ill-feeling among medical men, and particularly in the section unfortunately situated as "panel practitioners." The records are of the most foolish type for statistics; they were never submitted for the approval or otherwise of those who have to keep them, and many, if not most, will consider they are being put to do, at a great expense of time, very useless work. But the chief feeling caused by your article will be that you should lend your journal for propaganda work which is far from the interests of, I hope, a great proportion of your readers and to lend your pages for an article apparently written by one who will never be called upon to keep these records or to sign insurance patients' certificates. Personally I always thought THE LANCET was a "cut" above the tone adopted, which savours of Government contamination.

I am sure that if you, Sir, will put the question in your next issue, and allow it to be answered by post-card, there will be very few panel practitioners found in favour of the present type of records, which, I believe, are to cost the country in taxes another £30,000 a year.—I am, Sir, yours faithfully,

Kencott, Glos., Jan. 17th, 1921.

F. W. PILKINGTON.

* * The form of the records is imposed by the need to limit the clerical labours, inasmuch as the records on ethical grounds must be kept by practitioners. We agree that in fuller shape such information would have far greater scientific value. Our correspondent has not read very carefully the article which he condemns, or he would have seen how far we are at one with him.—ED. L.

POST-OPERATIVE MORTALITY OF APPENDICITIS.

To the Editor of THE LANCET.

SIR,—Dr. Herbert H. Brown, writing in association with Mr. H. M. Cade on this subject in THE LANCET for Jan. 15th, provides food for serious thought. He states that during the first 48 hours after the commencement of a case and also during the second week, when an abscess may have formed, operation is practically safe, but during the intervening period there is great danger, even to the extent of 22·7 per cent. of a fatal issue. Those among us who can look back for 30 or 40 years to a time when the terms typhlitis and perityphlitis were in common use will remember cases of complete recovery after large swellings in the region of the right iliac fossa, and which under watchful and expectant treatment wholly disappeared, leaving no ill-results. My practice has always been to watch cases carefully, and not to advise operation until I have considered it necessary, and as over a period of 40 years I can recall no fatal case in my practice I am inclined to think there are people living who if they had been hurried off for operation would have helped to swell the high death-rate. It is quite certain that in general practice the great majority of cases will not come under the surgeon's hands within the first 48 hours, and in face of the statistics given in Dr. Brown's article it surely is both logically and morally wrong to put any patient to so great a risk during the dangerous period, except in very urgent cases.

I am, Sirs, yours faithfully,

F. L. NICHOLLS, O.B.E.

Fulbourn, near Cambridge, Jan. 19th, 1921.

MEDICAL PRACTICE BY FOREIGNERS IN SPAIN.

To the Editor of THE LANCET.

SIR,—In your issue of Jan. 1st (p. 58) you give the conditions as laid down by an old law which has just been rescinded by a Royal decree of Dec. 27th, 1920, owing to agitation by the Spanish medical profession. Foreigners will now only be admitted to practice in Spain if their respective countries give equal facilities to Spanish medical men, otherwise they must go through the whole course of study. The Royal decree translated reads as follows:—

Art. (1) The Article 96 of the law of public instruction of the year 1857 is re-established in all its vigour and effect, so far as it refers to temporal registration of diplomas obtained in foreign countries authorising practice in Spain.

(2) The Ministers of Public Instruction and Fomento (agriculture, engineering, &c.) in future can only authorise the registration of diplomas of the following professions: medical, dental, engineering, and foremen of mines, to such, in whose own country, diplomas conferred in Spain for the said professions will be recognised for registration and permission to practise.

(3) As soon as the time expires of authorised foreign diplomas of above professions such authorisation lapses.

(4) Any existing decree opposing the present to be null and void.

This decision is of importance to the medical profession in your country.

I am, Sir, yours faithfully,

C. W. HUYSEN,

Surgeon to Rio-Tinto Cos. Hospital in
Huelva.

Huelva, Jan. 8th, 1921.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—A quarterly meeting of the Council was held on Jan. 13th, Sir Anthony Bowlby being in the chair.—The President reported that the Prince of Wales would be present at the Hunterian festival dinner on Feb. 14th to receive the Diploma of Honorary Fellowship, to which His Royal Highness was elected on July 24th, 1919.—A vote of congratulation was passed to Sir Charles Ryall on having received the honour of knighthood.—Mr. C. H. Fagge was introduced and admitted a member of the Court of Examiners.—Reports were read from the secretary of the Conjoint Examining Board respecting candidates found qualified for the Diploma of Public Health of the two Colleges, for the Diploma in Tropical Medicine and Hygiene, and for the Diploma in Psychological Medicine. A list of the successful candidates is given below.—A letter was read from Mr. Philip Franklin stating that the Onodi Collection of Nasal Anatomy had been purchased by the Onodi Committee with the object of presenting it to the Royal College of Surgeons of England. It was agreed, on the recommendation of the Museum Committee, that Mr. Philip Franklin be informed that the Council is willing to accept the Onodi collection and to undertake the responsibility of preparing and mounting the specimens for exhibition in the Museum, and that he be requested to convey to the donors the thanks of the Council. The Conservator expressed the opinion that it would take the greater part of two years for the Museum Prosector to prepare the specimens for exhibition, and that the cost of their preparation would amount to about £650.—A report was received from the Finance Committee recommending a rearrangement of fees payable for admission to the several examinations for the Licence in Dental Surgery. This was adopted and was rendered necessary by a revision of the Regulations made by the Council on the recommendation of the Board of Examiners in Dental Surgery. Under these revised Regulations the examinations in General and Dental Anatomy and Physiology are separated from the examinations in General and Dental Surgery and Pathology, and now form Part III. of the First Professional Examination for the Licence, and candidates may enter for examination in these subjects after completing six months' study during the ordinary sessions at a recognised medical and dental school.—Mr. W. G. Spencer was reappointed member of the Central Council for District Nursing in London for three years from Jan. 1st, 1921.—Sir William Thorburn was appointed a member of the Court of the University of Liverpool for three years from Jan. 1st, 1921.—On a motion of Sir George Makins a committee was appointed to consider the question of establishing additional examinations in Ophthalmology and in Oto-Rhino-Laryngology for candidates who desire to take them after having passed the examination for the Fellowship.

Diplomas in Psychological Medicine, in Tropical Medicine and Hygiene, and in Public Health were conferred (conjointly