

ing characters: sp. gr. 1030, normal appearance to the eye, no sugar, but a distinct trace of albumen, both to heat and nitric acid (urine passed at 2 P.M.). My report was as follows: "I think this case must be postponed, so far, at least, as to admit of inquiries in detail as to the albuminuria. Apart from this, I see nothing in the case to render the life ineligible."

A second sample of urine was obtained on Feb. 12th which had exactly the same characters, sp. gr. 1024. I then placed the inquiry in the hands of his medical attendant, with the general instruction that this was a question to be considered, not in the interests of the insurance office, but of the proposer himself. The result was that he returned on Sept. 27th, 1892, with a verbal report that his medical attendant had found the urine to contain a trace of albumen on several occasions after I had notified the fact to him, but on other occasions had found it free—no exact statements as to these occasions or as to the cyclic character of the albuminuria. On this I reported further as follows: "This life is in every respect unexceptionable, if we can take it as a rule to be followed that a *very small* trace of albumen in the urine, other circumstances being favourable, is not to be a bar to insurance. I am not personally quite of that opinion, though I admit circumstances under which accidental and occasional impregnations of serum albumen may not seriously damage a life from the insurance point of view. How far this is such a case will appear from the following summary: On Feb. 4th and again on the 12th I found the trace above mentioned in the urine of this gentleman. The same is the case to-day. Urine passed at half-past twelve normal to appearance in all respects, but with quite unequivocal trace of albumen by heat with acetic acid and by Roberts's solution of magnesium sulphate with nitric acid employed by the contact method." I then gave the medical attendant's verbal report as above, which he afterwards (Oct. 10th) reduced to writing as follows: "X—supplied me with a sample of his urine weekly during the months of May, June and July to examine for albumen. In every sample I was able by the ordinary tests to detect a very small amount. I kept him under treatment for that time, but the quantity of albumen remained much the same. During the last two months I had several opportunities of examining his urine and found the quantity distinctly less, particularly so in the last two samples, where I had a difficulty in detecting even the slightest trace."

At a quite recent date in the end of February, 1893, this proposer called once more at the office and passed a sample of urine, which did not differ in any essential particular from the preceding as examined by me. He brought the following note from his medical attendant: "X—has been supplying me with samples of his urine regularly every week or ten days since the date of last report. I have made a careful examination in every instance—microscopically and with the other tests for albumen,—with the result that I am perfectly satisfied there is no kidney disease in his case. In several of the samples sent in I could not detect any albumen at all, and the quantity, when it could be traced, was so insignificant that I consider it a waste of time to prolong the examination." Still, there the albumen remains, according to my examination in February, 1893, exactly as it was in February, 1892. I have already said, in public, at Birmingham and elsewhere, in discussions on the subject, that I cannot but regard the presence of serum albumen (reacting to heat and nitric acid) to this small extent and with this degree of persistency as a *danger signal*. If this statement of this case is disputed, on anything like reasonable grounds, by those who advocate a "physiological albuminuria," I may have something more to say on the subject. Meanwhile I do not wish it to be supposed that I think it follows, from the expression used above, that this man has Bright's disease, or that he is very likely to die soon. A danger signal may avert danger rather than bring danger. Nay, a danger signal may be disregarded and yet no train be wrecked. But, still, there it is, and from the insurance point of view I think it ought not to be disregarded.

I am, Sirs, yours faithfully,  
Glasgow, March 7th, 1893. W. T. GAIRDNER, M.D.

## PROGNOSIS IN ALBUMINURIA.

To the Editors of THE LANCET.

SIRS,—Your excellent advice that the time has arrived for a thorough reinvestigation of the prognosis of albuminuria will be shared by many men. I think that most help will be obtained

from men who have kept private records of their cases for years rather than from hospital or even insurance records. If some method could be devised for collecting and analysing these notes an invaluable stock of renal knowledge would be available. The prognosis of heart disease has received more attention than that of albuminuria, and it will be in the recollection of many that the former, at the instigation of the Collective Investigation Committee, was ably introduced by Sir Andrew Clark and fully discussed at the annual meeting of the British Medical Association in Brighton in 1886. One starts in practice with a horror that every case of albuminuria is going to be fatal. After having scared a number of people needlessly, one gradually settles down to a more hopeful view of the presence of albuminous urine, which is comforting to the patient and beneficial to the doctor. At present it is impossible to say how many cases of early albuminuria develop Bright's disease and how many recover; but there is a point which must have struck several men much engaged in private practice—namely, the small number of deaths that occur from Bright's disease compared with the large number of cases of albuminuria met with. This appears to support the view, at any rate indirectly, that a good number of people recover. Some years ago I wrote to THE LANCET in reference to the "loading" of albuminuric cases, either in respect to the adding of years or of money. A fairer method seems to be that in which no extra premium is charged, but if the assured die previously to the age to which, as a first-class life, he might be expected to live, an equivalent deduction should be made from the amount assured, the deduction decreasing every year the assured lives, and if the assured should live as long as a first-class life is expected to live, the debt would be finally extinguished, and the amount of the original assurance would be paid in full at his death.

I am, Sirs, your obedient servant,  
Folkestone, March 7th, 1893. W. J. TYSON.

## INCIDENTS IN CHLOROFORMISATION.

To the Editors of THE LANCET.

SIRS,—On Sunday, Feb. 19th, I performed circumcision on a boy of eleven years, who had suffered for years from nocturnal incontinence. Dr. Thorpe administered chloroform on a napkin. The boy was very frightened previously to the operation, but he took the anæsthetic without struggling, and was speedily brought under. I had completed the operation, save the tying of the last stitch, when my attention was drawn to the patient's breathing; the respiration was very shallow, and as I looked it ceased. The nurse, an experienced woman, immediately exclaimed, "Oh, he is dead!" Dr. Thorpe quickly removed the boy's shirt, which was his only article of clothing except his stockings, and I seized the ankles, drew them over my shoulders, and, thus suspended, carried him about as well as the limited dimensions of the room permitted. After some minutes of this I placed him on the bed and we performed artificial respiration, drawing out his tongue at the same time. In about ten minutes we were rewarded by a faint gasp. The chest walls were very thin and the heart was noticed to be feebly beating, though no pulse was felt. By continuing the artificial respiration the breathing improved, and the abdomen rose and fell with each respiration. The breathing, however, again died away; the abdominal wall was flat and perfectly still. Dr. Thorpe then suspended him as before, and carried him through the room for from five to ten minutes. I observed the face become congested, and once more we resumed artificial respiration, to which he again responded after what seemed an age; but again we were disappointed, as respiration once more ceased. Four times in all was he suspended; the third time he vomited some unmastered and undigested orange, which was with difficulty removed from his throat. Finally, I left him breathing comfortably after three-quarters of an hour's exertion. From the commencement of the anæsthetic until the collapse was about twelve minutes, and Dr. Thorpe informs me the quantity of chloroform used was two drachms. The boy is now well.

I am, Sirs, yours truly,  
DONALD C. MARTIN, A.M., M.D.  
Stourport, March 7th, 1893.

## THE VACCINATION PROBLEM.

To the Editors of THE LANCET.

SIRS,—Will you permit me to express a hope that medical practitioners will not lose sight of your suggestion with regard

to writing to their representatives in Parliament to oppose the repeal of the Act for accumulative penalties for non-compliance with vaccination. There is now no time to be lost. I much wish copies of your able article in THE LANCET of May 14th, 1892, could be sent to each Member of Parliament. They will, of course, be inundated with the false statements of the anti-vaccinationists. It is a great pity that there is not a league of vaccinationists to disseminate the truth.

I am, Sirs, yours faithfully,  
Worcester, March 6th, 1893. WM. WOODWARD, M.D.

## DENTAL ADVERTISING.

To the Editors of THE LANCET.

SIRS,—The agitation in reference to the suppression of dental advertising is, I think, hardly a judicious one, for the simple reason that it cannot possibly bear fruit. The General Medical Council must, of course, be fully aware that many were making a practice of advertising at the time that they were admitted to the Dental Register, and therefore have practically a vested interest in the manner in which they now pursue their profession. This body of men have given no undertaking to subscribe to the so-called etiquette of the profession, and under any circumstances it would have to be shown that advertising *per se* was harmful, apart from the mere sentimental objections to it. Dentists, too, unlike the medical profession, have an appeal to the Courts, and their interests are so large that it would be highly improbable they would be disturbed. It is certainly a hardship that the new "L.D.S." is not able to compete on an equal footing with the mere "registered" men; but the remedy would surely not be found by inflicting an injustice on the latter body. Altogether the movement seems to me to be impracticable, and the present anomalous state of things can only be rectified by the course of time. An effort to obtain a better distinction between the "qualified" dentist and the merely "registered" one would be more reasonable at the present moment, and more likely to yield better results.

I am, Sirs, yours faithfully,  
March 1st, 1893. A LOOKER ON.

## LIGATURE OF THE ANTERIOR TIBIAL ARTERY.

To the Editors of THE LANCET.

SIRS,—I read with much interest Mr. A. Pearce Gould's interesting case of ligature of the anterior tibial artery in THE LANCET of March 4th. My object in writing is to draw attention to the great success attending the practice advocated by Mr. Gould during the American Civil War. Both Confederate and Federal surgeons tied the anterior tibial artery in cases of compound fracture of the bones of the leg with success. Assistant-Surgeon R. O'Leary, P.A.C.S., reports in the November number of the *Confederate States Medical and Surgical Journal* for 1864 a successful case, and the Surgeon-General, U.S.A., gives a summary of forty-seven ligations of the anterior tibial artery; twenty-six patients survived the operation. In seven cases, with four recoveries, the posterior tibial artery was likewise tied. In fifteen cases in which amputation was performed secondary bleeding took place, necessitating ligature of the vessel on the face of the stump. Twelve cases were treated by ligation of the artery at the seat of the injury; of these six recovered and six died, or required amputation—a much smaller percentage than the usual from ligation of arteries, for of the 1155 ligations recorded in the U.S.A., 684 died—a result not to be wondered at when we think of the hardships their wounded troops suffered during the retreats from Fredericksburg, the Peninsula, Manassas, Chancellorsville, and many other great battles. The tendency of the hardships endured during transportation to produce secondary hæmorrhage is illustrated by Surgeon Brinton's case occurring during the flight from Fredericksburg.

I am, Sirs, yours truly,  
GEORGE FOY, F.R.C.S.I.  
Cavendish-row, Rutland-square East, Dublin, March 4th, 1893.

## FAMINE AND TYPHUS FEVER IN BENCHASI.—

News has been received in Tripoli to the effect that famine and its common attendant, typhus fever, have been causing terrible mortality amongst the inhabitants of Benchasi, the Turkish African province of Berea.

## NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

### Tyne Sanitary Authority.

THE medical officer for the Tyne port sanitary authority, Dr. H. E. Armstrong, has issued a most interesting report, especially as regards the cholera precautions necessary last autumn in consequence of the great inter-communication of the Tyne with foreign infected ports. As regards the work done it is only necessary to state that from Aug. 30th to Nov. 21st last a continuous inspection was necessary of 497 ships carrying 8059 passengers and hands, and, with few exceptions, these had come from cholera-infected ports. Dr. Armstrong speaks highly of the work of Dr. Clark, Mr. Webster, Drs. Steegman, Marshall and others, but says very little about his own work and risks, but it is well known and remembered (at least by his professional *confrères*) that he did not spare himself during this trying period, and indeed he remained up a whole night with a cholera patient and only left the poor fellow when he died. It is a pity that Dr. Armstrong's exertions have not been adequately appreciated by the Tyne sanitary authority.

### The Knight Memorial Hospital, Blyth.

The annual meeting of this new institution (which is a great advantage to Blyth and its vicinity) has been held. Dr. Newstead says in his report that in all about 800 patients were treated. The financial condition of the hospital is satisfactory, but more subscriptions will be necessary to cope with the increasing population.

### Small-pox in Northumberland and Durham.

Although there is nothing in the nature of an epidemic of small-pox in the north, one hears from day to day of cases here and there. It has reappeared at Sunderland, as also in Durham city and Weardale. In most cases it can be traced to tramps and wayfarers. If anything could be done to stop the migrations of these unsettled "gentry" I believe that the disease would before long be stamped out.

### Sad Accident to a Durham Grammar School Master.

Many of the readers of THE LANCET who have been educated at the Durham Grammar School will be sorry to hear of the sad accident to Mr. F. A. Ker, M.A., tutor of modern languages for several years at that school. Mr. Ker, who was very fond of trapeze exercise, fell from the cross-bar when practising last Thursday, and he received such injury to his spine that he died in two days in the Durham County Infirmary.

### Sunderland

A successful effort was made last week to benefit the infirmary and other charities by the press and dramatic charity carnival, resulting in the sum of £170. Next year it is proposed to enlarge the scope of the attractions by having, as at Newcastle, a musical *matinée* as well. A correspondent of the *Sunderland Echo* says that of the thirty-nine surgeons practising in Sunderland forty-two years ago there are only four now remaining.

### Middlesbrough Asylum.

At a meeting of the Middlesbrough Asylum Committee the architect to the Lunacy Commissioners was instructed to prepare plans for a lunatic asylum to be erected on the Marton estate and to provide accommodation for 220 beds and at the same time for a possible increase of eighty patients.

Newcastle-on-Tyne, March 9th.

## SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

### Edinburgh Medico-Chirurgical Society.

AT the meeting of this Society last week Dr. John Duncan read a paper on the Surgical Treatment of Gall-stones, in which he gave his experience of operation in ten cases. Out of these there was only one death, and the patient who died was an old and much worn-out man. He regarded the operation as a suitable and a safe proceeding. The second paper was by Dr. Rutherford Morison of Newcastle on Some Mistakes and Accidents in the Technique of Abdominal Operations. The paper was a very practical one, illustrated by Dr. Morison's experience.