

channels of politics. If such attempt is continued, as a member I shall propose to the executive that the articles of association shall be altered, and that the power to enter into such legislative action be taken away. A few members of strong political bias might resign, but I am satisfied that the loss would soon be regained by an accession of men who look upon the Union as a personal insurance company, and who object as strongly as I do to its being used for any other purpose which may be lawful, but is not expedient. I am, Sirs, yours faithfully,
Feb. 9th, 1891. A MEMBER OF THE UNION.

THE OBSTETRICAL SOCIETY AND THE MIDWIVES' BILL.

To the Editors of THE LANCET.

SIRS,—When the President at the annual meeting of the Obstetrical Society excluded all discussion on the merits of the Midwives' Bill or its details, I determined neither to speak nor vote on Dr. Aveling's resolution, which was simply a vote of confidence in the Council of the Society. Now, the Council of the Society having, both by circular to the Fellows and through the President in his address, disclaimed all responsibility for the present Midwives' Registration Bill, and the President having himself declared that he did not approve of certain of its clauses, and that this Bill, as amended by the Privy Council, does not contain the most important of the suggestions made by the Council of the Obstetrical Society, I saw no valid reason why I should vote for or against the resolution in the restricted shape in which it was put to the meeting. I went to the meeting under the impression that it would be open to any Fellow to give his opinion on the Amended Bill, and that we should not be restricted to a mere vote on the question as to whether any kind of legislative action was desirable. Many Fellows of the Society may approve of legislation, but they think they see such grave blots in the present Bill that no influential medical body, least of all an Obstetrical Society, should hesitate to express an opinion antagonistic to the Bill itself. When I found that all criticism on the details of the Bill was precluded by the President's ruling I merely protested against a vote on such a resolution as that of Dr. Aveling's being regarded as any expression of approval of the Bill itself. As a Fellow of the Obstetrical Society I feel, after the statement of the President, that the Society, through its Council, has been snubbed by the Privy Council, and that its suggestions have been ignored. When this occurred I am of opinion that the Council, in so important a matter, might have taken the Fellows into its confidence, and shown that the Bill was not constructed on lines approved by it, and thus much misunderstanding would have been avoided. It was widely circulated by the promoters of the Bill that it met with the approval of the Obstetrical Society. I was asked and pressed to add my name to a document on which appeared the names of many of the Council. This was an obliquely worded statement in which the desirability of legislative action was urged. When such documents, under the headings, "Registration of Midwives" or the "Midwives' Bill," are signed by influential members of the medical profession, they cannot be surprised if their signatures are used for the purpose of proving that they are in favour of the Bill itself. The Obstetrical Society by a vote has now deliberately pledged itself, and unconditionally, to the principle of legislation for midwives; legislation on what lines? Are the lines and limits to be those agreeable to and approved of by the medical profession and the Obstetrical Society itself, or on terms which will be forced on the profession and the Society by the Legislature. Certainly we must be prepared for this latter contingency if the Society, blindfolded, agrees to the principle of legislation, and calmly sits down while the safeguards it recommends are passed by and ignored. I say nothing of the standard of education adopted by the Obstetrical Society in granting midwives a diploma. It is to be hoped that a considerable alteration for the better in the conditions imposed for that diploma may follow should there be legislation on the subject. Meantime, I maintain that it is the duty of obstetricians to strive to prevent any Bill passing through the Legislature with such glaring defects as those existing in that one now before Parliament. Finally, I should have wished that, no matter how strongly pledged

was the Council to the principles of legislation, the verdict of the Fellows should have been taken on the merits of the Bill itself.

I am, Sirs, yours faithfully,
Feb. 7th, 1891. H. MACNAUGHTON JONES.

EMPHYEMA OF THE ANTRUM.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of to-day you do me the honour to report in an annotation a communication on the above subject which I made to the Odontological Society on Feb. 2nd. Judging from my own experience I should say this subject must be of greater interest to the medical than to the dental profession; for, although I have tapped the antrum in a considerable number of cases, in no single instance has a patient applied to me directly in my capacity as dental surgeon. The cases have all been brought to me by practitioners by whom a diagnosis had been made; but many of the cases had been going on for months, some for years, often undergoing treatment wrongly directed, before the true nature of the malady had been made out. Not only is our knowledge of empyema of the antrum far from complete, but the existence of such a disease seems by no means sufficiently well known. The subject, it appears to me, might therefore with advantage be fully discussed in THE LANCET; and I shall be glad if you will allow me to supplement my brief communication by a few further observations. First, as to etiology. I am satisfied that dental disease is by far the commonest cause. The roots of several teeth are separated from the cavity by merely a thin layer of bone; sometimes the roots of molars extend within, covered only by a thin osseous film beneath the mucous membrane. Periodontitis affecting such roots may give rise to suppuration, and this extending to the antrum may establish empyema; or pent-up discharges from suppurating or gangrenous pulps ("nerves") of the teeth may make their way through root foramina into the cavity and excite the disease. In the great majority of cases which I have seen, whilst no other cause has been discoverable, dental disease amply sufficient to account for empyema has existed; and in other cases there has been a clear history of dental disease. But the case narrated to the Odontological Society has left me somewhat in doubt as to what may form etiological factors in exceptional instances. The pathology seems simple. Pus once present in the antrum the cavity can never be completely emptied except by art. Pus flows out when it reaches the level of the ostium, or when the head is inclined forwards; but a residuum is always left on the floor of the cavity, and this becoming putrid, and often inspissated, the mischief is aggravated, and the area of inflammation and suppuration is gradually extended over greater part of the antral lining. The symptoms, which in simple cases are almost pathognomonic, include discharge of fetid pus from the nostril of the affected side only; and, be it noted, the discharge is not continuous, but occurs at irregular intervals, and particularly when the head is inclined forwards. The patient is conscious of a noisome odour; but this is not, as a rule, perceptible to others except at the moment when foul pus is flowing from the nose. There is usually pain, and this may be confined to dull local aching, or may take the form of severe frontal headache and neuralgia. It is not safe to pronounce a positive diagnosis without thorough rhinoscopical examination, as the disease may be closely simulated by pathological conditions of neighbouring parts. It seems commonly believed that distension of the antrum with bulging of the walls is a usual accompaniment of empyema; but this is a mistake; it only occurs in those rare cases in which the ostium is completely blocked. I have met with only one instance of the kind, and in that the patient suffered most from pressure on the floor of the orbit and ophthalmic troubles. Not to enter into minutiae which might take up too much of your space, the treatment may be described as free drainage and antiseptic irrigation—sources of local irritation such as diseased teeth being, of course, removed or otherwise dealt with. Effectual drainage can only be ensured by tapping the cavity through the alveolar margin or through the socket of a tooth and inserting a gold tube extending well into the cavity, and held in position by a plate such as is used to support an artificial tooth. Further accumulation of pus being thus prevented, the antrum must be thoroughly irrigated once or twice a day with an antiseptic lotion. A syringe, such as that devised by Mr. Christopher

Heath specially for these cases, must be used. It has a long, thin nozzle to pass well up the tube, and is capable, without exercising too much force, of throwing a continuous stream. The lotion should make its exit through the nose, the head being inclined forward. Cases of empyema, especially such as have been long neglected, often resist treatment for lengthened periods. Whilst care should be taken to ensure thorough irrigation, the danger of keeping up irritation by too much syringing and the use of unsuitable lotions must not be overlooked.

I remain, Sirs, your obedient servant,
Wimpole street, W., Feb. 7th, 1891. HENRY SEWILL.

SHOULD ERYSIPELAS BE ISOLATED?

To the Editors of THE LANCET.

SIRS,—The above question has been brought prominently before the medical profession in Hull owing to a recent decision of the local sanitary authority refusing to admit erysipelas into their Infectious Hospital, and omitting to make any suitable provision for such cases. In 1888, thirteen deaths occurred in Hull from erysipelas; during the fortnight ending Jan. 2nd, 1891, seven cases were notified in the borough. One of these cases (facial erysipelas) was under my care. It was in a very populous district; several confinements took place within a few doors of the case, which was of a malignant type; neighbours and visitors could not be prevented from passing to and fro between the cases; a midwife was in the infected house one day and the next night attending a labour, though warned of the danger; the room in which the case lay was ill ventilated, and no skilled nursing was available. Under these circumstances I desired the medical officer of health to remove the case at once to the sanatorium, but to my surprise found that he was unable to do so because the sanitary committee had decided not to admit any cases of erysipelas. Under proper hygienic conditions and with trained nursing the patient would, I believe, have recovered. Under the prevailing unfavourable conditions he died.

I brought the matter before the local sanitary committee and was answered by one of its members (a medical man) to the effect that he had never known erysipelas infectious in a private house under the worst of hygienic conditions; that there was little to fear from it as a cause of puerperal fever; and that neither experience, statistics, nor humanity would justify them in admitting erysipelatous cases into the sanatorium. Now, seeing that erysipelas is a specific contagious fever scheduled under the Infectious Disease (Notification) Act, 1889; that it may and does prevail epidemically; and, further, that it may, if not isolated, cause a series of cases of puerperal fever, I propound the above question to the medical profession through the medium of your columns.

The following statistics may be found in the Manual of Public Health (Wynter Blyth), 1890:—"During the twenty-five years ending with 1886, 51,582 deaths in England and Wales are ascribed to this cause. The maximum number of deaths was in 1874, when 3358 deaths were registered; the minimum number was in 1886, when 1523 deaths were caused by erysipelas, the mean number of the whole being 2063 If the deaths from erysipelas and those from puerperal fever be plotted out for a sufficient number of years in a curve, according to season, the curves very fairly coincide."

I should be glad to receive any communication on the matter, privately or through your columns, from any members of the profession who may be interested in the subject.—I am, Sirs, yours truly,

Hull, Jan. 9th, 1891. EDGAR DU CANE, B.A., M.B.

DEATH CERTIFICATION AND LIFE ASSURANCE.

To the Editors of THE LANCET.

SIRS,—I shall be glad of your comments upon the following:—

A man, aged fifty-five years, was admitted, without any history, into the Crickhowell Workhouse Infirmary on Jan. 13th, 1891. Upon a superficial examination, he was emaciated to a frame, pulse very feeble and intermittent, but still conscious; a dislocation of the right knee backwards, and two bedsores over the tuberosities of the

ischium. I ordered him brandy every hour, with a milk and beef-tea diet. I had known the man a year or so previously as one of slightly feeble intellect, but otherwise strong and in robust health. By repeated and careful examinations I could discover no disease to account for his condition, but he died six days after admission. As affording a possible clue to his treatment before he came under my notice, the nurse, three days prior to his death, having fed him, remarked that he "had taken more than he had done at all since he came in." His reply, "Ha! they would have grudged me it at home," was to my mind suggestive in dealing with a man in his condition. I refused to certify as to the cause of death for the reason that I had been unable to find one, and reported such to the police authorities. The coroner was communicated with. This officer, however, came to the conclusion, from inquiries made, that the deceased died from exhaustion due to natural causes, and that an inquest was unnecessary. Now, I have never known in my experience a man fifty-five years of age die of "exhaustion" without being able to find a primary disease to account for it. Senile exhaustion would not apply in this case. Within a few hours after the coroner had given his certificate the friends of the deceased called upon me for a death certificate for an assurance office, in which the deceased's life had been insured, offering to "pay me anything" for it. I, however, declined, and referred them to the coroner. I may add that I never refuse a death certificate except upon what I consider strong ground, as any medical man would who had been told—as I myself have been—by a member of a Board under whom I serve that I withheld certificates in order to obtain fees for evidence at inquests!

I am, Sirs, your obedient servant,

PHILIP E. HILL.

Crickhowell, Jan. 24th, 1891. Medical Officer Crickhowell Workhouse.

P.S.—I may add that, as far as I was able to ascertain, the dislocation was of nine months' standing, and had not been seen by a surgeon.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Royal Infirmary.

THE annual meeting at the Royal Infirmary was held there on Saturday, the 31st ult. It was hoped that there would have been a good attendance of the trustees and general public, who would thus have the opportunity of seeing the splendid new pile which now occupies the former site, and is one of the greatest improvements which the city has had for a long time. Unfortunately the hour chosen, 11 A.M., was not a happy choice; had it been 3 P.M. or 4 P.M. there would in all probability have been a much better attendance. The new infirmary has been in full working for some time now, sufficiently long to show its many and great advantages. The cost of maintenance will probably require an increase to the income of £3000 a year, which ought not to be very difficult to obtain in so large and wealthy a city.

The Police-court and its Ventilation.

The ventilation of our police-court, like that of so many law courts, is very defective, and the air at times is so foul as to make a compulsory attendance there for any length of time a very serious matter to persons not used to a close atmosphere. The late Mr. Raffles, after nine years' experience of it, had a severe illness and was compelled to go away for some months. He fortunately recovered, and was enabled to discharge his duties for many years afterwards, but frequently complained of the state of the court. It is greatly to be hoped that some means will be found to secure a more wholesome atmosphere for those whom necessity compels to breathe it. The great defect is that of so many similar buildings—viz., an insufficient egress at the top for the foul air which is always ascending. There is no difficulty in securing the ingress of fresh air from outside and from the lobbies.

A Temperance and Purity Crusade.

In deference to a strong expression of public opinion, proceedings have been taken against all the keepers of brothels known as such to the police, and within the last few weeks nearly two hundred persons, mostly women, have been summoned, have pleaded guilty, and been fined £5 and costs. For a second offence one woman was fined £10,