cals and journals which have given their powerful support to the movement may be mentioned the *Westminster* and *Edinburgh Reviews*, the *Quarterly*, *Macmillan's* and *Fraser's Magazines*, the *Pall Mall Gazette*, and our own JOURNAL.

2. *Hinderers*.—In approaching the consideration of this part of the subject, I am forcibly reminded of the *Adventures of Philip on his Way through the World*, as narrated by Thackeray; in the course of which, as you will remember, poor Philip finds that the very person who of all others should have protected him from being robbed and deceived, namely, his own father, is the one who gambles away his inheritance and afterwards robs him of his earnings; for I have reluctantly arrived at the conclusion that the principal hinderers of all necessary reforms in the administration of our hospitals are to be found in the governing bodies, whether called Committees of Management, House Committees, or Boards of Governors, whose first aim ought naturally to be to render their institutions as efficient as possible. Having referred to the treatment of Dr. Mayo by the authorities of St. Bartholomew's Hospital, of Dr. Chapman by the Metropolitan Free Hospital, and of Mr. T. J. Phillips Jodrell by the governors of St. George's Hospital, Mr. Hardy proceeded:—The moral to be drawn from these examples and from the experience of the Hospital Out-patient Reform Association appears to me to be that, in future efforts for the reform of hospitals, we must endeavour to get beyond the immediate governing bodies to those from whom they receive their authority: in the case of the voluntary hospitals to the subscribers, and in the case of endowed hospitals, such as St. Bartholomew's and St. Thomas's, to the Corporation of London, and, if necessary, to Parliament. There seems, indeed, no reason that I can discover why charities which are being so misused should not all be placed by Parliament under the direct supervision of the Charity Commissioners.

3. *Passers-by*.—First among these I name those great medical bodies—the Royal Colleges of Physicians and Surgeons—which, standing at the head of their respective branches of the profession, might, if they would, exercise a most beneficial influence on questions such as this, but which have of late years apparently retreated from the honourable position they once occupied in the van of progress, and left to others the discussion and settlement of many questions of general interest to the profession. If anyone will take the trouble to look back over the old records, he will find that the College of Physicians, for instance, once took a deep interest in such questions as medical education, the prosecution of quacks, and even the out-door treatment of the sick poor. In 1875, I contributed to *Fraser's Magazine* a paper containing a detailed account of the establishment of the first London dispensaries by the College on its own premises; and there can be very little doubt that the step thus taken by the College stimulated, of course, indirectly and quite unintentionally, the development of out-patient departments at hospitals; for we find in Mr. Erasmus Wilson's *History of the Middlesex Hospital* that, at a quarterly council of the governors of that hospital held on May 1st, 1788, it was resolved that certain governors "be a committee to take into consideration the several publications relative to the medical dispensaries, and do communicate with the governors of other hospitals whether any and what mode can be adopted by the hospital to prevent the increase of such dispensaries which are very prejudicial to the regular established hospitals; and do consider whether all the relief held out for poor persons under the dispensary establishments cannot be administered by the hospitals as they now stand; and, if not, whether such improvements may not be made as shall fully answer all the purposes of charity proffered by the institution of such dispensaries, and be the means to encourage all persons inclined to subscribe to such charitable institutions to pay their money to a regular established hospital in preference to a dispensary". The Committee thus appointed resolved:

"1st. That it may be an advantage to the Middlesex Hospital to extend its plan to a more general visitation of out-patients, and that it may be done by a small amendment of its rules and orders.

"2nd. That it is the opinion of this Committee that such a plan might be more effectually carried into execution, if the governors of St. George's and the Westminster Hospitals should concur in the measure proposed.

"3rd. That the governors of this hospital, being governors of one or both these hospitals, be requested to procure a meeting of some of the governors from each of these hospitals to consider the proposition hereinbefore mentioned." (*History of Middlesex Hospital*, pp. 50, 51. By Erasmus Wilson, F.R.S. London: John Churchill. 1845.)

The plot, as it stands in the pages of the historian of the hospital, is a very pretty one, and it is quite in accordance with what we find in the present day, that while thus ready to spend money freely on out-patients with a view to possible subscriptions being diverted from the dispensaries, the governors of the hospital were so pinched in re-

sources for their proper work of in-patient accommodation, that "the number of patients applying for relief was greater than the house could accommodate", and that the wards were described by the philanthropist Howard as "close and dirty", and the hospital as "having, on the whole, an air of poverty". The governors being fully alive to the injury to their subscription list which might follow from Mr. Howard's description of the condition of the hospital, resolved boldly to deny its truth, and invite another visit from that gentleman; and their historian naively adds that "in anticipation of such a visit, conjoined, possibly, with the still small voice of conscience, great activity, in the shape of patching, mending, and washing prevailed, and quite sufficient was ordered to be done by the Board on that very day to prove that Mr. Howard's strictures were not without foundation".

It would be interesting, had we time, to pursue this matter further, but my present purpose is rather with the College which established, than with hospitals which so jealously opposed, the dispensaries, and I cite this instance of vigorous action to show that the present position of the College is widely different from what it once was, and that a true regard to its best traditions would lead to its interference now as actively as a century and a half ago. Among other passers-by, I might refer to the Council of the Hospital Sunday Fund, which at first seemed disposed in its report to dwell very fully upon the abuses of out-patient relief in the metropolis, but which, having looked upon the subject and seen the evils of it, has apparently made up its mind to pass by on the other side: to the Medical Society of London, which two or three years ago refused to discuss some cases brought before it as having been badly treated at St. Bartholomew's Hospital, on the grounds (as stated by its secretaries) that it could not allow itself to be made the medium of bringing accusations against the authorities of a recognised hospital: to the General Medical Council, whose interest in the matter, however, is confined to its bearing on medical education. But enough; it only remains to ask in which of these categories shall we place the great Association in connexion with which we are met to-day, and that is a question I prefer to leave to be answered by those who hear and read my words. There are, as a celebrated statesman used to say, three courses open to you: you may, if you like, shut your eyes to the facts which are constantly accumulating in your own JOURNAL, and which go to prove that, owing to the improved condition of the working classes, the impossibility of seeing with advantage anything like the numbers that apply at out-patient departments, and the injustice which is being done alike to our profession and to the sick poor by the present system, great changes must shortly be made in that system: or you may even think it your duty to oppose all change, however strong the reasons given for proposing it; but I do not attempt to conceal my hope that you will take neither of these courses, but that the whole weight of influence of our Association will be thrown into the scale in favour of this movement for reform, which has underlying it those eternal principles of justice, mercy, and truth that ensure its ultimate success.

SUCCESSFUL TREATMENT OF PNEUMONIA AND BRONCHITIS.*

By HENRY GREENWAY, M.R.C.S., Plymouth.

ABOUT ten years since, whilst making experiments in the treatment of constitutional syphilis by carbolic acid,—the results of which I have published—I was led to treat inflammatory affections of the lungs by means of the same drug, and my success was so constant that I deemed it right, about three years since, to bring my practice before the notice of the medical profession through the medium of the BRITISH MEDICAL JOURNAL. As I have not lost a single case of uncomplicated pneumonia or bronchitis, however severe, from the time I commenced the carbolic treatment until now, I trust my brethren will pardon me for drawing their attention to this subject on the present occasion. Although, where certain complications existed (such as some forms of heart and kidney diseases, with suppression of urine), I have used the treatment with great caution or have withheld it altogether, yet there have been complications which have not only not interfered with the treatment, but have been benefited thereby. I allude to lung affections in connection with either of the zymotic diseases, including whooping-cough. I have occasionally prescribed the drug with benefit in cases of phthisis to allay troublesome cough, but I have not found it of any service in asthma and simple congestion of the lungs. In very urgent cases of the latter ailment, I believe venesection to be the most reliable remedy,

* Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Manchester, August 1877.

and I was glad to find Dr. Richardson condemning the present disuse of the lancet in such cases. My formula for the carbolic mixture, together with other instructions, was published in the BRITISH MEDICAL JOURNAL, July 18th, 1874, and I have had no occasion to deviate therefrom in the slightest degree. I always order Calvert's best medicinal acid to be used in the preparation. The dose of the mixture for an infant one year old is fifteen minims, but I remember a case in which the parent administered by mistake to her child doses sufficient for an adult, with the effect of producing hæmaturia, which passed off shortly after the discontinuance of the treatment. This is the only accident which has occurred within my knowledge by the employment of this remedy. The treatment has been adopted by many in this country, and last year I received a letter from a medical officer holding an important position in India, in which he says: "I have tried your carbolic acid treatment in pneumonia, and found it answer admirably; it seems especially fitted for natives".

As regards the *modus operandi* of the mixture, Dr. W. Marcet asks, in his able paper "On Consumption: a Form of Septicæmia" (see BRITISH MEDICAL JOURNAL, October 24th, 1874), whether the favourable results I had obtained by treating pneumonia and bronchitis by carbolic acid depended on the action of the acid as an antiseptic? In advanced cases of pneumonia, I think the theory may hold good; but it will scarcely account for the almost magical effect of the medicine in certain cases of acute bronchitis. May not its action on the pneumogastric nerve be the true explanation?

EXTIRPATION OF THE LACRYMAL GLAND IN OBSTRUCTION OF THE NASAL DUCT.*

By EDWYN ANDREW, M.D., Shrewsbury.

ALL who are engaged in ophthalmic practice will, I think, agree with me that the treatment of disease of the lacrymal passages is in a most unsatisfactory state, cure being the exception, and even palliation being often very difficult of attainment. Although rarely causing loss of sight, still these complaints constitute a large number of the little ills of life for which patients continue year after year to seek advice, wandering from one medical man to another in hope of that perfect relief which rarely comes.

The following remarks contain very little that is original; but I hope, by confirming the practice of the late Mr. Zachariah Laurence, who was the first to systematically introduce extirpation of the gland in the treatment of lacrymal obstruction (other surgeons having only casually performed it), to impress on those around me the value of the treatment in severe cases, and to raise it into a recognised operation, instead of being considered as a mere surgical curiosity by most surgeons. I have now performed it in a number of bad cases with the most satisfactory results, except in one instance where permanent ptosis was the termination.

The history of the last case, which I now give, will be a type of most of the others.

J. H., aged 24, a gasman, had suffered from right nasal obstruction for nine years; he had been treated by a great number of surgeons with all kinds of lotions; by slitting up the canaliculus; by frequent probing, and, for the last three years, he had worn a style. In spite of all this treatment, the eye was constantly suffused with water; there was trickling of tears over the cheek, and he was compelled to remove by pressure, several times in the day, the accumulation of muco-purulent matter in the lacrymal sac; the style and probing had produced necrosis of the adjoining bones, and there was *ozæna*. His own remark was, that he had received hitherto no benefit whatever; that the inconvenience was so great that he would willingly submit to any operation for its relief.

He was at once admitted into the hospital, and the gland removed. Seven days after, the lid was considerably swollen, but not tense; the power of raising it slight; but the discharge was lessened. A fortnight afterwards, there was much less lid-swelling, the power of raising it had increased, and there was a great diminution of discharge. Eight weeks afterwards: No swelling existed, there was perfect movement of the lid, no discharge, and only slight trace of wound; in fact, it would have been impossible to say which had been the diseased eye. I think no other treatment would have produced such a satisfactory result, the nearest approach being the destruction of the sac by caustic or the actual cautery.

The steps of the operation may be modified according to the size of the operator's finger; the smaller the finger the less the

opening required. As a rule, the external skin-incision should be from an inch to an inch and a quarter in length, commencing just above the external commissure, and extending upwards along the external margin of the orbit, the skin being first slightly drawn up. In the centre of this skin-wound, an opening should be made into the orbit with a scalpel, close to its margin, a director introduced, and the tissues divided downwards with a scalpel or scissors to the lower end of the external wound. An attempt should now be made to feel the gland with the tip of the forefinger by pushing upwards the inner boundary of the deep incision; failing this, the internal opening must be extended slightly upwards with the knife until the gland can be easily felt. The muscles, eyeball, and other structures, are now to be gently pushed downwards and inwards with a fine bone spatula, and held by an assistant; the gland may then be seized and drawn out by a double hook, first detaching it from the soft parts beneath, and lastly from the periosteum with the aid of a curved scissors.

The bleeding, which is generally free, is best stopped by a piece of ice, the wound should be thoroughly washed out with a carbolised lotion, and the edges brought together by two or three sutures; a drainage-tube being introduced into the most dependent part, a pad of dry carbolic gauze, with a piece of waterproof, is placed over the wound and retained by a carbolised bandage. The dressing must be changed as frequently as required by the amount of discharge.

To sum up: the exterior opening should be free, the internal as limited as practicable; for here the palpebral ligament is stronger than at other parts, and, by assisting to suspend the lid, it helps, to a certain extent, the action of the levator palpebræ superioris; hence the less this structure is interfered with the less is the liability to ptosis. The gland should be detached first from the soft parts beneath, so that the ducts should be entirely divided, when, should a portion of its structure be left, it will have no bad effect.

For this detachment, the curved scissors is far better than any scalpel. The drainage-tube, which, I believe, is not mentioned by other operators, I consider all-important; for, by preventing extravasation of blood and too great effusion of lymph, suppuration is almost certainly prevented, and that great evil ptosis avoided; for the history of this operation shows that the power of the levator has been destroyed by the effects of inflammation rather than by direct injury to its fibres. The discharge from the lacrymal sac generally ceases about two months after the operation; but, in very chronic cases with diseased bone, this may continue to a slight extent for four or five months.

In the case in which permanent ptosis resulted, the wound was left open until night, then closed by sutures; some blood accumulated underneath and produced general suppuration under the upper lid, with destruction of the power of the levator palpebræ superioris. In this case, I am confident the insertion of a drainage-tube would have prevented this disaster. In one case, I failed to detect the gland; but the result was quite satisfactory, the incisions made probably destroyed all the ducts; and I believe, if in all cases we could insure the destruction of these, the more severe operation of removing the gland might be done away with.

Mr. Bader, in his excellent manual, states that removal of the gland causes dryness of the eye and irritation of the conjunctiva in windy weather. In all my cases, these conditions have not been observed, the eye remaining quite moist.

In conclusion, by attention to the few suggestions given, I believe all the good, without any of the bad, effects of the operation may be obtained.

SURGICAL MEMORANDA.

SKIN-GRAFTING FROM THE PIG.

A LITTLE girl, with a large granulating surface of about seven inches square, the result of a burn, recently came under my care. I procured cicatrisation (and without any contraction) of the greater part of this surface by means of the insertion of more than three hundred skin-grafts. But, then, my supply of skin, not unnaturally, came to an end. I had resort in my difficulty to a young pig, and a few days ago I inserted upwards of twenty grafts of his skin, and with very good results. I can now see my way, I hope, to a successful termination of the case, provided I am not interfered with by the Society for the Utter, Total, and Immediate Suppression of Vivisection. I am not forgetful of the sorrows of the pig; but he suffers in very good company, most of his fellow-victims being sisters of mercy.

THOMAS F. RAVEN, L.R.C.P., Broadstairs.

* Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Manchester, August 1877.