

arrest the action of the heart, produces a surgical emergency in which prompt treatment can alone give the patient a chance of recovery.

Delore and Duteil,¹ in discussing the cause of death, hold that it consists not simply in obstruction of the pulmonary capillaries, but in an association of pulmonary embolism with weakening of the heart's action due to distension of the cavities on the right side. They suggest as treatment aspiratory puncture of the right ventricle. This minor operation is regarded by Delore and Duteil as quite free from risk and likely, if practised without delay, to be as beneficial on the human subject as it has proved to be on animals.

In carrying out this treatment I would add the following suggestions. After closure by pressure of the wound in the vein incise the skin prior to passing the needle, which can be manipulated more accurately when the resistance of the skin has been removed. Where available a fine trocar and cannula should be employed in preference to a needle, the trocar being removed as soon as the heart cavity is reached in order to prevent injury by the point of the trocar. If an aspirator is not at hand a reversed enema syringe may be fitted to the cannula, but in the absence of suitable apparatus the surgeon will probably be obliged to fall back on suction made with his lips in order to evacuate the blood-stained froth, a short length of rubber tubing being attached for this purpose to the cannula. Artificial respiration will be necessary and may assist in furthering the flow of froth and blood.

I am, Sirs, yours faithfully,
Plymouth, April 28th, 1907. C. HAMILTON WHITEFORD.

THE USE OF ALCOHOLIC BEVERAGES.

To the Editors of THE LANCET.

SIRS,—Whilst this subject is being discussed in your columns I should like to point out a class of case in which the use of brandy or whisky is, in my opinion, of undoubted therapeutic value—viz., cases of retention of urine, either from an enlarged prostate or stricture of the urethra, in which patients have to undergo life-long catheterisation. It is my experience that men who make use of brandy or whisky as a drink escape cystitis from decomposition of the urine more frequently than do total abstainers, and I frequently administer half an ounce of brandy or whisky immediately after the operation. It revives the patient and makes him feel comfortable and happy. If alcohol is excreted by the kidneys and appears as such in the urine, and if it is an antiseptic its therapeutic value must be apparent.

I am, Sirs, yours faithfully,
Exeter, April 30th, 1907. JOSEPH A. W. PEREIRA.

PHARYNGO-KERATOSIS TREATED BY APPLICATIONS OF SALICYLIC ACID IN SULPHO-RICINATE OF SODA.

To the Editors of THE LANCET.

SIRS,—In the report of a case illustrating the above, which I brought before the Laryngological Society at its meeting on April 5th, a very important fact, and, indeed, the one which gave the main value to the case, was omitted. This was to the effect that the condition—best known as pharyngo-mycosis—was well marked on both tonsils, but that after the patient had made a daily application of a 10 per cent. solution of salicylic acid in sulpho-ricinate of soda to her right tonsil only, a slow but steady diminution in the size and in the consistency of the spots on it was observed after a few weeks. The other tonsil remained as before until the same application was made to it also. This rigid experimental test showed incontrovertibly that the improvement was due to the application and not to any coincidental spontaneous disappearance such as we know to take place from time to time in this disease. It is generally agreed that the condition is really one of no importance, and if a patient can be persuaded to disregard it so much the better; for those, however, who are impatient of the condition, it is gratifying that there should be a method of treatment which has an unmistakable action on the keratotic condition and which can be placed in their own hands. The action is, of course, analogous to that of salicylic acid upon warts, corns, and similar conditions, and the sulpho-ricinate

of soda seems to be the vehicle with which it can be incorporated so as to be as unirritating as possible. In view of the policy I have above described of dissuading patients from submitting to treatment for this condition the opportunities for observing the effect of such treatment are obviously very few. Thanking you for allowing me space for this communication,

I am, Sirs, yours faithfully,
May 1st, 1907. DUNDAS GRANT.

MEDICAL OFFICERS OF HEALTH AND RURAL DISTRICT COUNCILS.

To the Editors of THE LANCET.

SIRS,—In my annual reports to the Oulton Broad urban district council and the Mutford and Lotbiningland rural district council for 1905, when dwelling upon the Oulton Isolation Joint Hospital, the property of the above-mentioned authorities, I made the following comments:—

The bathing accommodation is lamentably deficient, there is only one bath in the hospital, this is an ordinary wheel bath and this is not in a very good state, so that patients suffering from scarlet fever, diphtheria, and enteric fever all have to use the same bath. There is another bath at the institution, one in the caretaker's house, but that should be for the use of the staff only. Before a patient can be discharged he or she must go over to the house and take his or her final bath in this one. This, gentlemen, is far from what it ought to be; it is, to say the least, not nice for the staff. What is really required is a discharge room with a proper bath, etc., for each ward.

The hospital consists of four wards built upon the pavilion system, each ward being bedded for four patients, though more are admitted. One block, consisting of two wards, is mostly used for cases of typhoid fever and diphtheria; the other two wards are reserved for cases of scarlet fever.

In my annual report for 1906 which I am now forwarding you (on page 33) you will notice that that condition of affairs *re* bathing still obtained¹ and that I again drew the committee's attention to this lamentable condition of affairs. This report has caused several personal attacks upon myself at meetings of the committee. I was told that the report should not have been presented to the council and that no representations had ever been made to the committee that another bath had been required and that I ought to have apologised for having written such a report. At a meeting of the hospital committee held on the 5th inst. the member whose speech of the 25th inst. *re* cost of patients was reported in the *Eastern Daily Press* of the 26th inst., insinuated in a most aggravating form that my transaction bearing on a matter of the provision of shrubs to the hospital when the grounds were being laid out some two years ago might not have been of a honest and straightforward nature, and the direct impression conveyed to my mind was that I might have been a party to fraud. These hostile attacks culminated in the statements made as per reports of the two newspapers, which I beg to submit for your perusal.

It must come as a revelation to medical superintendents of isolation hospitals that it is a part of their duty on receiving a request for the removal of a patient to hospital to visit and examine the case asked to be removed for the purpose of verifying the diagnosis of the medical brother who has notified the case. What would the Local Government Board say on this matter? What would the medical profession think and say? Is it any wonder that the present Government contemplates taking away the administration of the Public Health Acts from the rural district councils? Is it possible to work in harmony with such bodies and at the same time do one's duty for the welfare of the districts? You will notice that what seems to me to be a direct attack upon myself is made by the member Mr. M. more particularly affecting the administration of the hospital. The figures quoted, as supplied to him by the clerk, I have not as yet had an opportunity of proving. He is wrong to start with, with regard to the number of patients admitted during the years of 1901 and 1902, he giving a much higher number than that actually admitted to hospital, as proved by the register of cases. My connexion with the hospital did not start until 1904. The whole of the figures are jumbled up, including establishment charges, salaries, and everything else. I am expected as medical superintendent to pay the staff, keep a record of all petty cash transactions; so well, so good. At the quarterly meetings of the committee I have to

¹ Since the report was printed another bath for patients has been supplied, but discharged patients still take their final bath in the bath supplied for the staff.

initial all bills presented for payment, including grocers, butchers, milk, drapery, chimney-sweeps, and every other tradesman, and, as you see from the report, am expected to work out the daily cost of maintenance per head, both for patients and staff. Does the medical profession consider these to be the duties of a medical superintendent? There is a clerk—a qualified solicitor—whose duty is it to get out these statements, his or mine? There is a matron. Is it the medical superintendent's duty to examine and check her provision accounts, drapery account, and every other petty account? I shall be glad of your opinion on these points and also any opinion which a medical superintendent may express bearing upon these questions. Would the Local Government Board sanction an inquiry as to my administration of the hospital? Thanking you in anticipation,

I am, Sirs, yours faithfully,
SAMUEL J. J. KIRBY.

Oulton Broad, Lowestoft, April 29th, 1907.

A DISCLAIMER.

To the Editors of THE LANCET.

SIRS,—I beg leave to disclaim any association with the medical part of the article which appears in the current number of *Great Thoughts*. In my capacity as President of the Ethological Society I was recently requested to grant an interview on the subject of ethology, which I did, but cautioned the interviewer that I could not allow any medical questions and that I should have to see a proof of the article. This was forwarded to me in due course and returned with my corrections.

To my surprise, on seeing the paper I found considerable additional matter of which I had no knowledge and which, contrary to my express instructions, had reference to my medical work. The offence was made worse by putting the words, which were collaborated from my books, as if spoken by me. I wrote at once to the editor, who replied expressing his regret that the additional matter "was inserted against my wishes" and explained that on "finding the interview was somewhat shorter than those we usually have I inserted the paragraph myself in order to fill up the page after you had seen the proof, as I thought it made interesting copy." Both editor and sub-editor tendered their apologies.

I am, Sirs, yours faithfully,

May 1st, 1907.

BERNARD HOLLANDER.

MEDICAL EDUCATION AND THE UNIVERSITY QUESTION IN IRELAND.

To the Editors of THE LANCET.

SIRS,—A recent annotation in THE LANCET entitled "The Irish University Question" emboldens me to write you a rather long letter. The question is one that concerns the education of Irish medical students acutely, but it is too often dismissed with a shrug of the shoulders because of its intricacy, which, I think, is more apparent than real. I venture on a statement of the situation in the hope that it will enable your readers to see what are the real difficulties, feeling sure that in this way the medical student of Ireland will secure their sympathies regardless of political or religious points. When a boil on the neck of a Unionist presents other characteristics than those of a boil on the neck of a Nationalist, when the dislocated shoulder of a Roman Catholic requires different treatment from that required by the dislocated shoulder of a Protestant, when Dublin influenza loses its similarity to Belfast influenza, the medical student will be interested, and interested fundamentally, in racial, religious, and geographical bickerings. At present he wants peace and opportunities for instruction.

Ireland possesses at the present moment the University of Dublin (Trinity College), the Royal University of Ireland (with an office in Dublin and colleges at Belfast, Cork, and Galway), and the Catholic University of Ireland, with its six constituent colleges of Maynooth, University (actually confused in English minds with Trinity College), Blackrock, Carlow, and Clonliffe. The result of this apparent wealth of educational opportunities is that medical education in Ireland is on the wane; we not only do not progress as England and Scotland do but we have begun to go backwards. Trinity College, Dublin, founded more than 300 years ago, has a distinguished past and a successful present. The reasons for tampering with it must be very strong before they can weigh against these facts. The Royal University of Ireland and the Catholic University of Ireland have at any rate no sentimental claims upon tender handling, and if

any re-arrangement of university education promising medical and scientific students better chances should be persevered in, even though it should interfere with the present position of these institutions, I do not think their own professors would take a different view.

I make no claim to originality for much of what follows; I have adopted the views of well-informed men. The Royal University of Ireland was established by Lord Beaconsfield in 1879. At the old Queen's University which it superseded a boy *must* have been at the (legally speaking) undenominational colleges at Belfast, Cork, and Galway. But the Roman Catholics objecting to this mixed education, and supported in their objection by the unfortunate fact that the first professors in the three Royal Colleges were Protestants, boycotted the three Royal Colleges and founded in 1854 a Catholic University. Parliament, however, refused a charter to this university and until 1879 the State position was, as far as the Roman Catholic community was concerned, that they could use the undenominational colleges at Belfast, Cork, and Galway, or Trinity College, Dublin, where, as at the three Royal Colleges, the teaching was all in the hands of Protestants. Then came the Royal University of Ireland, founded, it would seem, with the rather Machiavellian intention of indirectly endowing Roman Catholic education. The result of this has been that the Roman Catholic students are examined for their medical degrees to too great an extent by their own professors while the students from Belfast, Galway, and Cork only receive occasional benefit in this way. This accounts, say the professors of Belfast, for the proud position in the honours list of the Royal University of Ireland enjoyed by University College, Dublin. University College, Dublin, needless to say, denies the impeachment, and attributes the admittedly high proportion of academic successes obtained at the University by their students to the application of the pupils and the zeal of the masters.

How does this position affect medical education in Ireland? There is perpetual friction kept up between North Ireland and South Ireland, all idea of the undenominational university is lost, the best students do not go in for the best examinations, the best men for educational posts do not necessarily get them, recrimination occurs between the leaders of thought who ought to be working hand in hand for the best education of the fine material supplied to them by their country. As far as medical education is concerned there is, it seems to me, but one remedy for such a state of affairs—the creation of two brand new universities for Ireland. It is the fact, a fact that will be considered reasonable by one school of thought and regrettable by another, that the Roman Catholics do not approve of mixed education; they will not, if they can avoid it, allow their students to be educated with Protestants, however clearly the rules of the particular institution show that unsectarian education is intended. Now, three-quarters of the population of Ireland are Roman Catholics, a fact which gives them an overpowering right to ask that their views should be met. But if a Roman Catholic university is started in Dublin an unsectarian university should be erected at Belfast, where the students of Belfast, Galway, and Cork could be examined for their medical degrees without the possibility of favouritism and in fair circumstances. Of course, it is dead against modern ideas to found universities with religious restrictions—the great universities of the world have abolished them—but the circumstances in Ireland are peculiar and it seems to me that all Irish medical men should press for the foundation of two new universities and *for peace*, without which the famous Irish medical men will grow less in number and influence. Trinity College, Dublin (Dublin University), would in this way be forced into no unsuitable alliance. The Royal University of Ireland would enjoy fair play and a Roman Catholic university would minister to the educational needs of a country that is largely Roman Catholic in creed.

I am, Sirs, yours faithfully,

CHARLES O'MALLEY.

* * Our correspondent's statement, contrary to his design, shows that the whole question bristles with difficulties. Many of them are not touched upon by the writer and most of them cannot be discussed in THE LANCET which is a medical paper. We publish this letter because he has approached the subject from the point of view of the medical teacher, but there is no solid support of his views, so far as we know, among his medical colleagues in Ireland.—ED. L.