

ENGINEER VOLUNTEERS:—1st Newcastle-on-Tyne and Durham: Charles Nairne Lee, Gent., M.B., to be Acting Surgeon.

RIFLE VOLUNTEERS. — 3rd (the Buchan) Volunteer Battalion, the Gordon Highlanders: Acting Surgeon George S. D. Knowles resigns his appointment.—4th Volunteer Battalion, the South Wales Borderers: Surgeon Robert Smythe is granted the honorary rank of Surgeon-Major.—4th Volunteer Battalion, the Norfolk Regiment: Acting Surgeon Thomas Harry Bate Rodwell resigns his appointment.

## Correspondence.

"Audi alteram partem."

### THE SUPRAPUBLIC OPERATION.

To the Editor of THE LANCET.

SIR,—Mr. Hodgson Wright appears to me to have misapprehended the essential feature of the new form of suprapubic operation by which it is proposed to replace the old one. The "well-bent sound" or staff is that which hitherto we have all used. He will find it in my own or in any other work which describes the operation. The new proceeding has for its object to remove the peritoneum from its natural vicinity to the pubis, and leave a large interval for the incisions; while the bladder becomes an abdominal organ instead of a pelvic one. In this way the danger of injury to the peritoneum, the chief danger of the high operation, as heretofore performed on a staff, is removed. This object is attained by injecting the rectum and the bladder, and the staff then becomes unnecessary, while its presence is incompatible with the moderately distended condition of the bladder. The effect of distension on the rectum, which is the chief factor in placing the peritoneum out of harm's way, can be best appreciated by drawings from the subject demonstrating the condition. These are fully shown, with a far more complete statement of the whole question, in a little work on the Suprapubic Operation, which will appear next week, by

Yours obediently,

Wimpole-street, Jan. 12th, 1886.

HENRY THOMPSON.

### THE QUESTION OF A NEW UNIVERSITY FOR LONDON.

To the Editor of THE LANCET.

SIR.—At the meeting of Convocation of the University of London, fixed for Tuesday next, Jan. 19th, it is very probable that important subjects for discussion will be brought forward, and I ask you to permit me not only to remind my fellow medical graduates of the importance of duly considering the dangers of the situation, but also to put fairly before all those who are interested in the higher medical and general education my view of the existing wrongs and the proposed remedies.

I cannot help thinking that with graduates in the various faculties of the University the field of debate is far from clear; that one section does not thoroughly comprehend the wants of another section; that what to one group seems to be an adequate remedy for existing evils, to another is no remedy at all. Since the collapse of Lord Justice Fry's scheme for a complete reorganisation of the University a much more moderate plan has been formulated. There seems to me little cause for objection and not a little of valuable suggestion for reform in the proposals of Mr. Magnus (*vide* THE LANCET of December 5th, 1885, p. 1066). They are chiefly directed to the providing a means whereby the views of teachers in the various faculties may be adequately presented to the Senate, and to a partial reconstruction of the Senate, so that teachers may have a more direct representation therein. It may be urged by some that the teachers, even with the very best motives, must have some tendency to make matters easier for those whom they teach, and that there may result a lowering of the standard in examinations for degrees; but many will probably agree that this is a remote danger in the moderate plan of Mr. Magnus, and that certainly the voice

of the teachers ought to be heard. This is not the danger. The point is, that in all these schemes for reorganising the University, which are considered in Convocation of the University the fringe of the question which is agitating aspirants for degrees outside, is not even touched. Even in the discussion on Lord Justice Fry's propositions it was urged and reiterated that the standard for degrees should not be lowered. How, then, will those be helped who clamour (and that most justly) for the degree of Doctor of Medicine for the student in London who shall manifest the same aptitude and diligence that would obtain for him such a degree in any other of the universities of the United Kingdom? The list of those successful at the late examination for M.D. Lond. contained twenty-seven names, and it was, I believe, an exceptionally long one. Twenty-seven M.D.'s in one year from all those who have struggled at the matriculation examination! There is no escape from the dilemma: either the standard for examinations must be very much reduced, and therefore the degrees in the London University must be proportionately depreciated in value—a course which the authorities have deliberately pronounced against,—or the University must lie open to the imputation of shelving the most important question that public opinion submits to it.

Granted that London wants facilities for conferring ordinary degrees, is it necessary to level down the University of London in order to supply this want? I have already argued this question in the negative sense. As at present constituted the London is an Honours University—not as regards medicine only, but in all faculties. Its originators deliberately framed its regulations so that it should differ from all existing universities, and should be an indirect means of elevating the standard of education throughout Great Britain and her colonies. In the opinion of many, and certainly in that of myself, the plan was a wise one, and has borne the fruits of success. It cannot be denied, however, that those who from force of circumstances cannot comply with its stringent regulations and cannot get over the difficulties of its examinations, and yet would be the gainers of a degree if they happened to be members of other universities, have a distinct grievance. I would urge as the best and simplest plan of overcoming the present difficulties that the University of London should remain, just as at present, an Honours University, its mechanism with all reasonable improvements preserved, but the severity of its tests in nowise reduced, and that another university, which might be called the University of Westminster, should be founded to confer ordinary degrees. By ordinary degrees I mean degrees which are conferred after examinations which present no greater difficulties than those of the other universities of the United Kingdom. It is, I suppose, conceded that a student who goes to Oxford or Cambridge and manifests reasonable aptitude and diligence is fairly sure of obtaining his degree at the close of his curriculum. Not so with a student who hopes for a degree in the London University. It is well known that many run, but few win. In this case it is as if at Cambridge the examiners for the B.A. degree in the Mathematical Tripos stopped after the list of Wranglers and senior optimes, decreeing that all those now classed as junior optimes and pollmen (those worthy of an ordinary degree) had failed.

The question that the University of London should be asked is, Is it willing to work in lines parallel with those of another university, such as that I have mentioned? Would it be so very difficult to arrange that the one should be the honours branch of the other? Then none of the existing mechanism would be destroyed, the present degrees, the value of which is recognised, would not be depreciated, and their now intelligible connotation would be preserved. The Association for Promoting a Teaching University would surely be more likely to succeed if its initial work were one of construction and not destruction, and many good educational institutions would crystallise round the new University if it had the power of granting degrees after a fair but not an excessively difficult examination.

With such a scheme the project of the Royal Colleges of Physicians and Surgeons to give to those who have passed the examinations for their licences facilities for proceeding to the degree of M.D. would best harmonise. The Royal Colleges would constitute, without any necessary change, the Medical Faculty of the new University. It would be surely an advantage to them that they should not be isolated, but associated with other faculties of arts and sciences. Such an association would probably promote the success of their

scheme, for though the application for power to confer degrees merely in medicine might provoke the active, and perhaps successful, hostility of medical corporations with vested interests, it would be difficult to withstand a great movement tending to promote the higher education of large numbers of the population.

I am, Sir, yours faithfully,  
Harley-street, Jan. 11th, 1886. A. ERNEST SANSON.

## THE RELATION OF THE PAROTID TO THE GENERATIVE ORGANS.

*To the Editor of THE LANCET.*

SIR,—The interesting letter of Mr. Paget, published in your last issue, has raised a question which I think has not yet received the attention it deserves—viz., Is the parotid in any way related to the generative organs? As writers, and among them Professor Mörcke, often commence by taking for granted “the well-known relation which exists between the parotid and the testicle,” I think, before we go any further into the matter, we ought to inquire into the facts upon which this doctrine is founded. I suppose the belief was first formed by observing the phenomena of mumps. Now, what do we know of mumps? That although for the most part a disease of childhood, it not unfrequently attacks adults, both male and female. In children the sexual organs are imperfectly developed, and do not suffer. Adult females, as all the books tell us, are liable when attacked to suffer from a “metastasis” affecting the breasts and ovaries, but as after some experience I have never seen a case myself, nor apparently has Professor Mörcke, I gather that this complication is comparatively rare. With adult males, however, the case is different; among them a considerable proportion, in my own cases a considerable majority, of the patients suffer from orchitis. This orchitis, it seems to me, may be explained on the one hand by supposing that some relation exists between the parotid and the testicle, or, on the other, by considering it simply as one of the phenomena peculiar to the disease. Now, if the cause is to be found in some relation existing between these two organs, should we not be led to expect, at any rate, some slight manifestation of its influence when the parotid becomes affected by causes other than mumps? As far as I know, however, this is not the case. Again, supposing this mutual influence to be capable of exerting itself in the opposite direction, should we not expect to find the parotid affected far and away more frequently in cases in which the testicle is involved than in any other? Is this the case? Taking the other alternative, may we not consider mumps as an acute specific disease, which has its own selective peculiarities, just as other specific diseases—such as scarlatina and diphtheria—have theirs? This view is, I think, strengthened by considering the period when the “metastasis” occurs. Sometimes the testicle becomes involved whilst the parotid is still affected, more generally when it is recovering, while occasionally there is an interval without local affection, during which the constitutional symptoms are sometimes unusually severe. Surely we should hardly expect the disease to stay thus hovering, as it were, about the system, if it were sent to the testicle through the dominating influence which the parotid holds over it.

We have now to look at the question from the opposite point of view—viz., when the parotid becomes affected secondarily. Attention has been drawn to this side of the question by the fact that a certain, but I venture to think very small, percentage of operations upon the female genital organs have been followed by inflammation of the parotids. I am indebted to Mr. Paget's letter for the means of referring to most of the cases to which I shall allude. Professor Mörcke had five cases, four of which suppurred, all after ovariectomy; the mortality is not given. Dr. Goddell's paper elicited in all fifteen cases, all but one of which related to the female genital organs, nearly half of which died. Other cases are given which cannot be catalogued from want of sufficient particulars; but, put together, they show frequent suppuration and a high mortality.

So far as I am aware, three explanations have been offered for these cases. 1. That some were cases of mumps occurring accidentally. 2. That they were due to the operation, which, I suppose, means that they were due to a relationship existing between the parotid and the parts operated upon. 3. That they were septic. Of these the first may be

true; the third is certainly true of some of the cases; but it is with the second which we have specially to deal. Now, if it is due to the relationship existing between the parotid and the parts operated upon, what are those parts? Professor Mörcke had five cases following 200 ovariectomies, and none after any other operation. He argues that from “the well-known relation existing between the testicle and the parotid we may infer that the same exists between the ovary and the parotid, but he does not explain why four out of five of his cases suppurred. That the theory of an exclusive relation between the ovary and the parotid was untenable was soon shown by the fact that these cases occurred after other operations involving the peritoneum, such as hysterectomy (Baker), gastrostomy and penetrating wound of the abdomen (Mann). The first line of defence failing, the idea has been proposed that some relation exists between the parotid and the peritoneum. How far this position can be maintained is shown by the fact that cases have occurred where the membrane has not been involved; for instance, after excision of the cervix uteri (Goodall), laceration of the cervix (Emmett), vesico-vaginal fistula (Emmett), and, lastly, lithotomy and circumcision (Stephen Paget). This list does not include the cases occurring on the medical side, notably in typhus, where no special organ can be said to be primarily involved.

Lastly, it seems to me that we are driven by the process of exclusion to the third or septic theory. If we look at the frequent suppuration and the very high mortality of these cases, coupled with the fact that the septic character of many of them was undoubted, I think it is to this cause that we have to look for the true explanation. Are we justified always in saying that the inflammation is not septic because suppuration does not occur? Given a small dose of poison, coupled with a high power of resistance, may not resolution and recovery occur? I do not wish to enlarge upon this part of the question; my position is rather that the evidence of the connexion between the parotid and the genital organs is entirely based upon the phenomena of mumps, which I hold does not justify such a conclusion, and the relation between the female genital organs and the parotid rests upon no good evidence whatever.

I am, Sir, yours truly.

St. John's, S.E., January, 1886. F. T. TAYLER, M.B., B.A.

## “THE REAL CAUSE OF HOSPITAL DISTRESS.”

*To the Editor of THE LANCET.*

SIR,—I have read Mr. M'Donagh's letter in your issue of the 9th on “The Real Cause of Hospital Distress and the Only Means of Cure,” and I think that it should not be allowed to pass without a brief statement of the case from the hospital point of view. In the first place, I cannot agree with Mr. M'Donagh in thinking that he has put his finger on the real cause of the acknowledged hospital distress, much less on the only cure. I have also to find fault with the letter because of its vagueness. Mr. M'Donagh makes sweeping statements, but he does not back them up with specific instances of the alleged abuse. Moreover, it is a dangerous thing to impute motives in the wholesale way Mr. M'Donagh does, and he seems to me to class all hospitals together, and to condemn all equally—the large general hospital and the small special hospital alike. And while I might be willing to admit that there may be some cause for complaint on the part of general practitioners against special hospitals, I am not prepared to admit that there is the same, or indeed any, valid ground for grumbling at the general hospitals. Patients are inclined to flock to a special hospital, believing that there they get the advice of a medical man who has made their particular ailment his special study, and that he is therefore in a position to know more about it. This does not so strongly apply to general hospitals, and, moreover, there is now, in at least some of our largest hospitals, a most careful system of supervision of out-patients, to the exclusion of unsuitable cases. This is so at the London Hospital, and I believe at several others. At my own hospital, where I saw out-patients for a number of years, I came to the conclusion, after careful study of the matter, that very few of the patients presenting themselves for advice were in a position to pay the fees of any medical man, however moderate these might be. Those who had been ill for any length of time had previously been under