Notes

ON

A VISIT TO SOME AMERICAN HOSPITALS.

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AFTER the annual meeting I was glad to escape for a quiet week on the Atlantic, though the first night was not productive of repose, for we most unfortunately ran down and sank a large steam collier, causing thereby a loss of seven lives.

My object in visiting America was not wholly, as you may imagine, to inspect hospitals, though I did spend nine or ten mornings in that way. My primary object was to visit some relatives, to see with my own eyes a few of the great sights and cities of America and Canada, and to study in my own way the people and the institutions of America. Incidentally I did manage to make some few medical and surgical observations as well, and it is these that I will now endeavour to recall. As regards medical education the Americans and Canadians are not behindhand. With them you must now pass a B.A. examination or its equivalent before you are allowed to begin your medical studies, which last for a minimum period of four years. Dressers and clinical clerks are not to be found in America; their places are taken by the resident staff of the different hospitals, though these have medical superintendents also, and the teaching given by us to clerks and dressers is there given in special classes and by special instructors. In America there is much subdivision, and specialisms are numerous, and I was pleased to see in all the hospitals a special room for haematology.

If there are 21 medical portals with us, there are nearly 50 in the States as against 1 in Germany. Germany has 20 medical schools, we have about 35, and the United States 156. Can we wonder that in the States there is 1 doctor to every 600 inhabitants, whereas in Britain there is 1 to 1,100? In Russia there is only 1 to 8,500. I may remind those who have not looked into American matters, that although all the States are under the Congress and Senate, and the latter is really responsible to the Supreme Court, the States are practically independent. They may not tax one another's products or make separate treaties, and they cannot secede from the Union; but in other matters they may do just what they please. They make their own laws regarding divorce, for instance, and they may, as in the State of Maine, exclude alcoholic beverages altogether. Marriage with a deceased wife's sister is legal, I believe, in all of them, and they may and do make the most diverse laws regarding medical matters and regulations of health. In Pennsylvania you are requested not to spit in the cars. In New York you are reminded that the fine is £100 or a year's imprisonment, or both. The medical colleges and degrees are many, and the values very much. I ascertained that the highest estimation is accorded to the degrees of the University of Pennsylvania, of the Johns Hopkins University, Baltimore, where you must be a B.A. before you can begin as a medical student, and of the College of Physicians and Surgeons of New York.

Next comes Harvard, and [the rest—though many are very excellent—are distinctly of less account. The resident medical officers of the American hospitals are mostly selected by competition, and go on duty for two years. They are changed about a good deal to give them varied experience. One told me that he had had the subordinate care of the insane for three months; then for three months he was in the female medical wards, and for six months in the men's medical ward; after that he served three months in the ambulance department and six months in the surgical wards, and when I met him he was doing his three months in the receiving department. An excellent turn of experi-

ence, I am sure you will all allow, when it is remembered that he had also acted as a pathological assistant, and had attended his classes in bacteriology and haematology. Indeed, the residents are practically assistant physicians and surgeons *pro tem.*, and I have never seen the surgeons assisted by anyone else. As I expected, the American hospitals have a character of their own. New York has between one and two hundred, and Philadelphia, the third city of America, has forty-six. Each of the American hospitals has a definite district and itself sends for the invalids and accident cases of its district. Thus in most of the American hospitals you can see the ambulance waggons and the ready-harnessed horses, as at a fire-engine station. Many of the hospitals, however, now use motor carriages only.

PHILADELPHIA.

Some of the hospitals are very beautiful. Many of the wealthy have aided them with large sums; Mr. Lankenau, for instance, of Philadelphia, who not very long ago gave £200,000 to the German Hospital of that town, thus making it the best in Philadelphia. All the passages of the German Hospital are of tessellated pavement, the flooring of the wards is of painted wood, and the walls and ceilings are painted white and varnished like our Cheltenham operating room. Dr. Deaver's beautiful operating theatre at the German Hospital has a tessellated floor, walls of white tiling, a painted and varnished ceiling, and the seats for students are of white marble. Even while an operation is in progress, an attendant comes in and swabs away the mess. The operating table is of brass and glass, and has the arrangement common in America of a ledge all round it to catch fluids, which are conducted into a bucket. Adjoining the theatre are the instrument room and the surgeons' baths and lavatory. These last are always found in America, and the surgeons commonly take baths before an operation and shower baths afterwards. They dress in canvas boots, linen pants and coat, all sterilized, and wear a gauze nightcap; and surgeons and nurses are similarly attired, and all wear long sterilized indiarubber gloves. I saw operations done when the temperature of the air was 85°. This occasioned perspiration, and it was the duty of one of the nurses to wipe the faces at short intervals with a swab. This was done in a friendly way, and commonly elicited smiles from both persons. The nurses, I observed, were treated with much deference and were not called nurse. "Miss C., may I trouble you for another ligature?" was the mode in which they were addressed. At the German Hospital of Philadelphia I took the nurses for nuns, and was surprised to hear that they belonged to a Lutheran sisterhood. The anæsthetic was always ether, poured liberally into a simple cone of lint covered with waterproofing, and I saw no struggling. Chloride of ethyl had been tried and abandoned. Children were given the ether on simple lint. The great character of the American hospitals is the worship of asepsis, which I have never seen so consistently and completely carried out anywhere else.

Dr. Deaver does an appendix operation on an average every day. Such cases seem to be very common in America. His mortality is 10 per cent. for acute cases and $\frac{1}{2}$ per cent. for quiescent ones. In America I was assured that acute cases, medically treated had a mortality of 50 per cent. I did not see Dr. Deaver operate on an appendix case, though his wards were full of them, but I saw him remove a breast and a thyroid gland (mostly) and do a perineorrhaphy. He is ambidextrous, uses few instruments, makes great use of Wells's forceps, ties vessels with catgut, sews up continuously with silk, does not drain, uses only boiled distilled water to wash the wound, and dresses with plain sterilised gauze. He is a rapid and dexterous surgeon and it was a pleasure to see him at work. He makes no little cuts. I was told, in removing an appendix, but just cuts it off flush with a curved pair of scissors and then closes the hole with two layers of Lambert sutures; and his reputation in Philadelphia is second to none.

But the German Hospital is no better practically than the Pennsylvanian, when I saw Dr. Le Conte remove the whole diaphysis of the tibia. I also saw in his wards two cases of gunshot wounds of the abdomen. In both cases all the intestines had been turned out, and two wounds were found and sutured in the one case and three in the other, and both patients were doing well. Could anything show better that

the principles of asepsis are thoroughly understood and practised in America? In fact, the result of my wanderings in different countries goes to show that there is now very little to choose between them in a surgical sense. All are wide-awake, and striving keenly to the goal of complete success, and all are aseptic more or less. Each ward in Philadelphia—and the same is true elsewhere—has its little dispensary and gas kitchen; and I was surprised to see how few and simple the drugs and mixtures were. Everywhere one saw Basham's mixture.¹ In the American hospitals was to be seen none of the radiant polypharmacy of the great American manufacturing chemists, which is, indeed, much more *en evidence* in Britain than in America. There was a simplicity and directness in the American hospital prescriptions which told of strength and knowledge. The bath was the great treatment in typhoid; and I was told that anyone who would withhold serum in diphtheria might expect an early summons before the magistrate. Where I expected much I received nothing. I expected all kinds of novelties in the treatment of fractures, and saw none; no ingenious swings or novel splints or anything new. I actually saw fractures of the thigh treated by sandbags and a pulley, and fractures of the tibia and fibula in the old-fashioned wooden fracture boxes. Indeed, the main idea regarding the treatment of fractures seemed to be common splints for a few days and then plaster-of-paris. American ingenuity seems to have tired of splints, and to be exercising itself rather in the direction of perfect asepsis and ingenious suturing. Of course they had had many insolation cases, which were treated in outdoor double tents, constantly watered without and watered around, and the treatment was cold douching and ice externally, and iced water internally, with intravenous injections of normal saline fluid for the worst cases. I would dwell on the last as a truly valuable treatment, diluting, as it does, the inspissated blood.

MONTREAL.

The General Hospital at Montreal is old but efficient, but the Victoria Hospital there is new and thoroughly up to date. The pathological department, under the care of Professor Adam, who himself kindly showed me round, is second to none. There I saw a *post-mortem* room with no odour of decomposition. Each body, brought and removed by a lift, is kept in its own refrigerating chamber till it can be dealt with, and so decomposition is arrested. We have really much to learn from the Canadians and Americans as to the best arrangements of a dead house.

BALTIMORE.

I much enjoyed my visit to the Johns Hopkins Hospital, Baltimore, the scene of Osler's, Halsted's, and Kelly's work, though none of those notabilities were there then. It is almost outside the town, is built on a hill, and is a brick building of some architectural pretension, with its pinnacles at either end and its dome in the middle. The dome marks the octagonal central hall from which the passages radiate. In the hall stands one of the most beautiful statues I have ever seen in a hospital, a copy, 10 feet high, of Thorwaldsen's Christ, with its open arms and its touching legend, "Come unto me all ye that are weary, etc." It were tedious to describe minutely the Johns Hopkins Hospital, though I may mention that fresh air is there admitted by apertures in the walls and the fouler air is sucked out through apertures under every bed. Here there were wards of circular and other shapes, though the conclusion arrived at was that the old oblong form was best.

Though I did not see Dr. Halsted operating, I saw his methods carried out by Drs. Finney and Follis. Their cleansing of the skin is French—concentrated solution of potassium permanganate first, then concentrated solution of oxalic acid to clear it off, then sublimate lotion, and finally sterilised distilled water. They use a peculiar haemostatic forceps, with narrow points—I brought some home with me—and sew up with silver wire, passed subcutaneously from side to side, never transfixing the skin. They also wear india-rubber gloves, but the greatest novelty to me was silver foil for the dressing next the skin. The foil and its ensheathing paper are both sterilized, and many layers of both are used. Then comes a plain gauze dressing, and that is all. I have brought back with me some of these gloves and this foil for my

colleagues to make trial of, and with them Halsted's needle-holder, which he uses for all his suturing. Of course the silver foil forms antiseptic silver salts—natural iotrols and citrols as it were—with the serum. A German surgeon once recommended a pure silver plate—which is more flexible than lead—to go next to the wound, and I had even made the same suggestion, but I first saw it carried out in a very practical way at Baltimore. Radical cure of hernia (Bassini's operation and Halsted's suture) was the chief operation seen by me at Baltimore.

NEW YORK.

I finally came to New York, and there I began with the great, though scarcely modern, Belle Vue Hospital, the hospital of Austin Flint, Sayre, Keyes, and Noyes. It has one great recommendation, it lies on the bank of the East River, and the convalescents can wander down to the brink, to enjoy alike the fresh breeze and the busy scene; hence the name Belle Vue. There I was so fortunate as to meet Professor Alexander, who knew friends of mine, and whose one thought was to be kind, helpful, and hospitable. He said that Callender, Savory, Marsh, Reginald Harrison, and many others had shown him so much kindness in England that it always gladdened him to make some return to wandering Englishmen; and certainly he did it in my case. I was much interested in seeing him do perineal section for recurrent stricture. First a whalebone guide; then a small catheter over it, then perineal section on the catheter, then Otis's urethrotome dilator was used, dividing the upper wall of the urethra, which was then dilated, and finally a No. 20 rubber catheter was passed perineally into the bladder and left there. I was so pleased with Otis's instrument after seeing its practical use that I brought one home with me for the hospital. Dr. Alexander made a great point of dividing the upper wall of the stricture. At his request I assisted him at something still more interesting, namely, perineal prostatectomy. According to Dr. Alexander, difficult urination in elderly men is usually not so much from middle as from lateral prostatic overgrowth. For this condition he does an ingenious operation. He opens the membranous and dilates the prostatic urethra, and then works from the inside of the prostatic portion. He has discovered a natural line of cleavage in the lateral lobes of the prostate, and this he is able to get into from the prostatic urethra. He separates the abnormal lateral growth with his finger, and completes the operation by twisting it out with forceps. He works above the prostatic veins, and far below the upper surface of the gland, and so hæmorrhage and peritonitis are both alike prevented. If the middle lobe projects—it did not in the case I saw—it is dealt with similarly, and finally a big catheter is tied in perineally. As the lateral cavity contracts it pulls wide open the prostatic urethra, and the membranous portion is not injuriously interfered with. The case I saw operated on did very well. Dr. Alexander's operation is much less serious than that of Albarran of the Hôpital Necker, Paris, described in the BRITISH MEDICAL JOURNAL of November 30th. In the latter operation the rectum and prostate are separated; the posterior capsule of the prostate is divided mesially; the lateral lobes are then removed piecemeal, and the central lobe is enucleated by the finger passed—after Dr. Alexander's plan—through an incision into the membranous urethra. Though a formidable operation, Albarran has recently narrated 16 consecutive successful cases—a very promising result when we remember the 12 to 15 per cent. mortality of suprapubic prostatectomy. Dr. Alexander does not believe in Bottini's burnings, and assured me that castration and vasectomy were seldom of real and lasting service in prostatic hypertrophy. It was a great privilege to be allowed to feel every stage of Dr. Alexander's operation, and I was duly dressed and disinfected with that end in view. The disinfection at the Belle Vue is thorough, first ether soap, then chloride of lime powder, then sodium carbonate solution, which causes evolution of chlorine, and then 1 in 2,000 sublimate lotion. I am sure it is thorough, as my hands smelt of chlorine all the rest of the day and even next day. Asepsis without antiseptics is of small avail.

Opposite to the well-named Belle Vue Hospital is the great pile of the Cornell University School of Medicine, where the great dissecting room at the top of the house is 60 yards by 20, the finest room of the kind ever seen by me. Throughout the whole building, with its many lecture rooms and departments,

cleanliness reigns supreme, as represented by whitetiled walls and tessellated floors, while you go up and down as quickly as you can wish in the lifts. There are four classes of 80 each working in the Cornell building, the freshmen, the sophomores, the juniors and seniors, to use the American mode of designating first, second, third, and fourth year men. There is also a polyclinic in the same building, with rooms for examining every class of malady, and I was struck to see well nigh a dozen ophthalmoscopic dark rooms for students. I will venture to add that the Cornell student of medicine enjoys privileges unsurpassed by medical students in any part of the world.

Although New York is the second largest city in the world, it has only three degree-granting medical schools; that of the University of New York (to which is affiliated the Belle Vue Medical College); that of the College of Physicians and Surgeons of the City of New York (the Columbia University of the City of New York Medical Department) and that of the Cornell University; though the head-quarters of this last are 300 miles away, at Ithaca.

The Presbyterian Hospital of New York, with its 360 beds, is very beautiful and very modern. Originally founded by the Presbyterians, its proud motto is "Open to all, irrespective of creed, nationality, and colour." What can I say of it that does not apply to the others? Nothing, unless that being like them, it is more perfect and more sumptuous than some, with more walls and doors of marble and all its passages with tessellated floors. The tessellated flooring of America is neither granolithic nor terrazzo, but it is of small square blocks of marble laid in cement, and patterns and ornamentation are readily supplied by different colours of marble. Whether it is the best flooring or not remains to be seen, and experiments are being made to prove this matter; but in respect of its popularity there can be no two opinions, as I was interested to see the same flooring in the most recent restaurants and even in the churches. Like all the American hospitals and unlike the beautiful Boucicaut Hospital of Paris, the floors of the wards are of painted and varnished wood, or of parquetry, and no cracks were visible between the boards. In the Boucicaut of Paris and in many of the best private hospitals of France and Germany even the ward floors are of terrazzo. In the Presbyterian Hospital and in most of the New York hospitals the drug cabinet is in the middle of the ward and the head nurse sits near it at her table which is adorned with flowers.

In all American hospitals the sterilizers of clothing and dressings are of vast size, and look like great brass boilers. They are usually supplied with steam from the basement, and are used at a pressure of two atmospheres for at least twenty minutes. All water for all purposes is sterilized and filtered, and the same is the case at the best hotels. The basement story at the Presbyterian, with its great boilers, ventilating machinery, automatic pumps, dynamos, and driving engines, reminded me of the engine-room of a great steamer. The chief engineer is an important official in all large American hospitals. American nurses never sleep in rooms adjoining the wards, but some distance off, and therefore never think of sleeping when on duty. Soiled utensils are cleansed by powerful upward jets of water, preparatory to chemical disinfection with carbolic soap and corrosive sublimate.

I was told of a clergyman who distrusted the cleansing power of the upward jet, and, bending over it, asked the assistant superintendent of the Presbyterian Hospital to turn it gently on. Quite accidentally it was turned full on, and a jet that would have reached the ceiling fairly lifted the reverend gentleman off the floor. On his return to *terra firma*, and after drying his face and head, he told the assistant superintendent that he should never again distrust their cleansing arrangements.

In all American hospitals are paying wards. Where several patients occupy the same ward the charge is £3 per week; for strictly private rooms it is from £5 to £8 a week. This includes everything but the doctor's private charges, and the patients may select any member of the staff to attend them.

Women nurses are the most numerous, though male orderlies are also kept for the bedpan and urinal work of men. Otherwise men are attended by women nurses. The male orderlies get £4 a month; the wage, I may add, of sailors and stokers on an ocean liner. The whole flat roof of the "Presbyterian" is

used as a "solarium," and hammocks, seats, and couches were all about. After 7 P.M. the roof belongs to the nurses. They play games there, and no male person is allowed to interfere or even look on. I asked one of the surgeons what they did. He replied that he did not know, but that they enjoyed it very much.

The solar and Finsen treatments for lupus have both been tried at the Presbyterian, and both abandoned as longer and no better—so they say there—than scraping and caustic. At the hospital named, as at St. Bartholomew's, there are no admission tickets and disease and poverty are the only credentials for admission. Out-patients come at 1 P.M., and the doors are closed at 3 P.M. The patients are quickly sorted and then prescribed for in the fourteen rooms that surround the central waiting room, and whether the case is medical, surgical, gynaecological, nervous, of ear, throat, or eye, or children's malady, venereal, or disease of the skin, there is the specialist in attendance, knowing all about his own work, and nothing, perhaps, about any one else's, and the applicants of the day are quickly seen and sent off with their medicines. The American is always in a hurry, even at a hospital, and even there must not be kept long waiting. The means of all the patients are carefully gone into by the superintendents. The well-to-do are refused altogether, and those who may fairly be expected to pay something are there and then called on to do so.

Dr. Blake, of the Roosevelt Hospital, kindly sent me a telephone invitation, and accordingly I spent a long and interesting morning at the hospital named, which was founded by an uncle of the new President of the United States. Dr. Blake's operation for fractured patella is excellent, and I shall certainly try it. It is very simple: open and wash out the joint, and then with catgut sew together the torn capsule and the torn periosteum. Riding of the fragments is thoroughly prevented. Then followed a subcutaneous suture of the skin, an ordinary dressing, and a plaster casing. In Bassini's operation for hernia the only peculiarity lay in two stitches of the internal ring, the stitches passing over the cord. At the Roosevelt Hospital they attach much value to these stitches, as strengthening a weak part and telling against recurrence. Dr. Blake's operation for umbilical hernia is a large one. He sweeps away a large oval of skin, 12 ins. by 8 ins., the hernial protrusion occupying the centre. Then he separates the peritoneum from the muscles, and stitches the peritoneum together. Then he lays one flap of muscles on top of the other, the overlapping extending to 4 or 5 inches, and stitches them together on both sides, interposing thus a double muscular layer to oppose a hernial reproduction. The operation seemed formidable, but Dr. Blake assured me that all his cases—twelve in number—had recovered and were so far radical cures.

I spent another morning at the palatial St. Luke's Hospital, perhaps more aseptic than any, where the back of the chief operating room is a huge semicircular cupboard, with everything ready for use—swabs, gauze, bandages, catgut, tubes, and catheters, and all in hermetically-sealed sterilized bottles and tubes. Sterilized distilled water and normal saline solution were in large glass flasks, stoppered with cotton-wool, and tied over with mackintosh. So particular are they there and in many other hospitals in America that even an assistant surgeon of the hospital may not enter the operating space unless he, too, is cleansed and dressed, and you are warned by a notice in some hospitals not even to touch the brass bar that separates the aseptic from the septic.

At St. Luke's I saw the internal jugular vein accidentally wounded—or a small branch torn off—and air sucked in and the patient apparently die; but he did not die. Strychnine subcutaneously, and artificial respiration and oxygen, which was there all ready, brought him round, and he made a good recovery, though at one time I could see the froth issuing from the vein. There was no tying the puncture, though packing with iodoform gauze arrested the haemorrhage admirably.

The sum of all the matter is, notwithstanding the accident just narrated, that the Americans are careful, painstaking, and successful rather than quick and showy surgeons. They make more use than most of scissors both for separating and dividing, and they are really the premier asepticists of the

world. I met about a dozen well-known surgeons of New York at dinner on the night of my departure, and you may be sure I was called on to tell them what I thought of them. I told them very much what these pages have been telling, and did not disguise my admiration of their hospitals, and of their perfectly thought out system of asepsis. They were pleased, for the Americans are not insensible to the commendation of an Englishman, a commendation that is well deserved, and always accorded to them by the British surgeons who visit America, but not often, so they complained, by German surgeons. They scouted the idea of their having learnt aseptic principles from the Germans, and unanimously gave the whole credit of their present arrangements and of their surprising perfection to one man only and to one pioneer hospital alone, and the date was five or six years ago, and that man's name is McBurney, and that hospital is the Roosevelt.

My connection with the British Medical Association was not, I am pleased to say, discovered in Baltimore and Philadelphia, though it was soon found out in Montreal and in New York. But I had no reason to complain, and the farewell dinner I have referred to was a very genial and brotherly function. After dinner I was by a delicate attention put next to Dr. Symm, the President of the New York State Medical Association, and you may be sure that he spoke and spoke well, and I in return said the pleasantest things that I could think of, and we spent a very friendly evening.

I did not retire without what was most kindly meant, though incongruously styled "a last stirrup cup," and then and directly afterwards embarked on the great ss. *Celtic*, on which most of the foregoing description was written. My advice to others is to do as I did. A visit to America is in many ways a great eye-opener. The American hospitals are second to none, and will, I venture to say, surprise, as much as they will delight and instruct many British physicians and surgeons. Nowhere else have I looked on such a scene as New York by night. See the Americans at home, and you will see some of the cleverest men and handsomest women in the world. Be just and friendly and cordial with the men of America, and you will find that they are only waiting for an excuse to extend the hand of true and lasting friendship. I only met one American who was a pro-Boer, and he knew nothing about the matter and acknowledged it, and was converted in ten minutes. "*Grattez un Russe!*" said Napoleon very rudely, "*et vous trouverez un Tartare!*" "*Grattez un Américain,*" say I, "*et vous trouverez un Anglais!*"

NOTE.

¹ Dr. Basham's mixture is: Liq. ammon. acetat. 5j; acid acetic dil. mxvij; tr. ferri perchlor. mxv. Aqua ad i oz. Ter vel quater in die sumend.

LEGISLATION AGAINST TUBERCULOSIS IN AMERICA.—The Governor of Arizona intends, according to the *Journal of the American Medical Association*, to recommend the creation, under legislative authority, of a Territorial Board of Health, investing its officers with full power to quarantine and segregate persons coming into the territory afflicted with consumption, precisely on the lines of the power of the Boards of Health of the various States in quarantining against any dangerous contagious disease. The Governor will further recommend that a law be passed prohibiting consumptive persons from living in hotels and boarding houses with healthy people, and requiring them to live upon the desert in such places or sanatoriums as shall be provided, and in such localities where the possibility of contagion will be as greatly reduced as circumstances permit.

LEGISLATION AGAINST LONG SKIRTS.—It is stated by *American Medicine* that an ordinance against long skirts will be introduced by one of the members of the Bayonne, New Jersey, Board of Health. He proposes that it shall be made a misdemeanour for a woman to wear gowns that sweep the street, on the ground that in this way she may be the means of spreading disease. In Pottsville the Board of Health has issued an order against the wearing of long skirts in the streets. Boards may order, but will women obey? And if they will not, how are they to be made to do so? We fear the Boards of Health of Bayonne and Pottsville have a lively time before them.

Series of Original Communications ON SOME TROPICAL DISEASES.

THE OPERATIVE TREATMENT OF LYMPHANGIECTASIS OF FILARIAL ORIGIN.

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In the year 1889 a young man came under my care suffering from lymphangiectasis of the glands of the groin, and, on examining his blood, it was found to contain filariae. He suffered from frequent and severe attacks of pain, and fever, so much so that he was unable to follow any occupation, and he begged for something to be done to relieve him. In considering his case it occurred to me that the parasites might possibly be lodged within the diseased glands themselves, and that, if this were the case, removal of the latter might afford the patient relief from further trouble. The patient readily fell in with this suggestion, and decided to undergo operation. The mass of diseased lymphatic tissue was removed, and the operation was followed by entire cessation of the attacks of fever and pain.

The practical value of this operation has since then been fully established by the results obtained in a number of similar operations performed in Madras by other surgeons besides myself. The mass of tissue removed in the first case was unfortunately lost before there was an opportunity of examining it, so that it is impossible to say whether any filariae were lodged within it or not. However, in a similar case met with at a subsequent period, the glands that were removed were found to contain several parasites, both male and female.

As these facts have already been recorded in the *Indian Medical Gazette* as well as in the *BRITISH MEDICAL JOURNAL*, I would not have brought them forward at the present time but for the fact that such operations are still condemned in some of the textbooks and in other writings. Even so late as the last meeting of the British Medical Association, one of the speakers in the Section of Tropical Medicine went so far as to state that "he considered removal of lymphatic glands from the groin an unscientific treatment for filariasis." In their *Manual of Surgical Treatment*, Messrs. Watson Cheyne and Burghard emphatically condemn all operations for the removal of lymphangiectasis. In speaking of lymphatic varix they say excision of the varicose trunks is not at all to be recommended, and in treating of lymphadenocoele they say the inguinal masses must on no account be excised or incised. Other authors also have condemned these operations, Manson alone admitting their justifiability under certain circumstances. It is needless to say that the above-mentioned work has at the present time a very wide reputation, and any emphatic pronouncement by its authors is certain to carry considerable weight, and in this instance is likely to restrain surgeons from attempting to carry out operations of the nature indicated by the title of this paper. Under these circumstances I think it imperative to draw attention to the fact that during the last ten years a great number of these operations have been performed in Madras and that no unfavourable results have followed, but, on the contrary, in many cases very marked benefit has resulted to the patient, and in some instances a complete cure has been obtained.

The objections that have been raised against operations for the removal of lymphatic varices and lymphadenocoeles are of three kinds. In the first place, it is said that such operations are unscientific in principle, as only a portion of the varix is removed and the obstruction to the circulation of lymph still persists. Secondly, according to the authors of the *Manual of Surgical Treatment*, the operation is frequently followed by lymphorrhagia or a lymphatic fistula forms and can never be closed. Thirdly, it is asserted that such operations are very liable to result in septic infection or erysipelas.

The answer to the first of these objections is twofold. In the first place, in spite of the theoretical objections that have