

## TREATMENT OF COMPOUND DEPRESSED FRACTURE OF THE SKULL.

*To the Editors of THE LANCET.*

SIRS,—In the preliminary remarks upon the case of compound depressed fracture of the skull under the care of Mr. Walsham at the Metropolitan Hospital which was published in your last issue, I observe that you regard the entire closure of the wound as an unusual procedure, and one which is not free from risk unless the surgeon "felt perfectly satisfied as to his power to make the wound and adjacent parts thoroughly aseptic and keep them so afterwards." With regard to this point I venture respectfully to make a few observations. I think that if the surgeon has satisfied himself that the wound has been rendered thoroughly aseptic at the time of the operation, he is more likely to succeed in maintaining it in an aseptic condition by avoiding the use of a drainage-tube. It is now, I believe, well recognised that in antiseptic operations it is best to discard the drainage-tube whenever possible, and, when it is found necessary to use them, to keep them for a very short time, for the reason that, if used for any length of time, they establish a sinus which offers an easy entrance to septic organisms, and is therefore difficult to keep aseptic. In the case in question I think there was less danger in running the risk of an accumulation of fluid within the wound than in exposing the wound to the chance of septic infection through the use of a drainage-tube, because the former complication could have been at once detected and rectified in a patient who was under close observation. Moreover, in this case the use of a tube for even twenty-four hours was not necessary: first, because the wound was nearly dry before the sutures were tied; and secondly, because a small triangular space was left in the scalp sufficient to drain away any oozing which might occur in the first twenty-four hours.

I am, Sirs, yours truly,

May 31st, 1892.

C. F. MARSHALL, M.D.

## TERRITORIAL MONOPOLIES OF QUALIFICATIONS.

*To the Editors of THE LANCET.*

SIRS,—In your admirable annotation you say: "We should like to see our Irish and Scotch friends begin by liberalising the rules of their own hospitals" &c. I am happy to assure you that there is no hospital in Ireland in which any particular diploma is required for office. Prior to the Medical Act, 1858, county infirmaries' surgeons should be licentiates of the Irish College of Surgeons, but that body at once consented to the removal of the restriction. Now, in two of the clinical hospitals of Dublin there is a surgeon without that diploma, and in a third a physician who is not connected with the Irish College of Physicians.—I am, Sirs, your faithfully,

E. D. MAPOTHER,

Chairman of Council, Irish Medical Schools' and Graduates' Association.  
Cavendish-square.

## DRAINAGE AT SURBITON.

*To the Editors of THE LANCET.*

SIRS,—I think you will admit there must be some reason for complaint as regards the drainage at Surbiton when eight out of thirteen medical men resident in the district have signed a petition asking for a regular inquiry into the matter. Four out of the eight medical men whose names do not appear on the requisition paper are, in one way or other, connected with the public health service, and their signatures were not asked for. It may be urged, as you say, that it is the duty of each person to get his own drains properly inspected, and put in order; but it must not be lost sight of that it is impossible to educate all people up to this standard, and, moreover, that this is a matter which concerns not only the occupant of any particular house, but to a greater or less extent all the inhabitants of the district, inasmuch as one case of infectious disease may, under circumstances, be the cause of a serious outbreak. Besides all this, the resident medical men are particularly anxious that the sanitary condition of the place should be proved beyond all doubt, once and for all, because at the present time,

when it becomes known that a few cases of infectious disease have arisen, some person who is not over-anxious about the welfare of the locality at once writes to the papers to say that we have a serious outbreak of disease. If this can be stopped it will be of great benefit to us all.

I am, Sirs, your obedient servant,

Surbiton, May, 1892.

F. P. ATKINSON, M.D.

\* \* In expressing the hope that the residents of Surbiton will, without delay and before illness occurs, have their house drains carefully tested by some competent persons, we did not propose to suggest that the sanitary authority was free from responsibility in this matter; but we presume that the cost of reconstruction, if necessary, must fall on the owner, and certainly owners will do well not to wait until compelled by the authority.—ED. L.

## FARCY AND GLANDERS.

*To the Editors of THE LANCET.*

SIRS,—In THE LANCET of March 12th is a leading article on the Prevalence of Glanders in Great Britain, pointing out several defects in the Contagious Diseases (Animals) Act, under the working of which farcy and glanders are looked upon as separate diseases, and twenty-one days have to elapse before an animal declared to be affected can be destroyed. It may perhaps be interesting to you to know that in the Punjab the Glanders and Farcy Act (Act 20 of 1879) has been in operation for the last thirteen years, and all the defects in the English Contagious Diseases (Animals) Act have been avoided. In it glanders and farcy are looked upon as one and the same disease. On a diseased animal being certified as such, destruction is instantaneous. Animals that have been in contact with a diseased one are isolated, at the owner's expense, until certified to be fit to work. The disinfection of stables and premises, as well as the disposal of the body of the diseased animal, has to be carried out at the owner's expense. Any gear, saddlery, or grooming apparatus is destroyed. No compensation is given, and any person obstructing an inspector under the Act in his duties, or preventing his entering any premises where he has reason to suspect there is a glandered animal, is liable to a fine or imprisonment, or both. Surely, if an Act that so completely provides for the suppression of what is not only a fatal disease with equines, but which is also transmissible to mankind, can be worked in a country like India, there ought not to be any difficulty in making the alterations that are required in the English Act.

I enclose a copy of the Glanders and Farcy Act of India (Act 20 of 1879).—I remain, Sirs, yours faithfully,

JOSHUA A. NUNN, F.R.C.V.S.,

Veterinary Captain, Army Veterinary Department, and Principal, Lahore Veterinary College.

Lahore, Punjab, May 6th, 1892.

## VOLUNTEER MEDICAL OFFICERS.

*To the Editors of THE LANCET.*

SIRS,—I am requested to send you the following copy of the reply received from the War Office to the letter of April 21st, which was published in THE LANCET of the May 7th.

I am, Sirs, yours faithfully,

J. EDWARD SQUIRE, M.D.,

Surgeon-Capt., V.M.S., Hon. Sec.

101, Great Russell-street, Bedford-square, W.C.,  
London, May 31st, 1892.

[COPY.]

No. V.—General No. 1561.

War Office, Pall Mall, S.W., May 16th, 1892.

SIR,—I am directed by the Secretary of State for War to acknowledge your letter of April last, submitting for his special consideration the claims of medical officers of the Volunteer force to share in the honours and rewards bestowed upon the combatant officers of that force, and soliciting on their behalf that the distinctions of Queen's Honorary Physician and Queen's Honorary Surgeon conferred upon officers of the Army Medical Staff may be accessible to medical officers of Volunteers who have established a title to them by long and efficient service. In reply, I am to state, for the information of the Council of the Volunteer Medical Association, that, as regards the eligibility of medical officers for the Order of the Bath, Mr. Stanhope regrets he can add nothing to his letter of June 5th, 1890, wherein his views upon the subject were expressed. In regard, however, to the distinctions of Queen's Honorary Physician and Queen's Honorary Surgeon, I am to observe that service in the Volunteer force, under its normal conditions, does not appear likely to lead to any qualification for these honours, inasmuch as they are only conferred upon officers of the Army Medical Staff either in

recognition of service in the field or as the reward of special professional merit displayed in services to the Army, under conditions of exposure to epidemics and diseases in unhealthy climates throughout the world, to which medical officers of Volunteers are not subject.

I have the honour to be, Sir, your obedient servant,

RALPH THOMPSON.

The Hon. Secretary, Vol. Med. Assoc.,  
10, Great Russell-street, W.C.

## NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

### *Proposed Memorials of Newcastle Citizens.*

A MOVEMENT has been initiated to perpetuate the memory of the late Dr. J. C. Bruce of Newcastle. Seeing that he was so long and intimately connected with our Royal Infirmary, and indeed gave his last hours to its service, it is appropriately suggested that the "Bruce Memorial" should be connected with the institution, and it is proposed to do this by building a pavilion to be called "The Bruce Pavilion." The Mayor has been requested to call a public meeting to consider the proposal. Then we have "The Heath Memorial;" but about this I have heard little since its inception. If it is true that Dr. Heath has himself left about £19,000 for various purposes connected with the College of Medicine, it appears to me that he has left his own memorial in that splendid building; and if it is not true, it is a pity that the Heath and Bruce Memorials could not be combined; and probably sufficient funds would be forthcoming to go a long way to erect a new building in place of the present old one, which is open to many objections viewed in the light of modern hospitalism, to say nothing of its defective site.

### *A City without a Fever Hospital.*

It is strange that the ancient city of Durham, with its comparatively modern University, is without a Fever Hospital. Dr. E. Jepson is taking active steps to induce his fellow-citizens to supply the want. There is now a disused Board School available for the purpose, and it can be made convertible to hospital requirements at a small cost. Dr. Jepson should receive ready aid in his effort to remedy this sanitary shortcoming in Durham.

### *Great Church Parade of Tyneside Cyclists.*

On the 15th ult. a great church parade of cyclists took place at Delaval Hall, near Blyth, kindly lent by Lord Hastings for the meeting. It is estimated that about 1500 cyclists attended. The sermon was preached by the Bishop of Newcastle, who was formerly as noted a wheelman as he is now a pedestrian. The Bishop rarely employs wheels of any kind now if he can possibly walk. The collection which was made at the conclusion of the service was double that of last year, and it was principally devoted to the Newcastle and Tynemouth Infirmaries, but at the same time the minor charities were not forgotten.

### *Carlisle.*

On Thursday last the Mayor of Carlisle, in the presence of a large number of citizens and invited guests, laid the foundation stone of a new institution to be built by the Corporation of Carlisle, comprising a public library, museum, school of science and art, and art galleries. The cost is estimated at between £18,000 and £20,000, which has been raised partly by subscription and partly by the Corporation out of the city fund, and other resources which the Town Council happened to have available. The mechanics' institution, after an existence of sixty years, handed over their library on the adoption of the Public Libraries Act, and a fine old mansion in the city (Tullie House) has been purchased, and will, when altered, make the scheme complete.

### *Ambulance Work in the North*

Surgeon-Major Hutton has examined an ambulance class at the Sailors' Mission, Middlesbrough, composed of seamen, rivermen, and dockmen, who have been instructed by Dr. Howell. Mr. Wayman Dixon has taken a great interest in the class from its commencement, and has given several lectures. Surgeon-Major Hutton spoke very highly of the efficiency of the class, which commenced with sixty-five members, fifteen of whom were prevented attending the examination by being called away to sea. At West Hartlepool Dr. Gourley's ambulance class was examined by Dr. Ellerton of Middlesbrough. The class in-

cludes policemen, naval reserve men, and civilians. Dr. Jepson of Durham has examined a class of railway men in ambulance work at Leamside station, near Durham.

### *Death of Mr. Alexander Fothergill of Darlington.*

Mr. Alexander Fothergill of Darlington, a well known dentist, died last Thursday from cardiac embolism. Mr. Fothergill had reached nearly seventy years of age, and was a member of a well-known medical family at Darlington, his father being Mr. John Fothergill, well known in connexion with the Croft Spa waters and from his very long practice in Darlington as a surgeon.

I regret to hear that Mr. Young, surgeon of West Hartlepool, had a severe accident last week. While driving, one of the wheels of the trap came off, throwing the unfortunate gentleman on his back, and, together with the shaking, injuring his left leg. He was dragged some distance by the horse before he could extricate himself from the reins.

Newcastle-on-Tyne, May 30th.

## SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

### *The Edinburgh University Medical Staff Corps.*

THIS corps has returned from its annual camp out. The camp was near Dunbar on Mr. Hamilton Ogilvy's property, and was under the command of Surgeon-Captain Hepburn. They seem to have had a very good time, in great part owing to the kindness shown them by Mr. Ogilvy, by whose orders the camp was supplied daily with wood for fuel, while the members were granted various privileges about his house and grounds. They received a cordial invitation to return next year.

### *Edinburgh Royal Infirmary and Lady Medical Students.*

Notice has several times been taken here of questions bearing upon the admission of lady medical students to the Royal Infirmary. One of several reasons given for the enlargement of the Infirmary is that provision could then be made for their instruction in clinical medicine and surgery. The matter has come up again in a somewhat acute form by an application from the Scottish Association for the Medical Education of Women to the infirmary managers, requesting that arrangements be made for the clinical instruction of twelve women. It is well known that for various reasons the managers are anxious to accede to this request, but they necessarily felt bound to consult the staff while indicating their own strong desire to provide what was asked. At a meeting of the staff it appears that it was determined by fifteen votes to five that no arrangements could be made until the infirmary extension was carried out. It has transpired that the managers are not satisfied with this reply.

### *The Edinburgh City Hospital.*

A report by the medical officer of health and the staff of this hospital has been laid before the authorities dealing with the necessity of reconstruction, in order to make the hospital more satisfactory for the treatment of some of the more infectious and dangerous of the diseases which are admitted into its wards. This report will doubtless receive careful consideration, and the great value of the hospital to the community has been so thoroughly established that the authorities would do well to take such steps as would remove any possibility of suspicion that patients suffering from one infectious malady were liable to contract another within the hospital. It may even be hoped that they may see their way to complete reconstruction, so that Edinburgh may have an Infectious Diseases Hospital, of which the public might be as justly proud as they are of the Royal Infirmary.

### *Health of Edinburgh.*

The mortality last week was 82, making the death-rate 16 per 1000. Diseases of the chest caused 35 deaths, and zymotic diseases 4. The intimations for the week were—typhoid fever 2, diphtheria 1, scarlet fever 10, and measles 41.

### *Proposed Extension of Aberdeen City Hospital.*

The Public Health Committee of Aberdeen Town Council have had before them Dr. Matthew Hay's report as to the necessity for extending the City Hospital. Dr. Hay, in his statement, said that while Aberdeen had bed accommodation in the hospital for one out of every 1300 of population,