MEDICAL PARIS OF TO-DAY.

NOTES MADE IN DECEMBER, 1888.

By ERNEST HART.

XIII.

PROFESSOR LANNELONGUE AT THE HÔPITAL TROUSSEAU.

The Pathological Museum; His Views on Osteomyelitis; Tubercular Disease of Bone; Coxo-tuberculosis; Pott's Disease; Infantile Syphilis of the Bones; A Rare Case of Ectopia Cordis; Tubercular Abscess of the Liver; Questions of Pathology and Methods of Treatment.

M. LANNELONGUE, who is one of the Professors of the Faculty, and carries on with great ability part of the official instruction in surgery, has given much attention to diseases of bones. On this subject he has published several interesting essays, and has for a long time advocated opinions and conclusions, many of which are somewhat special to himself and exercise a not unimportant influence. He has formed a collection of between six and seven hundred pathological specimens in a museum annexed to his service in the Trousseau Hospital. In the following notes I shall endeavour to express the views which M. Lannelongue puts forward on the diseases thus illustrated, and as to their origin, pathology, and treatment. I do not aim at expressing any individual opinion, but rather at depicting the views of Professor Lannelongue.

His museum collection has been made from the cases most frequent in his service, and shows the nature of the surgical affections mostly treated there. It includes, in the first place, the group of acute, chronic, or prolonged forms of osteomyelitis, to which he has given especial attention. M. Lannelongue considers that, prior to 1878, this disease had, so to speak, not been adequately differentiated, but that it was confounded with osteoperiostitis. More rigorous anatomico-pathological study showed that this is an affection of the medulla of the bones, and gives rise secondarily to subperiosteal abscess. Hence the "rational treatment," which consists in trephining the bones—a proceeding which would, he holds, be certainly efficacious in the immense majority of cases if performed early, and immediately that the affection is recognised. Unfortunately, a considerable number of patients are only brought to the hospital at a very late stage; being then under the influence of grave secondary infection, they sometimes succumb in spite of the most active surgical intervention.

His series of specimens show this disease in its various phases; they include cases of prolonged osteomyelitis going back for forty or fifty years. The adult patients treated in the hospital had succumbed to various maladies, and the bones obtained from these subjects show a whole series of alterations which formerly were called caries of the bones, with abscesses and cavities of all kinds. He considers that in reality all these changes are natural consequences of the evolution of osteomyelitis of children and of adolescents which have never been cured otherwise than temporarily. It was at the Hôpital Trousseau that M. Pasteur discovered the first microbe which has been signalled in osteomyelitis. M. Lannelongue, persuaded of the infectious nature of this affection, requested M. Pasteur in 1880 to come to his wards. He trephined a tibia, and in the pus which issued M. Pasteur found and cultivated "a figure-of-8 microbe." "Since then," says M. Lannelongue, "the affection has been studied from this point of view in other countries."

By the side of these acute and chronic affections of bone, which form a numerous and important group in the wards, may be found, also, a yet more considerable group of tuberculous affections. Coxalgia, Pott's disease, arthritis of the knee, tuberculosis of the bones of the limbs and trunk, in all varieties, abound in the service. The specimens in the museum illustrate the differing part which is played by tubercle in bones, whether in the ilium, the head of the femur, the inferior extremity of the femur, or the diaphysis of various bones, etc. Here is seen crude tubercle infiltrating the area of the spongy tissue, or at other times imprisoned in small caverns; but thus far these are only tuberculous lesions. On the other hand, in older cases of coxo-tuberculosis, or of arthritis of the knee-joint, there are seen, apart from tuberculous lesions properly so-called, secondary lesions which result from them, but which are not identical. These secondary lesions are the result of the pres-

sure which the osseous surfaces exercise one on the other; and also of direct infection from tissue to tissue. It is, of course, known that when a joint is affected it becomes immobilised, and it takes thenceforth a determinate and fixed attitude, the same surfaces of the bones remain in contact for a greater or less length of time, and exerting pressure on each other. The result of this pressure or this contact is to produce the secondary changes referred to. In coxo-tuberculosis, for example, these ulcerations are seen to be produced on the cotyloid cavity on the posterior part, and ascending towards the dorsal surface; they are "pressure effects." This ulceration from pressure brings about secondary displacement of the head of the femur. This is what is called spontaneous luxation. Similarly in the knee-joint, ulceration of the femur and tibia is shown resulting from the pressure exercised by the surfaces on each other.

M. Lannelongue's museum specimens bring into relief the destruction of joints caused by ulceration from pressure. It determines, in the first instance, considerable loss of substance; it causes the articulations completely to change their character. From this point of view M. Lannelongue considers that the object of treatment should be, in the initial period of chronic tubercular abscess of joints, to separate the articular surfaces by continuous extension; to prevent contact—that is to say, to prevent compression. He teaches that the tubercular affection is thus reduced to its own essential characters, that is, to the small original tubercular focus. If the patients are placed under good hygienic conditions, they may very well recover from a tuberculous affection without any trace, or with very slight traces. He rejects, therefore, the idea of any active surgical intervention in the first stages of the disease, whether by resection, amputation, or erosion, having recourse only to general treatment of the patient and placing the parts attacked under the conditions most favourable to cure. At a later stage, if, in spite of all, abscesses or more serious complications supervene, the treatment which he favours is based always on the same principle, that is to say, continuous extension. He deals with these complications according to their nature. Abscesses are injected with iodoform or extirpated, according to circumstances; sequestra are removed; cavities are scraped; and finally, if the lesions are more extensive, resection, amputation, or arthrectomy is performed. The whole series of lesions which tubercular affections produce in the joints, from the initial lesions to the latest lesions, are consecutively illustrated in the museum; as, for example, in the hip, knee-joint, spine, or extremities (hands and feet). Besides some curiosities, there are some noteworthy examples of deformity, such as deviation of the aorta in Pott's disease, affording a curious picture of vascular lesions in these cases. The apparatus employed in the wards for the purpose of continuous extension in coxalgia, which the author calls "coxo-tuberculosis," is practically the same as is used in most hospitals in London.

M. Lannelongue starts from the principle that it is extremely difficult to apply extension and counter-extension to the head of a diseased limb without exciting movements of the trunk, which prevent the surgeon from obtaining the results which he seeks. He effects counter-extension by applying around the body of the patient, and on the thorax, two superimposed bandages which are tightly applied and fastened together. Each of these bandages is attached to the extremity of the bed, one above and one below, so that the body of the child is fastened in the bed without the possibility of its being able to move up or down. Thus it becomes easy to perform extension by pulling on the diseased limb (application of a weight), counter-extension being secured by the bandages. The patient lies on a padded board or hard mattress, so that the attitude of the body may be easily watched, that there may be no lumbar arching, and that the limbs may be kept of the same length; at the same time it is possible to watch the hips to see that no complications occur. Patients may be seen here treated in this way, who have preserved all the movements of the hip-joint, although not brought to the hospital at the earliest period of the disease. M. Lannelongue tells us that he has been very much struck in his private practice, that is to say among persons treated at an early stage, with the numerous cures thus simply obtained; some having preserved the whole movements of the joint, and others almost all.

Cases complicated with abscess are, M. Lannelongue says, rare, when patients are taken at the outset, and treated by continuous extension with the hygienic precautions which their state requires. The same method of treatment is here applied to Pott's

disease. After trying Sayre's jacket and seeing the results obtained by other surgeons who have applied that treatment, M. Lannelongue maintains that continuous extension with immobilisation of the spine is, in Pott's disease, superior to Sayre's method. Patients treated by the latter cannot, he considers, struggle advantageously against the forces which tend to produce greater or less deformity. In spite of all, ulceration from pressure occurs, he maintains, and even with a certain degree of deformity which renders abscesses of the spine more frequent. He affirms that by continuous extension (that is by keeping the spine straightened and by immobilising it in such a way that the superior and inferior segments do not press on each other), the therapeutic indications are better fulfilled, and there is more chance of avoiding complications. For several years during which he has followed this practice he believes that his results confirm that conclusion, which accords with the *a priori* indications of the pathological anatomy of the affection. I was unable to obtain any statistical results, but M. Lannelongue regards this as certainly the practice of the future, and is opposed to any method which permits the patient to move about before the almost complete cure of the affection.

Congenital affections of all sorts are very common in these wards, M. Lannelongue having given a good deal of attention to such cases. Recently he has had under his care a remarkable case of ectopia of the heart in which this organ was placed externally. He commenced by making a physiological study of the case with the assistance of M. François-Franck; the heart, however, began to granulate, and threatened to become attached by cicatrization to the borders of the orifice, which would have led to serious disorders of the circulation. He therefore performed an autoplasmic operation, pushing back the heart into the chest, and covering it by skin-flaps. The movements of the heart suffice to prevent any adhesions between that organ and the skin, and the result is permanently good; the child is living, is developing well, and comes from time to time to the Hôpital Trousseau, where it is in some sort adopted. (I append woodcuts of this interesting case before and after the operation).

Hare-lip and cleft palate are numerous in this service, and a great many cases are operated on each year. The most interesting are of course complicated cases. Cases of congenital lesions frequently observed there are those due to hereditary syphilis. A certain number of children brought there might be

observed to be suffering from osseous changes of a specific order—changes not easily to be recognised without actual observation, for descriptions do not easily give their true physiognomy; they consist of considerable osseous swellings in the region of the diaphyses and epiphyses of the bones. These osseous swellings, says M. Lannelongue, have a slow course, and descend along the diaphyses so as to double and treble the thickness of the bones. The form of the bone is completely changed; the osseous cylinder presents considerable inequalities—rounded, very voluminous hyperostoses, on which are sometimes found masses of small osteo-periosteal granules. The process of this alteration is slow; it is not always very painful, at least for some time; then it forms veritable osteo-periosteal gummata which open externally. But generally these gummata are of very slow production, and it is only after the patients have shown for three or four years the deformity here

spoken of that these gummata appear. These are the most apparent deformities of hereditary syphilis in the bones and the limbs, but M. Lannelongue points out that on very close observation one is struck by finding on the cranium pathological changes which have taken place quietly, but which are none the less existent. The cranium in these subjects is generally symmetrical; one of the frontal eminences is more prominent than the other, the parietal eminences are raised, the depression in the median line of the cranium is more marked; the cranium, in a word, is natiform. There may be found, more or less marked, the congenital changes of Hutchinson, sometimes teeth which have fallen out having been followed by a second growth. At other times there is further medio-palatine exostosis, otitis, chronic ophthalmia, in all these subjects, some of whom are remarkable for their peculiar appearance (they are little old men, the head is small, the face thin and wrinkled, the expression sickly, the development of the body incomplete). An interesting point is that the articulations belonging to the diseased bones are almost always free from any lesion, and this is a most interesting clinical fact which at once distinguishes this disease from tuberculosis, with which it might be confounded. When these patients are taken at the outset, and are submitted to specific treatment, the evolution of the disease and its accidents (even hyperostosis) is modified. When, on the contrary, these are of very old date, and there is osseous sclerosis with a certain amount of eburnation, specific treatment is no longer effective in modifying the evil which has been produced: it only prevents the progress of the affection. The results of mer-

Fig. 1.—Case of Ectopia Cordis before Operation.

Fig. 2.—The same Case after Operation.

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curial frictions, but especially subcutaneous injections of calomel, have been prompt and remarkably effective.

In relation to tuberculosis, there will be seen in this service a collection of tuberculous abscesses of all sorts seated in the soft parts, which are generally treated by extirpation of the sac; their cure is prompt. But there is an observation which is met in the service, and which is very interesting, because it shows well the spontaneous and natural cure of a tubercular focus, to which attention has lately been called in England. If, for example, in a little child, the subject of seven or eight foci disseminated under the skin on different regions of the body, some consisting of a little hard and movable nodule, others of more voluminous and softened foci, and others of veritable tubercular abscess, the course of these abscesses be followed without their being touched, it is remarkable that some open externally and become cured after having remained fistulous. There are, however, others which do not open, and which, after undergoing softening, spontaneously disappear without leaving any kind of trace; it is even remarkable that certain of these foci which have reached the skin, and which are about to burst, may follow the same course, that is to say, undergo evolution towards cure without being opened; they disappear insensibly, diminishing in volume daily. However this may be, whether it be the hard foci or the soft foci which disappear in this way, it is, says M. Lannelongue, not the less true that these tuberculous foci have illustrated the occurrence of natural spontaneous cure. This is important, because it demonstrates clearly what conception may be formed of the cure of deeper tubercular foci in the bones and in the viscera, and how this cure is possible, and incontestably takes place in a great number of cases.

In referring to visceral and tuberculous abscess, a word must be said as to the abscess which has been studied in this hospital on the upper surface of the liver, between the liver and the diaphragm—tubercular suprahepatic abscess. This is treated here by laparotomy when it appears below the lower border of the thorax. The abdominal wall is divided, the sac of the abscess opened, and it is cleaned out as far as possible. There are a certain number of other abscesses which occupy the subdiaphragmatic region, and which are separated from the skin by the thorax properly so-called, that is to say, by the ribs. M. Lannelongue in these cases performs resection either of the ribs or of the lower border of the thorax, according to the case. The operation is easy. It gives the surgeon easy access; and, moreover, once the lower border of the thorax has been removed, the abscess cavity empties itself and becomes flattened. No solid front wall is left with various movements, which cause the air to be drawn by aspiration into the cavity. This condition, which is the source of septic complications hardly to be avoided if the lower border of the thorax is not resected, disappears immediately after that operation. This resection may be done on the right as well as on the left side, and even on both sides at once; it involves the resection of one or several ribs, according to the point at which the operation is performed, for it differs according as it is done in front or towards the back. In his researches on this abscess, M. Lannelongue has arrived at the conclusion that a certain number of suprahepatic tuberculous abscesses take their origin in hepatic tuberculosis, properly so-called. He showed at the last Surgical Congress specimens establishing the existence of intrahepatic abscess, even of large size, as the specimens in his museum show. This is not without special practical importance. In fact, when a perihepatic tuberculous abscess needs to be opened, it is not enough, according to these researches, to stop there, but the convex surface of the liver on which it lies should be carefully explored, and it should be ascertained if there is a focus, or sometimes a small canal, establishing a communication between the perihepatic tubercular abscess and an intrahepatic collection. It has twice happened to M. Lannelongue to be thus able to recognise the

Fig. 3.—Cardiographic Tracings from Case of Ectopic Cordis.

intrahepatic abscess, and to incise the liver, open the abscess, cleanse it, and scrape its walls. Here, then, is a fact of importance from the point of view of cure of perihepatic abscess, namely, the necessity of exploring the liver. Resection of the inferior border of the thorax, moreover, is not less applicable in abscesses in the substance of the liver than in deep cysts of the convex region of the liver, or cysts projecting under the diaphragm, as well as certain cases of tumour of that region. It is known how rebellious these cysts are, and how fistulae are left which are the source of serious trouble. The resection of the lower border of the thorax would tend to produce a rapid cure in these cases. This operation was performed for the first time in France at the Hôpital Trousseau, by M. Lannelongue.

THE LABORATORIES AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following sketch of the new laboratories at Lincoln's Inn Fields may interest our readers. In preparing it we have had the advantage of much assistance from the authorities, and we are also under many obligations to the architect, Mr. Stephen Salter, who has supplied the appended plans.

The laboratories are placed above the museum and library. They detract considerably from the architectural beauty of the exterior of the well-known porticoed building in Lincoln's Inn Fields. On the other hand, they greatly increase the true value of the College as an institution for scientific work. The old workrooms were but three in number, and built on a single floor; they were reached only by a steep and dark staircase, and had for long proved quite inadequate to their purpose. Only one of the three rooms could be used by the Conservator and Pathological Curator for dissections, and the professional dissector was compelled to work in the same apartment. The second room was used for mounting specimens, the third for stores. Then, as now, the macerating and articulating of skeletons was carried out in quite another part of the College buildings below the museum.

The new laboratories are accessible not only by the old staircase, entered below through a door to the left of the entrance to the western (or pathological) museum, but also by a hydraulic lift. This lift is available even as low as the underground rooms for articulating, macerating, etc. It is most conveniently entered, however, from the back of the inner hall, that dark and pillared space familiar to many generations of students as the "funking room." The lift communicates with the library.

The first floor of the laboratory buildings (Fig. 1) includes the mounting-room, the Pathological Curator's room, and a storeroom. In the mounting-room, the pathological and most of the anatomical specimens are finally prepared for the museum. Their dissection, and as much of their preparation as requires scientific skill, is carried on in other parts of the building. Here they are mounted permanently. Glass covers for the bottles have superseded bladders, which were objectionable during preparation, and liable to leak when they became dry. The top of each bottle is rough along the edge, so that a stout glass cover can be fixed to

it by means of a composition made of asphalte and gutta-percha. In some cases a conical stopper fits into the cover, so that spirit may be added from time to time. In others the cover is perforated and a circular piece of black paper is gummed over the perforation. This contrivance prevents the cracking of the glass, an accident liable to occur in warm weather if the bottle be hermeti-

On the second floor (Fig. 2) is a fine chamber, officially the most important in the laboratory buildings—this is the anatomical room. It is lighted by three high windows on opposite sides (behind *b* and *c* in Fig. 2), and possesses a sink and other fittings. Here the Conservator of the Museum, Professor Stewart, carries on most of the practical labours which come within his province.

Fig. 1.

cally sealed, through expansion of spirituous vapour. The stopper also acts as a safety valve in the same manner. The bottles are numbered and labelled in this room. The still is connected with this room; all spirit already fouled in use being redistilled for purposes of economy.

The next apartment is the Pathological Curator's room. Here Mr. F. S. Eve, the Curator, and Mr. Targett, Assistant Curator, carry on their scientific labours. It is illuminated by two larger windows; to the left of the left-hand window (close to *B*, Fig. 1) is a sink. The room is fitted up with appliances for the dissection

Under his superintendence the professional dissector, Mr. Pearson, works in the same room. Owing to its height, this room commands a fine view of the adjacent parts of London. The result of the work done here and in the Pathological Curator's chamber is well known to all who visit the museum of the College. For perfection in the display of pathological specimens, and for the beauty of its series of dissections illustrating human and comparative anatomy, the College museum is admittedly unrivalled.

Deservedly high as is the fame of this museum as a museum, there are many who have long wished that its laboratories might

Fig. 2.

and preparation of morbid specimens. We are informed that Williams's ice-freezing, and Cathcart's ether-freezing microtomes are the forms of that instrument which the curators mostly employ for making microscopic sections. Large stores of specimens awaiting preparation are placed on the tables and in the cupboards with which this room is furnished.

A storeroom, chiefly used for keeping comparative anatomy specimens, lies beyond the apartment just described.

be utilised for work not entirely monopolised by its staff. Certain difficulties have stood in the way of this new departure; of these more will presently be said. All who have desired reform will be pleased to learn that on this second floor three research rooms (indicated in Fig. 2) are being made ready. Partly, no doubt, in deference to certain strong popular prejudices, no experimental physiology will be permitted. One of the new rooms has already been used for purposes of study. They offer every advantage for

Fig. 3.

the dissection and preparation of biological and pathological specimens.

Above the second floor is a room where photography is carried on (Fig. 3). Already many fine series of photographs of skeletons, etc., have been prepared here.

There is indefinite scope for work in the College laboratories, and no prospect of want of material. The College is a great central institution, and on that account, as well as for other reasons, medical and scientific men are constantly adding to its treasures. In comparing the College to apparently similar institutions in foreign lands, the different ideas as to the management of public institutions which prevail here and abroad must never be overlooked. In lands where the centralising principles of Roman civilisation have been handed down uninterruptedly from ancient times, State-supported metropolitan institutions, scientific or otherwise, have ever been fostered and encouraged, often at the expense of private and provincial undertakings. In this country it is otherwise. Voluntaryism and consequent decentralisation in science prevail, in accordance with Anglo-Saxon traditions. This particularly English feature is seen in the fact that eleven medical schools, exclusive of one for women and one for dentists, flourish in our capital. In respect to the subject of these paragraphs, we see decentralisation marked in the fact that these same schools maintain museums. In most, and soon, no doubt, in all, these museums are well maintained. The offices of registrar and curator are sought for, if only as stepping-stones to hospital appointments. Those who hold such offices do their work well, nor do they in any case lack material. The result has been far from unsatisfactory. The multiplicity of schools no doubt stands in the way of the College being converted into anything like a teaching institution; yet the diffusion of scientific work has simply made that work more general and more popular. So far from the College being starved for want of material, it flourishes as the first of scientific museums, superior to local or medical school collections in so far as it is specially devoted to museum work. Amongst other influences which have contributed to its success is the fact that it has for long been officered by gentlemen connected with general or special hospitals. Notwithstanding theoretical considerations to the contrary, the rational arrangement by which the pathological curators and assistants have never been compelled to give up hospital appointments not incompatible with College duties has proved eminently satisfactory. The workers are thus neither cut off from rich mines of material nor from their own prospects.

THE PENNY-A-WEEK HOSPITAL FUND.—The Lord Mayor and Lady Mayoress paid a visit last week to the Royal Hospital for Diseases of the Chest, City Road, and, after an inspection of the the bright and cheerful wards, the Lord Mayor presided at the seventy-fifth annual Court of Governors. In replying to a vote of thanks, he referred in sanguine terms to the penny-a-week movement in aid of metropolitan hospitals.

THE ROYAL COLLEGE OF SURGEONS AND ITS FELLOWS AND MEMBERS.

ASSOCIATION OF FELLOWS.

At the last meeting of the Committee of the Association of Fellows of the Royal College of Surgeons, the following resolution was passed:

"That Mr. John Tweedy be requested to stand as a candidate at the next election of the Council of the Royal College of Surgeons in July."

The following letter was approved and ordered to be sent to Mr. Ashton Ellis:

"25, Grosvenor Street, Grosvenor Square, W.

"To the Association of Members of the Royal College of Surgeons, England.

"Gentlemen,—The Committee of the Association of Fellows have noticed that the provisions contained in the Bill—a draft of which has been published in the medical journals—are in direct antagonism with an agreement arrived at between the Association of Members and that of Fellows in the year 1885, and confirmed by an almost unanimous vote at a general meeting held at the College on November 4th, 1886, namely:

"That in the opinion of this meeting it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interests of medical polity and education, (1) If Members of the College were empowered to take part (separately or conjointly with the Fellows) in the election of members of the Council; (2) if Members of the College were eligible to sit in Council, provided (a) that no Member of the College shall be entitled to vote till he have been such Member for a period of ten years; (b) that no Member of the College shall be eligible to sit in the Council till he have been such Member for a period of twenty years; and (c) that not more than one-fourth of the Council shall consist of Members of the College who are not also Fellows."

"The Committee of the Association of Fellows hereby express the earnest hope that the agreement will in no degree be departed from in the Bill about to be introduced into Parliament.—Yours obediently,

"HERBERT WM. ALLINGHAM, Honorary Secretary Association of Fellows of the Royal College of Surgeons.

"Ashton Ellis, Esq., Hon. Sec. Association of Members of R.C.S."

PARLIAMENTARY COMMITTEE.

On Wednesday, April 1st, a meeting of the Subcommittee of the Parliamentary Committee appointed by the meeting of Fellows and Members of the Royal College of Surgeons of England, of February 28th, was held.

It was decided to recommend to the full Parliamentary Committee that the provisions of the resolutions carried at the meetings of the College in 1885 and 1886 be adhered to in the Bill to be introduced in Parliament.

PARLIAMENTARY BILLS COMMITTEE. LUNACY ACTS AMENDMENT BILL.

A MEETING of the Subcommittee of the Parliamentary Bills Committee of the British Medical Association on the Lunacy Acts Amendment Bill was held on Monday last, Dr. ALFRED CARPENTER (Vice-Chairman) in the chair; there were also present Dr. Bridgewater, Dr. Mickle, and Dr. Langdon Down. The minutes of the last meeting having been read and approved,

Dr. MICKLE read a copy of the recommendations adopted by the Committee, and printed in the JOURNALS of May 12th, 1888 (p. 1026), and July 14th, 1888 (p. 91), drawn in somewhat briefer form.

Dr. LANGDON DOWN suggested in Section 77, page 14, at lines 18 and 23, to substitute the word "patient" for the word "female." This proposal was considered and adopted.

In the consideration of the proposed amendments (a copy of which had been forwarded by the Lord Chancellor), it was decided in Subsection 42a that the words "for purposes of surgical treatment or to prevent the lunatic from injuring himself" ought to be omitted.

It was proposed by Dr. LANGDON DOWN, and seconded by Dr. BRIDGEWATER, that the following copy of the recommendations should be printed in the JOURNAL, and a copy sent to the Lord Chancellor.

[Copy.] April 1st, 1889.

MY LORD CHANCELLOR,—As Vice-Chairman of the Parliamentary Bills Committee of the British Medical Association, I am instructed by a Subcommittee appointed to consider the Lunacy Acts Amendment Bill, 1889, to forward to you the following suggestions which it is trusted will receive your lordship's kind and favourable consideration.

I have the honour to be your lordship's most

obedient servant,
(Signed) ALFRED CARPENTER, M.D.Lond.,
D.P.H.Camb.

The Right Honourable the Lord Chancellor,
House of Lords, S.W.

Recommendations of Subcommittee of Parliamentary Bills Committee of the British Medical Association, on Lunacy Acts Amendment Bill, 1889 (as ordered to be Printed February 25th, 1889).

Sect. 4, Subsects. 1, 2, p. 3, and Sect. 9, pp. 6 and 7. It is suggested that the justice should see the alleged non-pauper lunatic before signing an order of admission. The provisions of the sections leave room for much delay, so that a lunatic may be certified, and if not seen by the justice his case may only be decided upon a fortnight later, and though when certified he might be extremely insane, when examined at a later date by the justice he might have recovered, and hence the person signing the medical certificate be placed in an extremely equivocal position, open to misunderstanding and attack.

Sect. 12, Subsect. 2, p. 9, line 24, for "may" to read "shall," and in lines 25-6 to omit "or whether making such visit or not," and thus secure a continuance of personal examination by the justice in pauper cases. Also in Form 12, p. 52, line 4, after "practitioner" to insert "and having personally examined A.B."

Sect. 21, Subsect. 5, p. 13, for "practitioner" to read "practitioners," and to omit "not being an officer of the workhouse," and in line 24 for "examines" to read "examine." Also in Subsect. 7, pp. 13-14, to omit "for each day" to "workhouse," inclusive, thus securing remuneration for workhouse medical officers, and modifying the punitive clause with regard to them.

Sect. 29, Subsect. 4, p. 18, line 30, to omit "a special report," and the words following to and including the word "with" in line 33, and to make the necessary alterations in this and subsequent subsections to harmonise with this alteration.

The medical certificate of unsoundness, to be sent periodically, is thought to be sufficient, and the "special reports" will impose a large amount of extra routine work on the medical superintendent, to the detriment of more important duties.

Sect. 29, Subsect. 6, p. 19, line 6. For the word "may," to substitute "shall."

Sect. 33, p. 20. Should the intention of this Section (taken with Sect. 3, Subsect. 7) be to restrict medical men from receiving "as single patients" any other than the three classes specified (and "Chancery lunatics"), it is suggested that the Section be omitted,

as, on that interpretation, it singles out, for restrictive legislation, medical men from among those who now receive "single patients."

Sect. 37, p. 22. It is suggested that this Section be omitted. If this Section be not omitted, it is suggested that the person making application for discharge of a patient under this Section should give adequate security for the payment of all necessary expenses, and that persons be disqualified to sign any medical certificate under this Section who hold to the applicant under this Section the same relations as the persons disqualified to sign under Section 14 hold to the "petitioner" for an order for reception of an alleged lunatic into an asylum, etc.

It is to be anticipated that, under this Section, vexatious, wholly unnecessary proceedings would sometimes be instituted, and that it is likely to lead to the discharge of persons who are in an unfit state for discharge.

Sects. 43 and 44. It is suggested that these Sections be omitted, or, failing this, that Sect. 44 be omitted and the part of Sect. 43 following the word "be" in line 22, page 26.

The correspondence of patients in private asylums is thought to be already duly protected, inasmuch as all letters to certain authorities must be forwarded unopened, and any letter written by a private patient and not forwarded to the person to whom it is addressed must be endorsed to that effect, and be laid before the Visiting Commissioners or the Committee of Visitors, as the case may be, at their next visit.

Sects. 54 to 60, p. 33, *et seq.* It is suggested that the provisions of the Bill be so altered as not to subject the registered lunatic hospitals to special restrictions and disabilities.

Sect. 57, p. 34, line 24. For the word "may" to be substituted "shall."

Sect. 65, p. 36, line 38. It is suggested to omit the words "wholly or in part belonging to the same local authority," so that the services of medical officers in any two or more county or borough asylums should count accumulatively towards pension as if all such service has been in one asylum, each such local authority to contribute its appropriate share.

It is also suggested that officers and servants in county and borough asylums should be entitled to claim pensions, as a right, after a certain length of service with good conduct; and that the medical officers should be placed, as regards this matter, on a footing analogous to that of members of the Civil Service. (First Class, 22 Vict., cap. 26, sect. 4.)

Sect. 77, p. 40, at lines 18 and 23, for the word "female" to substitute the word "patient," and thus secure punishment of a sane female offender in this respect.

In proposed amendment Sect. 42a, to omit the words "for purposes of surgical treatment or to prevent the lunatic from injuring himself," and thus avoid restricting the medical officer or medical attendant in the exercise of his discretion as to cases requiring mechanical restraint, the abuse of such restraint being already sufficiently guarded against.

THE FORCEPS AND RUPTURE OF THE PERINEUM: ASSILINI'S FORCEPS.

In the discussion that has recently been taking place in our columns on the relation between the use of the forceps and rupture of the perineum, reference has been made to Assilini's forceps. In certain quarters this instrument is evidently still in high favour, and a description of it will be of interest, since it is not well known.

On looking at Fig. A it will be seen that the arrangement for

Fig. A.—Assilini's Forceps. The lock is at the end of the instrument.

locking is at the end of the forceps. There is a sort of bolt, not unlike that of a common lock, attached to one blade, which fits into a narrow, oblong slit, in the end of the other blade. The instrument has thus a rough resemblance to an ordinary pair of sugar-tongs. We have tested a pair of Assilini's forceps (lent by Messrs. Krohne and Sesemann, for the purpose), using a

full-term foetus and an artificial pelvis of French manufacture. We find that at times there is considerable difficulty in locking; this is because the bolt fits so accurately into the slit made for it, that, unless the long axes of the bolt and slit are exactly parallel, locking is impossible; stating this more generally, we may say that forceps of the usual pattern, such as shown in Fig. B, will

Fig. B.—A good form of ordinary long forceps, for purposes of comparison.

lock when the blades, although practically parallel, are free from being so in a mathematical sense. The parallelism must be pretty nearly, if not quite, mathematical for Assilini's forceps to be locked. We also found the hold afforded by the handles of these forceps unsatisfactory. When considerable traction has to be made, as in high forceps cases in moderate degrees of pelvic contraction, a firm hold of the head is essential, and it is also most important to be able to judge of the degree of compression being exerted on the foetal head. All this can be done well with forceps of the usual pattern. Assilini's forceps in such cases are apt to slip, and it is probable that they would fail to effect delivery in many difficult cases where ordinary long forceps would succeed.

As regards the relation between the use of the forceps and rupture of the perineum, the general opinion seems to me that, judiciously used, the forceps rather diminish the chance of this accident occurring. If we consider for a moment the conditions that govern rupture of the perineum, it may be said that there is in each case a certain maximum degree of dilatation of which the perineum and vulvar orifice are capable without rupture; if when the degree has been reached the head and shoulders have sufficient room to pass, no rupture will occur. If, on the contrary, when the maximum dilatation has been reached there is still not enough room, then, in order that delivery may be effected, forceps or no forceps, rupture must occur. The part of the obstetrician is to see that this maximum degree of dilatation is obtained before the head is allowed to pass. For this, time is necessary. If, owing either to violent uterine contractions or to a desire to effect rapid delivery with forceps, sufficient time is not allowed for this full dilatation, rupture will occur. When the head is on the perineum in forceps cases, it is indeed often recommended, if there are good pains, to hold the head stationary, or nearly so, with the forceps during the pains, and to make such tractions as may be necessary between the pains, until it is judged that the full degree of dilatation of the perineum and vulvar orifice has been reached. The forceps are then taken off, and the head extracted by manipulation with the fingers in between the pains.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 17th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

March 21st, 1889.

NOTICE OF QUARTERLY MEETINGS FOR 1889.

ELECTION OF MEMBERS.

MEETINGS of the Council will be held on April 17th, July 10th, and October 16th, 1889. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, June 20th, and September 26th, 1889.

Any qualified medical practitioner, not disqualified by any law of the Association, who shall be recommended as eligible by

any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

COLLECTIVE INVESTIGATION OF DISEASE.

THE series of Maps forming the Report of the Collective Investigation Committee on the GEOGRAPHICAL DISTRIBUTION OF RICKETS, ACUTE RHEUMATISM, CHOREA, CANCER, AND URINARY CALCULUS are deposited in the Library of the Association, and are open to the inspection of members. A descriptive commentary appeared in the JOURNAL of January 19th, 1889.

AN inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA is in progress.

Memoranda and forms for communicating observations may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.

GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made without delay to the General Secretary, at the office of the Association, 429, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

BRANCH MEETINGS TO BE HELD.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The spring meeting of this Branch will be held on Wednesday, April 25th, at Aberdare. Subject for discussion, Sore Throat, introduced by W. Price, M.B., Cardiff. Members wishing to read papers, show cases, specimens, etc., should send title to Dr. Sheen before April 10th.—A. SHEEN, M.D., Cardiff; D. A. DAVIS, M.B., Swansea, Honorary Secretaries.

BORDER COUNTIES BRANCH.—The spring meeting of this Branch will be held at Maxwell's Hotel, Galashiels, on Thursday, April 11th, at 4 P.M. Members intending to read papers or to show patients or specimens are requested to give notice to the Secretary as soon as possible.—H. A. LEDIARD, Honorary Secretary, 41 Lowther Street, Carlisle.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held at the Town Hall, Mare Street, Hackney, on Thursday, April 18th, at 8.30 P.M. A paper will be read by Mr. Watson Cheyne on the Nature and Early Operative Treatment of Tubercular Joint Disease. The paper will be illustrated by numerous diagrams shown through the magic lantern. Visitors will be welcomed.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this District will be held at the Hospital, Gravesend, on April 11th, at 4 P.M.; C. E. Robbs, Esq., in the chair. Papers:—1. A. J. Pepper, Esq.: Colotomy; the Methods of Performing it, and the Cases Requiring it. 2. Dr. Hoar: Two Cases of Pseudo-hypertrophic Paralysis; with living specimens. 3. W. Johnson Smith, Esq.: On the Radical Cure of Hernia. The dinner will take place at the New Falcon Hotel at 6.30 P.M.; charge 6s. 6d., exclusive of wine. To facilitate the arrangements gentlemen who intend to dine are particularly requested to signify their intention to the Chairman, C. E. Robbs, Esq., Lodgewood, Gravesend, not later than April 9th. All members of the South-Eastern Branch are entitled to attend this meeting and to introduce friends.—A. W. NANKIVELL, Honorary Secretary of the District, St. Bartholomew's Hospital, Chatham.

OXFORD AND DISTRICT BRANCH.—The next meeting of this Branch will be held on Friday, April 26th, in the Radcliffe Infirmary, at 3 P.M. Gentlemen intending to read papers or show cases are requested to communicate with the Honorary Secretary, W. Lewis Morgan, 42, Broad Street, Oxford, on or before April 12th.—S. D. DARBISHIRE, W. LEWIS MORGAN, Honorary Secretaries.

YORKSHIRE BRANCH.—The spring meeting of the Yorkshire Branch will be held on Wednesday, April 24th, at 3 P.M., in the Board Room of the Huddersfield Infirmary. Members intending to read papers, etc., are requested to communicate with ARTHUR JACKSON, Secretary, Sheffield.