

almost any operation can be undertaken at a patient's home by a general practitioner.

I am, Sirs, yours faithfully,
L. C. MARTIN, M.R.C.S. Eng., L.R.C.P. Lond.
Woolston, Hants, June 14th, 1903.

THE GENERAL MEDICAL COUNCIL AND THE ROYAL COLLEGES OF PHYSICIANS OF LONDON AND SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—Your leading article in your issue of June 13th, p. 1680, on the dispute between the above bodies recalls to my mind the treatment I received at the hands of the Conjoint Board in 1897, especially as there seems to have been an entire change of policy on the part of the Board since that time in regard to the first year of study.

The General Medical Council ante-dated my registration as a medical student from 1893 to 1892 on account of my having spent that year at a university college in the study of chemistry, physics, and botany for the B.Sc. degree. Having fully carried out the requirements of the Conjoint Board as to the courses of study under the five years' curriculum I applied for admission to the final examination in 1897, but my application was refused on the ground that I had not spent the whole of the five years at a medical school and hospital and it was intimated that I should not be eligible for another twelvemonth. No such clause existed in their regulations, the period of five years being only mentioned as necessary to have elapsed since registration. This check was a serious one, inasmuch as my object in entering for the examination was to qualify for a house appointment at my hospital, without which candidates were not "signed up" for the London M.B. examination. I had therefore practically no option but to spend 15 guineas on the final examination of the Apothecaries' Society who admitted me without demur.

In view of the present policy of the Royal Colleges to accept as the first year of the curriculum the last year spent at almost any school where instruction in physics and biology is given (and which the committee of the General Medical Council has reported to be "insufficient") I think that their refusal a few years ago to acknowledge advanced studies in those subjects which had already been accepted by the General Medical Council shows strange inconsistency if not an entire reversal of policy. I ought, perhaps, to add that owing to the kind offices of the Vice-Chancellor of the University of Wales (Sir Isambard Owen), who was able more correctly to interpret their regulations than the Board could themselves, I was graciously informed a few weeks later that I would be admitted to their subsequent final examination. An application I then made to the Board for the return of the 20 guineas I had already paid in examination fees on account of "breach of contract" was not entertained. I may say that my experience at that time did not leave me with any superfluous feeling of loyalty to the Royal Colleges and I can only continue to regret that the exorbitant fees I paid for their diploma are not still in my pocket.

I am, Sirs, yours faithfully,
R. W. C. PIERCE, B.Sc., M.B. Lond., D.P.H.
Guildford, June 15th, 1903.

THE RELIEF OF PARALYTIC DISTENSION OF THE BOWEL IN OPERATING FOR INTESTINAL OBSTRUCTION.

To the Editors of THE LANCET.

SIRS,—In a letter under the above heading in THE LANCET of May 2nd, p. 1263, Mr. John D. Malcolm says that "when the gut is paralysed at the seat of obstruction and the part above is also completely paralysed by distension the chances of recovery are very remote in any circumstances of treatment." It may be of some interest in this connexion to observe that in the end of 1900 I recorded a case of obstruction of the small intestine in which the bowel was completely paralysed at the site of obstruction which was due to a constriction brought about apparently by inflammatory action, the bowel at this point being quite constricted for two inches and partly adherent to an adjacent coil, while its surface was semi-bluish in colour

with deposits here and there of inflammatory exudation. The bowel for several feet above was also paralysed and in a ballooned condition. Having relieved the distension with considerable difficulty by means of a trocar and cannula, I stitched up the opening, returned the bowel, and closed the abdominal wound as quickly as possible owing to the very feeble condition of the patient who had been some days ill before being brought to hospital. The patient did well.

In the following year at another station a hillman was brought to hospital with great abdominal distension and evident symptoms of obstruction accompanied with vomiting and very distressing hiccough, having been brought only after trying many native remedies. On opening the abdomen I found the small intestine enormously distended, the cause of which I did not discover. There was no peritoneal inflammation and I could not say that the bowel was completely paralysed. In this instance, profiting by the experience of the previous case, I made a free incision in the bowel transversely to its axis and washed out a portion of it with warm boric lotion, having a considerable portion of the gut outside the abdomen. The opening having been stitched the bowel was returned and the abdomen was closed. The stomach being greatly distended I also laved that organ before the patient came out of the influence of the anaesthetic by means of a funnel attached to a tube passed down the oesophagus. The patient did well, at once experiencing relief from the intense restlessness, distension, and vomiting. The hiccough diminished gradually and disappeared in from two to three days.

In both cases the whole attention was devoted to relieving distension and little time to the actual seat of obstruction. Mr. Malcolm lays great stress upon "the recognition of the state of the bowel which has been nipped" as regards its recuperative power. Unfortunately in India cases of obstruction of the bowel—apart from hernial strangulation—come to hospital as a rule so late that whatever is to be done has to be done quickly and I doubt whether in such cases the time spent in searching out and studying the seat of obstruction would not be more profitably spent in relieving the pressing symptoms.—I am, Sirs, yours faithfully,

D. SIMPSON, Major, I.M.S.
Coimbatore, Southern India, May 26th, 1903.

THE INFECTIOUS NATURE OF PULMONARY TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—While reading "Humphrey Clinker" I was surprised to find that Smollett recognised the infectious nature of consumption. Matthew Bramble in one of his letters to Dr. Lewis says:—

April 28th.

You won't deny that many diseases are infectious, even the consumption itself is highly infectious. When a person dies from it in Italy the bed and bedding are destroyed, the other furniture is exposed to the weather, and the apartment whitewashed, before it is occupied by any other living soul. You'll allow that nothing receives infection sooner or retains it longer than blankets, feather beds, and mattresses.

Smollett wrote "Humphrey Clinker" in 1770 while living at Leghorn and probably obtained his information from direct observation.

I am, Sirs, yours faithfully,
Ilfracombe, June 11th, 1903. S. G. FLOYD, M.D. Lond.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Inoculation Mishap in the Punjab.—The Plague Epidemic.—Outbreak of Typhus Fever in the Quetta Peshin District.

THE unfortunate mishap which occurred at Malkowal last autumn when some 18 of the inoculated persons were attacked with tetanus completely wrecked the great inoculation campaign organised by the Punjab Government for the past cold season. In the winter of 1901-02 the provincial plague mortality rose to thousands daily and the recent cold season was fixed upon for the great experiment. The campaign was commenced on Oct. 6th and nearly 200,000 people were inoculated before the disastrous accident on Nov. 9th. During the succeeding six months about 300,000 more inoculations have been performed, but this is a trifle compared with the millions which were calculated for—in fact, only about 5 per cent. Plague has been steadily increasing