

interesting letters and I may add that some prominent members of the profession have spoken to me in the same general sense. The one serious objection is that voiced by Dr. A. Percy Allan in your issue of Nov. 9th. With regard to this I must freely concede that to grant the London degree *tout court* to all Conjoint diplomates would be an injustice to those who have passed the multiplicity of examinations now entailed in that degree. But I would submit that it will be quite easy to earmark the degrees—either along the lines suggested by Sir William Gowers or by calling the present M.D. M.D. Honours—in such a way as to point out the distinction, while at the same time removing the handicap which our London students have as compared with those in the provinces.

The Royal Colleges alone have neither the power nor, I believe, the desire to grant medical degrees. If these are to be accessible to all London students either the London University must render them so or a new university must be called into being. The latter course would be difficult and expensive; for the former all the materials are ready to hand in the shape of a University which can grant degrees and a Conjoint Board success in whose final examination is justly considered the standard English qualification to practise. If the coöperation of these bodies could be secured the London medical student would receive a full return for his industry and the London medical schools would no longer be depleted by provincial competition. In common fairness, too, the degree should be given, so to speak, retrospectively, to all Conjoint diplomates who had studied for, say, four years in London and who should pass an examination on the lines of the M.D. Durham (Practitioners).

If there is to be any chance of carrying through this reform united action must, as Mr. R. Denison Pedley remarks, be taken by those whom it would benefit. If a committee is formed for the purpose the Conjoint diplomates will, I think, be both surprised and pleased to find how many of the teachers in the medical schools of London will be willing to help them.

I am, Sirs, yours faithfully,

London, W., Nov. 25th, 1907.

BERTRAM ABRAHAM.

To the Editors of THE LANCET.

SIRS,—At the meeting held this afternoon at the Royal College of Surgeons sufficient emphasis did not seem to be placed on the suicidal policy of the Royal Colleges in not doing something to improve the status of their diplomates in the face of the multiplication of degree-granting bodies in other parts of the United Kingdom. If opposed to any alteration respecting their existing Members and Licentiates they should not therefore neglect the future, otherwise London, which ought to be far ahead, will find itself in time left behind in the race as far as medical students are concerned. The Council object to raise the standard of either the preliminary or intermediate science part of their examinations, giving as a reason that the changes already made have led to a diminution of candidates. But is this not as much due to the loss of attraction in the diplomas compared to the degrees to be got elsewhere, and would not an improvement in the status of the diploma be a counter attraction leading to an increase instead of a diminution of candidates for the Conjoint? I fear the teachers in the London schools of medicine as well as the Council are short-sighted.

I am, Sirs, yours faithfully,

Nov. 21st, 1907.

MEMBER.

To the Editors of THE LANCET.

SIRS,—Mr. R. Denison Pedley in THE LANCET of Nov. 16th, p. 1420, makes a very common error which should, I think, be corrected. He states that "the Conjoint Board can at any time help" its diplomates to obtain the title of "doctor," by which he presumably means the degree of M.D. If he reads the charters of the two Royal Colleges he will find that this is not the case; indeed, for the Colleges to confer the degree of M.D. an Act of Parliament would be necessary. There are only two bodies which can give degrees, the Universities and the State, and, in addition, the Archbishop of Canterbury, by right of his remnant of Legatine authority, can recommend the Crown to confer degrees, a right which, save in the Faculty of Divinity and Music, is not now exercised. Should fresh legislation take place on the subject, as is to be hoped, I think most of us are agreed that it would be desirable to introduce the "one-portal" system of a State M.D. conferred by the different examining bodies under State control, but as the law

stands this is, of course, impossible. I should like to add that I think your correspondent overstates the grievance of the College diplomates. If they wanted a degree they should have taken the London course, but as both a London graduate and a College diplomate I can testify that they would have had to work considerably harder for the two letters than for the eight. I should personally, however, welcome any legislation which would retrospectively confer a doctorate on my fellow collegiates, as this would obviously do much to promote good feeling in the profession, which is more to be desired than many titles.

I am, Sirs, yours faithfully,

Nov. 25th, 1907.

M.B., L.R.C.P.

## THE UNIVERSITY OF LONDON GRADUATES' ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—Referring to the London Graduates' Union in your last issue you say that you are informed that the London University Graduates' Association "has constituted itself into an association for promoting the election by convocation to the Senate of candidates representing the views of external students alone and of opposing the election of any recognised teacher." Both these statements are false.

As the editor of a medical journal myself, I am perfectly aware of the difficulty of keeping *au courant* with medical and university politics, and of the error one sometimes falls into in accepting statements on questions one has not had the time or opportunity of mastering, but I hope in justice both to the Union and the Association you will allow me to put this matter right. For while it is clear that a mis-statement of this character is calculated to damage the Graduates' Association, it is clearer still that an untrue statement of this kind must be still more damaging to the Union, on the behalf of which, presumably, it has been made public.

Being secretary of the Medical Faculty of the London University Graduates' Association, it has been my duty to promote the election of two candidates for the Senate, one successfully the other unsuccessfully; and I was under the impression that the names of these two gentlemen, Dr. Graham Little and Professor Ernest White were sufficiently well known to make the statement of your misinformant ludicrous. However, I suppose it is necessary, since the statement has been seriously put forward, that I must point out that Dr. Graham Little is a member of the Faculty of Medicine of the University of London, and as physician attached to St. Mary's Hospital (London University), is an internal teacher. Professor Ernest White is also a member of the Faculty of Medicine of the London University, and what is still more remarkable in the face of the above allegation, is actually a professor in one of the colleges of the London University, holding the chair of Psychological Medicine at King's College.

After this statement it scarcely seems worth while to rebut the mis-statement that our Association exists "for promoting the election by convocation of candidates representing the views of external students alone," which is equally stupid and untrue. We do, however, think that external students have a right to representation on the Senate. Does the Union differ from us in this respect?—Yours faithfully,

2, Hare Court, Temple, Nov. 24th, 1907.

A. PERCY ALLAN.

\* \* We do not find the difficulty which Dr. Allan experiences in understanding medical or university politics, nor do we believe that rudeness helps much in a controversy.—ED. L.

## PLEURAL EFFUSION AND ITS TREATMENT.

To the Editors of THE LANCET.

SIRS,—Sir James Barr in the Bradshaw lecture on Pleural Effusion and its Treatment, reported in your journal of Nov. 9th, expresses himself very unfavourably on the present surgical treatment of empyema of the thorax: he says that the surgeons have taken this disease under their own special care but have done nothing to advance its treatment. He adds that he is anxious that they should remove "this blur from their fair escutcheon," and very considerably gives them details of a new operation which he would do if he were a surgeon. I think that the choice of the word "blur" was

unfortunate, because, as the eminent physicist in question must know, blurring is very often due not to any indistinctness in the outlines of an object but to a defect in the accommodation of the observer. Might it not be caused in some cases by a kind of mental presbyopia?

I am not clear as to what exactly are the points on which he condemns the surgical treatment of empyema: whether it is the mortality of the operation, the length of the after-treatment, or the fact that surgeons like free drainage. If I might criticise his own suggestions for the cure of this disease I should draw attention to the following points:—Firstly, as to the use of local anæsthesia, Sir James Barr is surely aware that many surgeons, both in this country and abroad, make use of this method; the objection is, in the case of adults, the difficulty of anæsthetising the sensitive periosteum on the deep surface of the rib; in children the fact that to them the operation itself is quite as terrible as the pain. As to making the incision at the most dependent spot, surgeons, of course, universally do so, but with this reservation (which should surely have occurred to a physicist), that after evacuation of the pus the diaphragm at once rises up and blocks the drainage aperture if it is placed too low. His method of draining by gauze has been frequently tried, mostly by house physicians, and has been given up: dry gauze may make an excellent drain; gauze soaked in pus certainly has the opposite effect, blocking up any aperture in which it is placed. I believe the time-honoured attempts to inflate the lung by expiratory efforts, such as blowing into bottles, are harmless in mild cases but also unnecessary; in cases of empyema of old standing their effect, if any, must be harmful. Every surgeon who has performed Schede's operation for decorticating the lung knows that as soon as the thickened pleura is incised the lung bulges out through the hole; till the lung is freed from this rigid casing the probable effect of expiratory efforts would be to cause an emphysema of the sound lung.

Finally, I would respectfully suggest to Sir James Barr that little will be accomplished towards the placing of the treatment of this disease "on a scientific basis" (like Mesopotamia, a phrase full of comfort) by making indiscriminate attacks on surgeons.

I am, Sirs, yours faithfully,

GRAHAM SIMPSON.

Nov. 22nd, 1907.

To the Editors of THE LANCET.

SIRS,—May I be permitted to point out that in his recent Bradshaw Lecture<sup>1</sup> Sir James Barr uses the term "elasticity of the lungs" in a manner likely to cause confusion in the minds of some of his readers. Thus he says: "In health there is a slight negative pressure in the pleuræ owing to the elasticity of the lungs," and again "the elasticity of the lungs tends to separate the pleural surfaces." By pulmonary "elasticity" Sir James Barr here evidently means the pull which the lungs exert on the pulmonary (visceral) pleuræ—i.e., their degree of tautness or stretchedness—and not (what the term actually signifies) their power of recovering their form after being stretched. The elasticity and the tautness of a substance are two quite different things.

It is the more necessary to distinguish between these two properties in dealing with the subject of pulmonary physics, because—and this is a point which is apt to be overlooked—the elasticity and the tautness of the pulmonary tissue by no means necessarily rise and fall together. It is possible, indeed, for the pulmonary tissue to be very much on the stretch and thus to exert an unusually powerful pull on the pleural covering of the lungs, with a corresponding high degree of minus intrapleural pressure, when the elasticity of the lungs is very much subnormal. This happens, e.g., when, with the lungs abundantly seamed with fibrous tissue in a state of cicatricial contraction, there is at the same time marked dyspnoea. In such cases a struggle ensues between the contracting cicatricial tissue tending to a diminution in the size of the thorax, and the powerfully acting inspiratory muscles ever striving to effect an increase in the mean size of the thorax. In the struggle between these opposing forces victory may belong to the one or the other set, with the result that the thorax suffers a decrease or an increase in its mean size, but in either case the elasticity of the pulmonary tissue is considerably subnormal, while the minus intrapleural pressure is greatly exaggerated (I am assuming the pleuræ are not adherent).

Another term employed by Sir James Barr invites

criticism. He speaks of the lungs as exerting "*traction* on the thoracic walls" (my italics). Presumably by "thoracic walls" Sir James here means the pleural lining of the thoracic walls and the parietes external to this lining, though of this I am not sure, because in a later passage he says, referring to the two layers of the pleura, that there is "no traction but perfect equilibrium" between them. The use of the word "traction" in this connexion reminds me that I was once taken to task by a physicist for speaking of the lungs as exerting traction on the circumjacent structures. His point was that they could not be said to exert traction on these structures unless anatomically attached to them. This suggested to me the use of the term "pulmonary suction," a term which brings forcibly home to the mind (what I, at least, conceive to be) the essential purpose of pulmonary tautness—i.e., to exercise suction on the exterior of the heart and thus facilitate the diastole of its chambers, especially of the auricles, and the right auricle the more especially: pulmonary suction, in fact, sucks blood into the heart. *Cæteris paribus* it varies directly as pulmonary tautness, but has no constant relation to pulmonary elasticity.

I am, Sirs, yours faithfully,

Wimpole-street, W., Nov. 21st, 1907.

HARRY CAMPBELL.

## A FORM OF GRAVES'S DISEASE AND ITS TREATMENT.

To the Editors of THE LANCET.

SIRS,—I do not think that the experience of Mr. H. Granger in the cases of Graves's disease, as recorded in THE LANCET of Nov. 23rd, is uncommon; nor am I sure his deductions as to cause and treatment are correct, or even that his cases at Bournemouth constitute a form of the disease separate from those elsewhere. I take it he has come across a run of mild cases which have put him on the look-out for others, and he has found still milder ones, or even cases which have not reached the stage of Graves's disease at all but are potential ones, tottering into the disease and only needing a helping hand in either direction. If they had been sought for as diligently they would have been found in a London hospital. He will also find them not uncommon over 35 up to the climacteric, at which age there are many. I do not find his evidence as to water causation borne out by my cases; in this district the greater number of houses are supplied by surface wells in the gravel, but the town in which I live has an additional supply brought from the greensand 12 miles away. Yet I find instances from people who live in houses supplied by each source and, I should judge, in equal proportions, Mr. Granger thinks a course of thymus has been instrumental in his cures. Thymus gland has been tried before and found wanting. It is a tempting theory that because in fatal cases the thymus has been found persistent Nature has tried her own remedy but has not given enough of it, and therefore we must aid Nature. Unfortunately, the facts do not fit in with the theory; Mr. Granger has been successful not on account of the thymus but the sauce he gives with it. May I suggest he should try a series of cases without the thymus but "combined with as much rest as possible and attention to general hygiene." For I note that he has ascertained they are "all thin anæmic women with a history of long-continued worry in many instances." If to another series of cases he will give in addition a little arsenic and bromide with perhaps phosphates I think he will find the latter series make even greater advance. He will, in fact, come to believe that the worry is the cause of the whole thing and the relief they get from this determines their cure. Graves's disease is, indeed, a nervous disease, in that many patients are always on the verge of it and they only need the nervous strain, often prolonged and borne with such secrecy that it is only after they are better they will describe the mental anguish they went through to fall into it. A girl had nursed her father through diabetic gangrene; some months after his death she developed Graves's disease. From previous experience I was convinced she had some mental worry, but she would own to nothing. For some time she was at a standstill, until one day I noticed she was in the same room in which her father died; at his death she had gone to sleep with her mother. I had her room changed and improvement began; subsequently she told me my guess had been correct, but it seemed such a silly thing that she had determined to fight it down.

The idea that behind the symptoms of the disease, the

<sup>1</sup> THE LANCET, Nov. 9th, 1907, p. 1291.