

it would not be better to retain our nineteen examining bodies, and try whether we cannot induce them to compete with one another as to which should have the highest character, do most to improve education, and so elevate our professional character.

This it is that seems to me to be the all important object at which we should aim, to stimulate our examining bodies to compete as to which should have the highest character. Hitherto the competition has, it is said, been as to which could make its examinations most easy, and so attract candidates to its portals. This may be true of some; but when such a charge is brought against us, we can lift our heads with pride and refute it by pointing, not to one, but to the majority of our examining bodies, and showing that their cry has ever been "onward", and that never have they swerved from the path of true and honourable progress. It must be admitted, however, that the tendency of the system under which we are at present governed is to induce a competition for candidates by lowering the standard of education and examination. This has been greatly and sadly aggravated by the Act of 1858, the last great Medical Reform Act—an Act that can only be designated as a mockery, a delusion, and a snare.

By this Act, the best educated and most highly qualified medical man in the kingdom is placed on exactly the same level with the man who has obtained the lowest qualifications, with the smallest possible modicum of professional or other knowledge. They are both sent out to the public, bearing a Government stamp, affirming that they are equally qualified to hold places of professional trust, to perform professional duties, and consequently to take charge of the lives and health of her Majesty's subjects. Thus the public are mocked with a guarantee that is valueless—they are deluded into a sense of safety that is fallacious, they are ensnared into a course of conduct that may lead to disaster. Formerly, when a hospital or other professional appointment was vacant, candidates relied on the character of the college whose diploma they presented, of the school at which they had been educated, and on their professional attainments, as the grounds on which they sought the appointment. Thus the public were educated into a knowledge of the merits of the various schools and licensing bodies, and I am old enough to know they weighed them carefully; but now all this is changed. All candidates, the highest and the lowest, bear the Government stamp. All are recognised by the law as equally qualified. The question is not now as to education or qualifications, but as to religion or politics. Is he a Catholic or a Protestant, a Conservative or a Liberal, a *protege* of this one or that one? Thus it is that the Act of 1858 has stimulated some licensing bodies to compete with others by lowering the standard, and has impeded the efforts of all who desire to elevate and improve the profession. Other causes no doubt contribute to the same end. The ignorant, the lazy, and the indolent, demand an easy and cheap qualification, and the demand calls forth a supply. This, however, is the abuse of competition, and we must apply ourselves to its correction. As the programme of the French Reformers commences with a demand for the destruction of the University of France, ours must commence with a demand for the repeal of the Act of 1858. The public must no longer be deluded into the belief that all diplomas and degrees have their value guaranteed by the Government stamp. They must be taught to form for themselves a correct estimate of their value. Hitherto, an incorrect and altogether false value has been attached to them. Even university degrees in medicine have been given a position and rank altogether different from degrees in arts, and infinitely below them. In arts a degree confers no privileges, no benefits—it is a token that its holder has had a liberal education, and derives its sole and exclusive value from the prestige of the university from whence it issues.

On the other hand, the university degree in medicine, or a college diploma, is looked on as a licence to enter the ranks of the medical profession; and, as this privilege attaches equally to all such degrees and diplomas, they have all come to be regarded as of equal value, no matter how or whence obtained. This it is that has made the competition take a wrong direction, and work injuriously. A writer on Irish University reform puts it thus. "The stamp of an university, a college of physicians or surgeons, confers the privilege of entering a money-making guild. The stamping process is a lucrative process, and the institution that makes most doctors makes most gain. The result is simple: among medical and surgical corporations there is going on a competition as to which can put the stamp on the greatest number of doctors; and, of course, the quality tends to deteriorate." This assumption, that the university degree or college diploma confers the exclusive privilege of entering a money-making guild, does the harm, and yet it is altogether false and erroneous. In the present state of the law—and no British statesman or Parliament will alter it—any man, male or female, may, as already stated, practise medicine for gain or love without degree, diploma, or licence.

In America, university degrees and college diplomas confer no privileges. The practice of medicine is open to all. Let us, too, give up the idea of protection. So long as we know and attend to our business, we need not fear the rivalry of any quacks. Let colleges and universities cease to claim for their degrees, diplomas, or licences, any privileges. Let that which is actually the case be openly avowed. Let the public learn that no licence is necessary to enable any man to practise medicine. Thus, and thus only, will degrees and diplomas in medicine rise to the rank of degrees in Arts. Thus will the university degree come to be recognised as a patent of superiority, a proof that the holder has had a high and liberal education, and cease to be recognised as "a licence to enter a money-making guild"; and then the competition will be as to whose degree shall have the highest value, and be most highly estimated. Students will cease to look on examinations as the whole aim and end of their lives, and devote themselves to real study. The public will soon come to know, with thorough accuracy, the value of the stamp borne by each man that comes before them; and young men entering the profession, who have the ambition, and think they have the talents to seek the highest positions it affords, will find it their interest to go to the universities and colleges whose degrees are most difficult of attainment, and therefore most thought of. The less ambitious will seek their education on easier terms; and thus society will be provided with medical attendants suited to their requirements; and the competition of the colleges will serve to improve medical education, to further the progress of medical science, to elevate and improve the status of the profession, and to fulfil the requirements of society.

THE SURGICAL TREATMENT OF HÆMORRHOIDS.

BY WALTER WHITEHEAD, F.R.C.S.Ed., F.R.S.Edin.,
Surgeon to the Manchester Royal Infirmary.

THE surgeon's sphere in the treatment of hæmorrhoids is defined, when the blood-equilibrium in the hæmorrhoidal vessels is not merely disturbed but actually destroyed, and when structural changes have so far advanced to them that neither constitutional measures nor local applications offer any reasonable prospect of altering these conditions; when, in fact, the hæmorrhoids have become a substantive disease and can no longer be regarded as mere symptoms of either inherent local weakness or of indirect and remote functional derangement. Previously to this state, the treatment of hæmorrhoids naturally remains within the domain of the physician.

There is no disorder of the human economy more frequent than hæmorrhoids, and there is probably no operation in surgery where procrastination in their removal is more bitterly regretted. Years of relievable suffering are needlessly endured by patients, and temporised with by medical men, when an operation of a simple and radical character is capable of effecting a cure, which is generally complete and permanent.

The intention of the operation is to remove from the lower segment of the rectum the diseased, dilated, and tortuous vessels, and the adjacent tissues, hypertrophied and consolidated by plastic exudation. These diseased structures are situated beneath the mucous membrane of the rectum, and rest upon the circular fibres of the internal sphincter; and it is the object of the operation to clear them away from the anal orifice, where they act as obstructions to defæcation, and excitants of periodic and distressing spasmodic muscular contractions.

Numerous operations have been designed to fulfil this intention, and several have been specially planned for this exceptional purpose, involving deviations in practice which we should hesitate to adopt in the removal of more formidable tumours from any other region of the body. The excuses advanced for these departures from the ordinary principles of surgery appear to be founded on the fears and blunders of a past generation, rather than upon any real danger to be avoided, or upon any obvious and substantial advantage to be gained.

During the last five years, I have excised hæmorrhoidal tumours on a plan which I venture to believe to be more in harmony with the principles of modern surgery than the operations to which I have alluded; and I have abandoned those pyrotechnic aids and cumbersome appliances which at one time I regarded, I must confess, as indispensable.

The following cases, selected out of a large number, will perhaps explain the manner of conducting the operation, and the principles upon which it is founded, better than a more formal description.

In June 1880, I saw, at the request of Dr. Leech, a lady of robust figure who had suffered for nine years from internal hæmorrhoids. She had been advised seven years previously to have an operation for their removal, but feelings of delicacy had interfered with her consenting to follow the advice. Her life had become a burden, in consequence of

the absorbing demands imposed by the hæmorrhoids. Her nervous system was demoralised by the concentration of her thoughts on her trouble; and the habits of her life had to be regulated by the exigencies of her ailment, until finally she felt compelled to submit to any plan of treatment that could afford her a prospect of relief.

After it had been decided to excise the hæmorrhoids, a day in the following week was fixed for the operation, and in the meantime the patient was very carefully prepared by diet, aperients, and rest. The operation was conducted under chloroform, with the patient in the lithotomy position. As a preliminary measure, the functions of the sphincter were suspended by forcible dilatation. Two thumbs were introduced into the rectum, and the circumference steadily kneaded in every direction until all resistance was overcome, and the sphincter rendered absolutely passive. The patulous condition of the rectum thus obtained enabled the whole mass of piles to be protruded through the anus, by introducing two fingers into the vagina and depressing the recto-vaginal wall. The hæmorrhoids in size and appearance resembled an average ripe tomato, and were mapped on the surface into four irregular and unequal lobes.

The lobes were next divided into four segments by longitudinal sections in the axis of the bowel, and in the furrows marking the intervals between the several lobes. This was accomplished without the loss of any blood. Each portion was then secured in succession by ring-forceps, and dissected with scissors; first, transversely from the anal margin, and then the dissection was continued upwards in the cellular plane to the highest limit of the hæmorrhoidal growths, in this case about an inch and a half. Each segment was thus converted into a quadrilateral wedged-shape mass, the base below consisting of the hæmorrhoids, and the apex above of the healthy mucous membrane of the bowel. The mucous membrane at the highest point was next transversely divided, leaving the hæmorrhoids simply attached by loose cellular tissue, and the vessels proceeding from above and supplying the mass below. The forceps containing the hæmorrhoids were then twisted until a connection was severed and the hæmorrhoids removed. The divided surface of mucous membrane was next drawn down, and attached by several fine silk sutures to the denuded border at the verge of the anus.

The other portions having been treated in the same manner, the operation was completed. The sections throughout were made by scissors. The loss of blood during the operation did not exceed a couple of ounces. The patient made a complete recovery, and regained the full capacity to discharge her domestic duties and social engagements.

Another case was operated upon with Mr. Sutcliffe, of Stretford Road.

The patient was a young lady, twenty-five years of age, whose health and strength had been alarmingly reduced through nine years' pain, mental distress, and hæmorrhage occasioned by internal hæmorrhoids. Such, indeed, was her anæmic condition, that, had I felt less confidence in the small amount of blood likely to be lost, I certainly should have hesitated before undertaking the operation. The piles were unusually large and exceedingly vascular, jets of arterial blood projecting from minute orifices in the tumour upon the application of the slightest pressure. The operation was conducted on the same lines as the previous case, and with equally satisfactory results. The loss of blood during the operation was so slight, that only one sponge was used. Immediately after the patient was returned to her bed, a two-grain belladonna suppository was introduced into the rectum, and a quarter of a grain of morphia administered subcutaneously. The patient suffered no pain whatever after the operation, and her convalescence was complete in a couple of weeks, and remains permanent.

Another example affording considerable interest, and associated with features of unusual character, occurred in the case of a married lady on whom I operated in the summer of 1879. The hæmorrhoids would appear to have originated from the pressure exercised by a retroverted uterus. The position of the uterus not only interfered with the circulation in the rectal vessels, but also, by impinging on the sacrum, acted as a kind of valve and intercepted the descent of fæces. The use of aperients only increased her difficulties, by causing increased straining and a firmer impaction of the uterus. She also suffered from excessive and occasionally alarming loss of blood. Ten years of suffering, with intervals of relief during the latter stages of three pregnancies, were endured by this patient before she would submit to any operation. In order to convey an idea of the ignominy to which humanity may be reduced by hæmorrhoids, I may mention that this lady, who possessed feelings of the greatest refinement, admitted that during the last five years she had been forced by experience to adopt the revolting expedient of relieving her bowels by the use of her fingers. The retroversion was corrected by a suitable pessary, and the hæmorrhoids were operated upon in the same manner as the other cases. An attack of cystitis su-

pervened, and complicated what would have otherwise been an excellent recovery. The bladder-symptoms, however, speedily responded to simple remedies, and the patient left town for her home in fourteen days after the operation. Since that time there has been a relapse of the uterine troubles, but, so far as the hæmorrhoids are concerned, the cure has been entirely successful.

These three cases may be taken as representing a large number on which I have operated, in hospital and in private practice, during the last five years, and all have been followed by uninterrupted recoveries and admirable results; no cases have been complicated by secondary hæmorrhage or any constitutional ill effects.

The amount of pain following the operations has not been uniform. In some cases there has been an absolute freedom, whereas in others pain has been complained of during the first few hours after the operation. The number of instances and the amount of pain, has, however, gradually diminished as experience has been gained in the manner of conducting the operation and in the treatment subsequently adopted.

There are points in connection with the operation which will perhaps admit of further explanation.

The operation is based in the first place upon the anatomical foundation, long since demonstrated by Quain, that the arteries in the lower part of the rectum descend from above, running vertically in paralld lines towards the end of the gut in the cellular tissue between the mucous membrane and the muscles. It is from this arrangement of the vessels that the surgeon is enabled to leave the torsion of the arteries to such a late stage of the operation.

The dominant influence of the sphincter, as a factor in the causation of hæmorrhoids, is found equally potent as an agent during the after-treatment; and unless its influence be totally compromised by forcible distension, secondary hæmorrhage may be concealed within the rectum, and much subsequent suffering endured from spasmodic contractions. With the sphincter dilated, however, secondary hæmorrhage ceases to be a consideration of importance; and if during the operation collateral arteries be divided and bleed freely, they are treated on ordinary principles and twisted without difficulty.

In the healthy rectum, the mucous membrane is loosely connected with the adjacent muscle and readily detached, but in this operation it is one of the objects, and a main feature in the cure, to obtain adhesion between the mucous membrane and the muscular coat of the bowel, in order to counteract for the future the tendency to hæmorrhoidal stasis by giving a substantial support to the vessels; and this is gained by uniting the healthy mucous membrane from above to the verge of the anus—an advantage which cannot be overestimated. It closes what would otherwise be an open wound in one of the most undesirable localities of the body, and, by protecting the raw surface from the irritating influences of passing fæces, prevents a considerable amount of after-suffering, and admits the only possible chance of immediate repair.

A contingency that will at once suggest itself to the minds of those who read this description is the risk of stricture likely to follow the cicatrix resulting from this plan of operation. I may mention that, wherever it is feasible, with strict regard to removing every evidence of any hæmorrhoidal growth, I invariably leave longitudinal strips of mucous membrane continuous with the skin; but in severe cases, requiring the removal of the entire circumference, I have no fear of the bowel being inconveniently contracted when mucous membrane alone is sacrificed; and believe that undue contractions only take place when annular cicatrix is formed at the expense of integument. I have taken great pains to ascertain that this fear is groundless, and I have watched most of my cases for a sufficient length of time to relieve my mind from any further anxiety on this point; at the same time, I fully realise that the progress of such contractions is slow.

The preparation of the patient, previously to operation, requires a considerable amount of forethought and personal supervision.

The patient must be induced to remain recumbent for at least three days previously to operation. An immense gain is secured by this—the hæmorrhoids are reduced to their least possible dimensions; whereas, if the patient be allowed to go about as usual, he frequently exerts himself in making unusual arrangements in anticipation of the operation, and by such means increases the vascularity of the hæmorrhoids, and consequently adds unnecessarily to the difficulty and the extent of the operation. It would be obviously unscientific to operate upon piles during an "acute attack"; and it is equally evident that, the more the circulation can be reduced to a quiescent condition, the less will be the bulk of tissue requiring removal.

The diet must also be regulated by strict rules. In ordinary cases fluid farinaceous food should alone be taken, and, unless specially indicated, all stimulants should be interdicted.

Suitable aperients must be prescribed, and the character of the

evacuations should be inspected, in order to ascertain that no solid fæces remain, and to secure an empty rectum on the day of operation. An enema of water containing a little glycerine may with advantage be administered each morning. A digital examination of the rectum the day preceding the operation may prevent the unpleasant discovery at the last moment of an obstinate accumulation in the rectum, notwithstanding these precautions.

The lithotomy position for the patient during the operation, though perhaps the least delicate, is for the same reason the most convenient, as it permits what is most desirable—an unincumbered view of the parts to be dealt with; and further, it secures, when the hips are elevated and the thighs well flexed on the abdomen, a relaxation of the muscles likely to interfere with free manipulation. I have always found an ordinary dressing-table convenient for the patient to lie upon during the operation, and I prefer sitting on a low chair in front of the patient.

When the patient is in position, I generally commence by compressing a soft sponge about the size of an orange, and passing it six inches or more up the rectum; this precaution prevents the escape of liquid fæces during the operation; and it is hardly necessary to state that the sponge must not be forgotten at the completion of the operation. During the operation, sponges wrung out of spirit and water, one in six, will be found superior to water alone for purposes of clearing blood from the surface of the wound.

In operating on men, the hæmorrhoids must be hooked down with a finger, or secured by ring-forceps and withdrawn. Attempts to obtain a prolapse of the hæmorrhoid by the efforts of the patient, or the use of an enema previously to the administration of an anæsthetic, are undesirable and opposed to sound principles.

The advantages of the operation may be briefly summarised, by stating that the immediate and ultimate results are in every respect satisfactory; and my opinion with regard to the operation may be considered of more moment, when I state that I have had perhaps unusual opportunities of forming an unprejudiced opinion as to the comparative merits of the numerous operations that have been advocated for the removal of hæmorrhoids, and I have, I believe, given them each in turn an adequate and impartial trial.

Dupuytren, Sir Astley Cooper, and Sir Benjamin Brodie excised hæmorrhoids at the early part of this century; and, although Cooper and Brodie eventually abandoned excision in favour of the ligature, Dupuytren continued the practice to the end of his career. When we compare the dangers and difficulties attending excision before the advent of chloroform, the practice of dilating the sphincter, and the torsion of arteries, it is not difficult to understand a preference having been given to the more rapid ligature; but with all the modern aids to sound surgical practice at command, and time a secondary consideration, more precision and greater accuracy are demanded, in order to secure all the advantages which surgery is now capable of affording in this burdensome affliction.

ON THE TYPHOID FEVER AT CANNES.

By C. J. B. WILLIAMS, M.D., F.R.S.,
Physician Extraordinary to Her Majesty the Queen.

ARTICLES have appeared in several recent English journals on the subject of the prevalence of typhoid fever at Cannes during the present season; and, as these contain many inaccuracies and much exaggeration, it is right that the truth with regard to this favourite health-resort should be made known.

Although residing in Cannes, I have for some years retired from practice, and, being personally disinterested, I am requested by Dr. Frank, in the name of the English physicians practising in Cannes, to communicate to the BRITISH MEDICAL JOURNAL an exact statement of the principal facts of the case.

It may be well to premise that the present population of Cannes is estimated at 24,000, including 6,500 visitors, and 2,500 Piedmontese workmen.

Among the English visitors of Cannes, during the present season from October 1st to January 25th, there have been thirteen cases of typhoid fever and four deaths. In two of these, the malady had in all probability been contracted before the arrival in Cannes.

Among the French and other visitors or residents in the same time, as far as can be ascertained, there have been thirty-two cases of typhoid, with eight deaths, thus making a total of forty-five cases and twelve deaths, English and French. Of the deaths from typhoid one occurred in October, five in November, five in December, and one in January.

There has been no new case of the disease since January 12th, and of the convalescents, only four remain at present under treatment.

The mortality from other causes amounted to 229 during the same period.

On referring to the last season, we find that in the six months from October 1st, 1880, to March 31st, 1881, there were among the English five cases of typhoid fever, with one death. Among the French and others the exact number of cases has not been ascertained, but there were twelve deaths; and during the summer, from April 1st to September 30th, there were five more deaths, also among the French.

Although, therefore, it appears that there has been an increase in both the number of cases and the number of deaths during the present season, it has not been to such an amount as to justify serious alarm or to warrant the absurd reports which have gone abroad. The disease has now almost disappeared, and it is satisfactory to be able to state, as the unanimous opinion of all the physicians, that its origin has been traced to local causes, which may be, and in all probability will be, corrected and removed.

Dr. Frank informs me that among the English, the fever was distinctly of the typhoid or pythogenic type. In two cases the deaths were from intestinal hæmorrhage, one was from perforation of intestine. In two instances, there were two cases in the same house, and in one instance three; and the two were among those where the sanitary arrangements were most flagrantly in fault. Cesspools imperfectly emptied, and without any, or with faulty ventilation, under, or unduly close to the habitation, (in one case discharging effluvia into the larder) were the common evils discovered. Out of one cesspool, thirteen cart-loads of very offensive ordure were removed. Under such outrageous violation of all health-preserving rules, it is only wonderful that the results were not worse than they have proved; and there is no need to look further for the unhealthiness of Cannes, which is thus traced to evils which, we trust, will be promptly and thoroughly rectified.

The authorities are now fully alive to their responsibilities in this matter. On the representation of the Vice-Consul and some of the English residents, the Mayor immediately convened separate meetings of the English and French medical men, to discuss and give advice on the subject; and he expressed the determination of the council to do all in their power to carry the recommendations into effect. The Mayor, M. Gazagnaire, an enlightened and energetic man, is prepared further to get enacted stringent regulations for the prompt and safe removal of sewage; and to establish at the *Mairie* a permanent sanitary bureau to attend to all matters of public health.

The town of Cannes, like every other in the south of Europe, has no complete system of drainage; and although various plans have been proposed, and are still under consideration, there are great difficulties in the way of carrying them out. In the meantime, the plan of a cess-pool to each habitation at a proper distance and depth, water-tight, yet with a high ventilating tube for the escape of pent-up gases—a punctual and complete emptying at fixed times—seems the plan best suited to the wants and habits of the country; and is far safer and more effectual than any partial system of drainage. The emptying process is safely effected once or twice a year; the sewage being conveyed, in steam vacuum carts, to gardens or other lands, where it should be buried or thoroughly mixed with the dry earth of the country, which completely deodorises it and renders it a fine fertiliser of the soil. Soil-pipes from water-closets to the cesspools must be carefully trapped, and made airtight; and ventilating tubes carried up to the roof of the house to permit the free escape of foul air.

The nuisances of Cannes and of all other towns in the south, and therein the causes of typhoid fever, are the too long retention of sewage, or its leakage under or near human habitation; and one of the most common and most pernicious is, where cesspools are allowed to discharge themselves into the *ruisseaux* or little brooks, one or more of which runs down each of the numerous valleys between the series of rocky hills, on which Cannes stands. These *ruisseaux* carry down the surface-water, and after rain are swollen into little torrents, which are used for washing, etc. The law strictly forbids their contamination by any discharge from cesspools. The present mayor has prevented much evil by strenuously enforcing this law. The leakage of cesspools into wells would be another fertile source of disease, were it not that now Cannes is so abundantly supplied with pure water from the Siagne Canal, that the old wells are little used.

With the exception of the cases of typhoid fever above enumerated, which in point of numbers cannot be considered formidable, taking into account the large increase of the population, the physicians of Cannes unanimously report the season to have been remarkably healthy. Four cases of scarlatina in one hotel, and three in one villa have also been reported; but almost all of the mildest character.