

the current but simply as high-frequency currents, and have shown that the physiological effects may differ with varying conditions of the patient. The question as to the effects of various kinds of current I have referred to as important; but I have not attempted to discuss this point, preferring to leave it for future investigation by others as well as by myself. Dr. Bowie's knowledge of the subject and his obvious interest in it lead me to hope that he may help in this. Criticism of what has already been done is a good beginning.

Glasgow, July 1st, 1907.

I am, Sirs, yours faithfully,

SAMUEL SLOAN.

THE SURGICAL TREATMENT OF CONSTIPATION.

To the Editors of THE LANCET.

SIRS,—The letter of Mr. J. Hopkins Walters in THE LANCET of July 6th, p. 48, would deserve a full reply if it were not intended as a defence of an author well able to take care of himself. Mr. Walters will see that if I allow myself to be drawn into a controversy with him, next week some fourth person may come forward, some unsilent worshipper of Mr. Walters, to declare that I have "utterly misconceived or misrepresented" his letter, that I "cannot have read" that letter, that I have placed him "on a pillory to be stared at or stoned," and so on. Then, in spite of the "rectitude" and "angularity" with which Mr. Walters credits me (why not call it "rect-angularity"?), I am really a very polite man and might reply to number four, which would call up number five, and so the struggle continue, descending from "great surgeons" to small, then to still smaller, until in ages to come microscopical surgical knights-errant might be bombarding a myth with emanations, infinitesimal but warm, like those of radium.

It is this consideration which prevents me from more than briefly referring to Mr. Walters's own interesting case. I note that in it the obstinate constipation seems to have come on immediately after a "nervous breakdown." I do not suppose, therefore, that Mr. Walters attributes it to any mechanical obstacle presented by the colon. It was with especial reference to excision of the cæcum that I said that "the condition of the appendix vermiformis" should be "always carefully noted." This is made clear by the context, from which Mr. Walters has removed the words, tacking them on to a preceding paragraph, and putting all between one set of inverted commas. This enables him to report with, as it were, a "there now!" that the appendix was found healthy in his case of simple ileo-sigmoidostomy. He has no wish to misrepresent, I am sure, it is merely a specimen of the light and careless touch by which "rectitude" and "angularity" can be avoided.

In reply to his question whether appendicostomy would have produced excellent results in this case I think it would. With regard to my admission that after appendicostomy the opening should be regularly catheterised he should remember that the mere use of the appendicostomy provides this catheterisation automatically. It is no more a serious drawback than the aperients and enemata to which his patient seems to have had to return after ileo sigmoidostomy.

I am, Sirs, yours faithfully,

July 6th, 1907.

C. B. KEETLEY.

GROCCO'S TRIANGLE: PHYSICAL AND ANATOMICAL EXPLANATION.

To the Editors of THE LANCET.

SIRS,—I have read with pleasure Dr. F. W. Forbes-Ross's article on the above subject in THE LANCET of June 29th, p. 1773, and do not think that he need in any way apologise as a surgeon for his possession of a general knowledge of medicine. It is to be hoped that the specialist who prides himself upon his ignorance of matters beyond the sphere of his principal activity will become rare among us—is, I would fain hope, not common now. There are a few points in Dr. Forbes-Ross's paper and Dr. W. Ewart's letter in THE LANCET of July 6th, p. 49, which provoke comment.

In the first place, and with every disposition to do homage to those who add to our knowledge, there is manifestly an inconvenience in the use of a patronymic nomenclature of structure or disease. Surely it would be more informing were a term used which denoted a presumably recurrent condition rather than that such should be only appreciated by

reference to a biographical dictionary or by more or less archæological research. "Grocco's triangle" is represented as being an area of communicated percussion dulness beyond or beside a medium of lower vibrational capacity than that through which it is conducted to the surface. I am aware that I am rather at variance with Dr. Forbes-Ross on this question of physics but do not propose discussing this point at present, as it is not material to the remarks I propose making.

"Grocco's triangle," if it be such as it is represented as being, is a *parachumatic* percussion dulness. I hope I may be forgiven for using so uneuphonious, yet, I think, quite correct a term, denoting beside or near (*παρά*) an effusion (*χυμα-αρος*). Parachumatic percussion dulness may be an all-important or an altogether subsidiary sign. In the cases referred to by Dr. Forbes-Ross and Dr. Ewart it is, I think it will be admitted, of little importance. The conditions stated to manifest it are abundantly evident from other signs. The cases mentioned by Dr. Ewart in which "amounts of (fluid) too small to be identified by any other means," are only thus discoverable must be of rare occurrence. The diagnosis, again, of enlarged bronchial glands in the posterior mediastinum in "incipient cases of tuberculosis" by a "sudden spread" of Grocco's triangle, as pointed out by Dr. Forbes-Ross, is, I confess, a refinement of diagnosis which extorts my admiration but also one which I should hesitate to accept as correct without more definite and other evidence. The chief circumstances in which parachumatic percussion dulness in the thorax may be of great importance are, in my experience, those attendant upon some cases of *sub-diaphragmatic suppuration*. An abscess creeping up behind or above the liver and raising the diaphragm (as in Dr. Ewart's cases of ascites showing symmetrical paravertebral triangles of dulness) may be associated with parachumatic dulness at the right pulmonary base posteriorly and with obscuration of the respiration in the area of such dulness. The discrimination of this state from one of primary pleural or pleuro-pneumonic disease lies chiefly in the fact that the constitutional disturbance is out of all proportion to the local thoracic signs, while hepatic and abdominal evidences of the causal condition may be altogether absent. In these circumstances this parachumatic dulness, whatever its shape, is frequently pathognomonic of the serious subdiaphragmatic condition in question and a reliable guide to the measures indicated for the relief of the patient, which are, of course, surgical. In conclusion, Sirs, I hope these remarks will in no wise be regarded as expressing any want of appreciation on my part of the interest of Dr. Forbes-Ross's communication which has the charm of all anatomical elucidations.

I am, Sirs, yours faithfully,

ALEXANDER MORISON.

Upper Berkeley street, W., July 6th, 1907.

PROPOSED AMALGAMATION OF THE NORTH-WEST LONDON HOSPITAL WITH THE HAMPSTEAD GENERAL HOSPITAL.

To the Editors of THE LANCET.

SIRS,—I venture to ask if you will kindly allow me to correct the statement which Dr. E. Collingwood Andrews is reported to have made in his speech at the meeting of the Hampstead division, Metropolitan Counties Branch, British Medical Association, on July 3rd in reference to the assets which the North-West London Hospital might be expected to bring into the proposed partnership. Dr. Andrews would have his supporters believe that the only financial help to be given by the North-West London Hospital would be "to the extent of about £200 a year by subscribers." In this Dr. Andrews is very wide of the mark, and it is to be regretted that apparently there was no one at the meeting sufficiently well informed to correct this mis-statement.

As a matter of fact, my committee is prepared at this moment to hand over investments and cash balance at the bank to the amount of over £5500, with "stock in trade," which includes surgical instruments valued at £400. Last year (an average year) our annual subscriptions were £754, donations (apart from the King's Fund, the Hospital Sunday and Saturday Funds) £1128. Many of these donations may be regarded as regular income, although they do not appear under the heading of annual subscriptions. The average annual income for the past few years has been nearly £5000.

Besides all this there is the very generous promise of support from the King's Fund, in the event of amalgamation, by (1) contributing for five years the annual sum of £1500; and (2) guaranteeing the rent of the premises of the North-West London Hospital in the Kentish Town-road for ten years, and paying the cost of adapting these premises as an out-patients' department to the amount of £2000.

The question as to whether or not the Hampstead practitioners would suffer by the transaction is not one which should influence the public in their decision. The point at issue is, Will these charitable institutions, to which the public have so generously subscribed, be thereby benefited? To the unprejudiced mind there can be but one answer: both institutions will undoubtedly in the truest sense be strengthened and their sphere of usefulness extended. It should be remembered that in carrying out a scheme such as this there must of necessity be changes involving cases of individual hardship; this is especially the case here at the North-West London Hospital. But it is gratifying to know that every one whose personal interest is at stake, be he doctor or layman, is prepared to stand on one side rather than put the smallest hindrance in the way of an undertaking which we all believe to be on the whole a wise and beneficent one. I am, Sirs, yours faithfully,

ALFRED CRASKE, Secretary.

North-West London Hospital, Kentish Town-road, N.W.,
July 8th, 1907.

PHYSICAL EXAMINATION OF SCHOOL CHILDREN.

To the Editors of THE LANCET.

SIRS,—In your report of the proceedings of the Standing Committee on Mr. J. Wilson's Public Health Bill in THE LANCET of July 6th, p. 67, I am reported, probably owing to necessary condensation, as opposing the examination of children in elementary schools for infectious disease by the medical officer of health.

Clause 82 was so drawn that power would be given to the medical officer of health to make an extended physical examination of every child as well as to examine it for infectious disease. This was objected to, and Sir William Collins put down an amendment requiring that before any physical examination was made the written consent of the parent or guardian should be obtained. In supporting this amendment I pointed out that such written consent had usually to be obtained in secondary schools and I was opposed to the children of the poor being made to submit to a physical examination while the child of the richer parent would escape.

I am, Sirs, yours faithfully,

July 6th, 1907.

GEORGE COOPER.

AN ASPECT OF VACCINES AND ANTITOXINS.

To the Editors of THE LANCET.

SIRS,—The halo of individuality which modern science sheds round the agents submitted for special uses tends to limit observation within the lines suggested. It is open to doubt whether this is entirely good. Specially is it questionable in such remedies as are derived from the blood of man or animals. The vaccines, serums, and antitoxins may contain recognisable individual products which have specific uses, but their life-history and the mode of their production class them with possible family associations which may be serviceable under other and not always allied conditions. It is now everywhere admitted that the lymph which Jenner used in his vaccinations was not even bacteriologically pure; the admission is ample reason for all the research which has placed his operation on the sound basis which is the foothold of its present advocates. One, perhaps two, observations must have fallen to the lot of most medical men; the first, that vaccination performed in the early stages of some previously existent disease was frequently delayed, or prevented, in its evolution; secondly, that infantile eczema or impetigo was not a bar to successful vaccination, but rather that the successful vaccination was sometimes followed by a disappearance of the eczema. My own experience would tend to show that this result followed more frequently after the use of humanised lymph than with the more pure and individualised calf products. The eldership of vaccinia should have placed it in the forefront of individuality as

regards its scientific purity. My object in this note is to call attention to some possible bye-products, or nuclein derivatives, which may exist in the next elder of the serums.

Some years since I was called upon to give a protective dose of the antidiphtheritic serum to several members of a family, one of whom was the subject of persistently recurring boils. To my great satisfaction the boils ceased immediately after the injection. The observation was too trite to be neglected. I offered to repeat the experiment in other cases of the same nature, as well as in cases of carbuncle. The results have convinced me that it is of great value and is usually successful. In some of my cases there was evidence of sugar in the urine, but I have not had the opportunity to use the serum in the carbuncles of confirmed diabetes. I tried it without success in the pustular rash which sometimes attends the continuous administration of bromides. We see so little septic disease in Guernsey that one's stock of anti-streptococcic serum is apt to grow stale. Once I required some under these conditions and was shut off by a Sunday's post from obtaining more till the Tuesday. As a "do-no-better" I used the antidiphtheritic serum and with such good result that no other was required.

My first, and accidental, result was obtained from the use of 500 units, but in the selected cases I have used 2000 units. I have no hesitation in asking for an extended trial of it in cases of boils and carbuncles; all my patients have been most grateful. Once again, the use of antistreptococcic serum is somewhat disturbing in early childhood. An infant was born of a mother who died 14 days later from puerperal septicaemia in India. The child had an abscess opened near the anus before it fell under my care, and it had a purulent discharge from the ear as well as a maintained temperature, which if it seldom reached above 100° F. also failed to touch the normal lower temperature of the day. After consultation with the uncle (who is an M.D., T.C.D.) I injected 500 units of the antidiphtheritic serum and the result was satisfactory. The ear discharge ceased, the temperature became normal, and the division of a small sinus near the anus restored the infant to perfect health. There is no finality in these results; they only raise the question of a limited individuality of the serums and perhaps suggest the lines of search for their family relationships.

I am, Sirs, yours faithfully,

Guernsey, June 21st, 1907.

J. AIKMAN, M.D. Glasg

MSS. OF JOHN HUNTER'S LECTURES.

To the Editors of THE LANCET.

SIRS,—I possess a volume described on the back as "Hunters Surgery MS." which appears to be different from any which you have mentioned. It is written throughout in the first person (and beautifully written), contains 67 lectures, 422 quarto pages, with five more pages of index. The only indication of its date might be found in the following passage in the beginning of the first lecture: "This course will consist of about eighty lectures in web (*sic*) I shall differ very much from what is taught in books upon this subject. I do not undertake to advance anything but what is built upon my own observations made in an attentive practice of 40 years and upwards." The index is a most careful *précis* of each lecture—for example, lect. 13—

Acquir'd Hereditary causes (of disease), Effects of y^e mind on disease, Involuntary actⁿ of voluntary parts, Symptoms, Anomalous symptoms, the difference in y^e power of resist'g disease in y^e different Structure of parts.

I would not like to part with the volume, which I regard as a precious heirloom, but if it is original the R.C.S. must have it.

I am, Sirs, yours faithfully,

Southport, July 6th, 1907.

COLIN CAMPBELL.

THE APOTHECARIES ACT, 1907.

To the Editors of THE LANCET.

SIRS,—In view of the numerous inquiries I am receiving from those holding the diploma of the Society of Apothecaries as to the effect of the Act upon their diploma, may I be allowed to state that the result of the Act, so far as concerns those who have obtained the "L.S.A." since June 30th, 1887, is to enable them on application to the Society and on payment of the prescribed fee to have granted to them a diploma conferring the qualification of "Licentiate in Medicine and Surgery of the Society of Apothecaries." Subject