ROTARY LANCET

MAY 23 1983

FROM THE DEPARTMENT OF MEDICAL MICROBIOLOGY

DR. DERRICK BAXBY

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The University of Liverpool

16th May, 1983.

Dr. D.A. Henderson,
Dean, School of Hygiene and Public Health,
Johns Hopkins University,
615 North Wolfe Street,
Baltimore,
Maryland 21205,
U.S.A.

Dear Dr. Henderson,

I'm afraid I've been unable to trace Padbury's rotary lancet as such, either directly or via my contacts. However, I have been able to trace the original rotary lancet. This was described by H. Cooper Rose (1871) Lancet, i, 592-3 "a new instrument for vaccination". Although not illustrated he described the instrument and the rotary technique. Attempts were made to make it more easily cleaned (e.g. M.C.H. Palmer (1902), Lancet, i, 531 "improved form of vaccinator" - which mentions the Cooper Rose instrument as one of the most popular). Cooper Rose (1902), B.M.J. 1, 1343, complained that they weren't much of an improvement and also mentioned the use of his instrument "in India and the Colonies". Comparing Padbury's with Cooper Rose's the former would seem to be the last stage of an easily cleaned (and made) model but I can find no trace of this instrument.

Incidentally J. Wilson (1902) Lancet, i, 1408 recommends that the rotary lancet should not be used as such, but by the technique reoommended by Dr. C. Renner. I've been unable to trace Renner's technique but presumably he used it simply to produce multiple insertions.

I enclose a bit of Moore's book in which he describes an ancestor of the bifurcated needle? For other attempts at the same sort of thing see W.W. Myers (1874) Lancet ii, 177 and Dr. Hilliard (1874) Lancet ii, 751. For a good 'near miss' see Anon (1901) Lancet, ii, 1387 for a pen lancet (like a knib but without the split).

Back to Padbury. Myer & Phelps catalogue of 1931 (which I haven't seen) apparently illustrates Fraser's vaccinator which is identical to Padbury's.

I'm sorry I can't be of more help, but I hope I've given you something to go on. A surgeon friend of mine (John Kirkup from Bath) and I are tentatively planning a joint paper on the development of vaccination instruments and techniques and all the factors bearing on, but it's very early days yet; we're still just collecting data.

Best wishes,

Yours sincerely,

D. Baxby.

Copy to: Frank Fenner.

DB Archive

J. Moore (1817) History & Practice of Vaccination

regular Vaccine may be excited by the secretion of any period, provided the vesicle had neither been opened, nor its actions disturbed: and the same effect may be produced even by a vaccine crust dissolved in water. Therefore, while the vesicle is uninjured and proceeds in its due course, the lymph certainly preserves its specific quality; but should it be irritated, and any undue inflammation excited, rendering the secretion purulent, this is to be considered as vitiated and unfit for use.

If surgeons could find a constant succession of subjects, pure lymph in its early and most active state should always be employed; and Vaccination performed by transferring the transparent liquid directly from arm to arm. To obtain the lymph, the margin of a vesicle is to be very delicately punctured in one or two places; after a few moments, the lymph exudes in pellucid drops, and a little is to be taken up on the point of a lancet, and introduced slantingly into the skin of the arm, under the cuticle, until it touches the cutis. It should be retained there for a few seconds, and gently moved, that the lymph may descend to the bottom of the puncture. If a drop of blood oozes out, lest this should have washed off the lymph, it should be wiped away, and a little more lymph again introduced. This operation is usually performed with a common lancet; but one which

(Callow, London)

is fissured by a longitudinal slit, like a writing pen, succeeds rather better. The fluted needle employed in France, termed l'aiguille canellée, is a worse instrument than a lancet. But, whatever instrument is employed, if the operation is performed adroitly, and the slightest portion of vaccine lymph is left in contact with the living fibres, it rarely fails. Lancets whose points are well coated with dried lymph, succeed nearly equally well, provided they have not been kept more than two days. Beyond that time the lymph is apt to rust the lancet, and the operation to fail. When pointed quills or bits of ivory are well and repeatedly moistened with lymph, they preserve the virtues of the Vaccine for a long time. They are more certain, however, the more recent; but when wrapt in lint, and secured from air, heat, and moisture, they have sometimes continued efficacious for several months. In using these points the operation is more tedious; and if the subject is an irritable child, a good deal of impatience is often expressed. For it is requisite first to introduce the lancet under the cuticle, raising the superficies of the cutis. The blood, if any oozes out, is to be wiped away, and the vaccine point is then to be introduced into the puncture, and held and moved about for above half a minute. In withdrawing it, the flat surface should be

teen minutes. Yet I have never been at all uneasy in any one of these cases, more than 250 in number, either during the administration of the anæsthetic or from any subsequent ill-effects fairly referable to it. Whereas, with chloroform I never felt quite at ease; and, although I never lost a patient during operation, I have three times had to resort to artificial respiration, and I have very often seen patients suffer so much from chloroform-vomiting for many hours after operation, that the result has been imperilled, and in some cases a fatal result has been in a great measure due to the vomiting. It is quite true that chloromethyl has also "the disadvantage of causing nausea and occasional sickness;" but in my experience this is almost the rule with chloroform, whereas with chloromethyl it is certainly exceptional.

When I add that between April, 1870, and March, 1871, I had thirty-two successive cases of ovariotomy in private practice without one death, every patient having recovered, it must be admitted (as anæsthesia was complete in every case, not one patient having been conscious at any stage of the operation) that the anæsthetic employed is a good one. In some cases less than two drachms was used, and very rarely more than six drachms. Dr. Junker's apparatus was generally employed, and Mr. Krohne tells me that many practitioners on the continent, in America, and in different parts of our own country, who have ordered it from him after seeing it in my practice, have used it without difficulty, and have been well pleased with the results.

I am, Sir, yours obediently,

T. SPENCER WELLS.

Upper Grosvenor-street,
April 22nd, 1871.

THE MEDICAL DEGREE OF ST. ANDREWS.

To the Editor of THE LANCET.

SIR,—As a paragraph in the last impression of THE LANCET, entitled "The Medical Degree of St. Andrews University," contains imputations which are at once unfounded and offensive, I must ask you to permit me to make the following statement:—

1. There is no Medical School at this University.
2. The University is in no sense of the term "*needy*."
3. Candidates for medical degrees are only admitted to graduation after satisfying the medical examiners of the sufficiency of their professional knowledge.
4. The Examining Board is composed of seven examiners, four of whom are annually appointed by the highest Court of the University, as men of distinction in the respective departments on which they examine; the remaining three are University Professors.
5. The Medical Examiners have no pecuniary interest whatever in the numbers who graduate.
6. The action which has resulted in a petition by the University Court to Her Majesty in Council to extend the power of the University to grant medical degrees, was taken in the first instance, not by the University authorities, but by an influential association of medical graduates of the University. The senate of the University has purposely refrained from action in this matter, believing it right that the question should be decided on public grounds alone.

Such being a brief statement of facts, I request their insertion in contradiction of the paragraph alluded to, the writer of which should surely, in fair play, if not in common courtesy, have informed himself correctly before he essayed to enlighten—or, as the above statement shows—to misinform your readers.

I remain, yours truly,

OSWALD HOME BELL,
Professor of Medicine, University of St. Andrews.

St. Andrews, April 17th, 1871.

To the Editor of THE LANCET.

SIR,—The annotation in THE LANCET of the 15th inst., under the above heading, will convey to many such an erroneous notion of the facts of the case that I beg of you space for comment.

The amended regulations do *not*, as is suggested by the annotation, "entrust" the University of St. Andrews "with the power of giving the highest medical title to all who have been five years in practice," but only to such as shall be certified by men of distinction to have acquired acknowledged professional position and experience, and who shall pass a strict and searching examination, lasting three days, and conducted by examiners *sans peur et sans reproche*.

The writer of the annotation admits that he is "well aware that many men in practice develop a merit that should be rewarded by a medical degree." True; but if the word "many" be represented by a number greater than ten annually, the eleventh and all the others cannot, under the present regulations, obtain the reward of their merit. THE LANCET has not been wont to defend a monopoly of this sort.

The amended regulations are conceived in no such narrow spirit. The University of St. Andrews lends no countenance to the dictum that out of the whole body of the general practitioners of the United Kingdom only ten are to be found in each year who are fit to receive the honour of a degree. Try them. If they have not kept terms at a university, learning of disease by seeing its shadow in a book, make them show instead that they have been working among the sick, learning of disease by seeing its reality in man. Test their knowledge by a wide and practical examination, and when they have proved that their "merit is real" give them their reward, be they what they may in number.

One correction more. This movement did not arise *within* the University; it came from *without*. It was the response to an appeal to the Assessor of the General Council from numerous men of eminence in their profession all over the country, who are unable to offer themselves for examination for the degree of Doctor of Medicine on account of the present arbitrary restriction to ten annually.

Thus, Sir, two of the requirements of the writer of your annotation are secured: "the merit should be real"—"the conditions clearly defined." But what shall I say for the third?—that "the examining authority should be above all suspicion of pecuniary interest." I say this, that the present examiners *are* above suspicion; that they have had no part in the promotion of the amended regulations; and that even if they were inclined to sacrifice the credit of the University and their own honour to pecuniary interest, there is behind them the Visiting Commission of the General Council of Medical Education to keep them honest; and if that should fail, there is THE LANCET.

I am, Sir, yours obediently,

LEONARD W. SEDGWICK, M.D., St. And.

Gloucester-terrace, Hyde-park, April 18th, 1871.

A NEW INSTRUMENT FOR VACCINATING.

To the Editor of THE LANCET.

SIR,—There are few medical practitioners who have not had their attention more or less directed of late to the subject of vaccination. Several means have been devised for the successful performance of the operation. When the simple puncture is not adopted, with or without a grooved lancet, the chief object in view has been to remove the epidermis so as to expose the absorbing surface of the cutis vera. This latter mode has unquestionably proved the most successful, but the difficulty has always been to accomplish it, first, *quickly* without producing unnecessary pain or bleeding (a very essential point with nervous children); and, secondly, *to limit the extent of the exposed absorbing surface*. Scratching in various ways has been generally employed, and lately blistering has been occasionally adopted.

Although for many years accustomed to vaccinate by puncture with a lancet either simple or grooved (Spratley's), I must confess to many failures. I have also seen and heard of many cases during the late panic in which arms have been inflamed to a degree that is not only unnecessary but would give a barbarous idea of an operation that need not give rise to any such distress or inconvenience. These cases have arisen in consequence of want of care in *limiting* the surface exposed to the influence of the vaccine lymph. I have, therefore, thought that if an instrument could be designed that would effect the objects in view—namely, producing an absorbing surface *quickly and painlessly*, and the *limits of which could be exactly determined*,—it would prove a desideratum. Such an instrument, which I will

endeavour to describe, has been made under my direction by Mr. Coxeter, of Grafton-street East, and from the experience I have had of it I believe it to be eminently successful.

The length and size of the instrument is about that of an ordinary pencil-case, four-fifths of which consists of a hollow ivory handle to hold capillary tubes, with the end made to screw on and off. The other end is constructed of metal, with a cap to fit over it, having a "bayonet" fastening. By twisting the cap and retracting it, a set of five needle-points eccentrically arranged, about the thirty-second of an inch in length, protrude, the centre needle being slightly the longest.

The mode of using it is as follows. Having pushed the needle-points forward as far as they will go, the thus armed end of the instrument is firmly pressed upon the skin, and at the same time a slightly rotatory motion is given to it. The result is that the epidermis is removed in rings to the extent of the superficies of the end of the instrument. Upon this absorbing surface the liquid lymph or moistened points should be gently rubbed. The size of the vesicle corresponds with the extent of the abrasion.

The instrument of course can be constructed with or without the hollow handle, and of any length desired.

I have used it in a number of cases with uniform success in my own practice. I have also tested it at a vaccine establishment, in the presence of a public vaccinator, and in no single point in the limited number at my disposal did it fail to produce a *very fine vesicle*. Notably in one of these cases, of an infant only a fortnight old, the public vaccinator took one arm, and I the other. He used a "Spratley"; I my own instrument. The result was that every point in my case presented a fine vesicle. On his side only one small vesicle resulted out of three punctures most carefully made.

I am, Sir, your obedient servant,

Hampstead, April, 1871. H. COOPER ROSE, M.D.

SUPPLEMENTARY BLADDER CONSEQUENT UPON STRICTURE.

To the Editor of THE LANCET.

SIR,—On reading the notes of the Clinical Society of London for March 24th, and your leader of April 8th, the following case comes to my recollection, and contains a peculiarity I have never seen recorded.

The case was one of all but total occlusion of the urethra from the point to its junction with the scrotum, so complete as to prevent even the passage of the smallest stilette. All the water passed by six or seven openings in the scrotum and perineum, and this state had existed for ten months, not one drop having passed through the first four inches of the urethra, and the urethra felt under the finger like a solid cord.

The patient was a fat Eurasian, about forty-six years of age, of leuco-phlegmatic temperament; had been all his life in India; married. He had had gonorrhœa in early life, but a fall stride-legs of the bar of a ladder from a height was the cause of the inflammation that led to the present condition of his perineum.

On examination the scrotum was found excessively puckered, the fistulæ lined with a natural-looking mucous membrane, and the course of the urethra behind the anterior abnormal opening excessively hard, almost cartilaginous, the tissues being matted, as is usual in that part, from repeated inflammation. The irritation from the condition of the parts was necessarily very great, the urine dribbling from all the openings, and the patient suffering from intermittent fever on any access of irritation.

After persevering twice a week for more than three months with the greatest care, really *making* my way down the penis, I succeeded in dilating the anterior part of the canal, down to the first fistula, to the size of a No. 10 silver catheter, constantly interrupted by attacks of intermittent fever, which towards the end of the time I completely prevented by a full dose of quinine and opium given twenty minutes before the operation.

Having succeeded so far, I found that several other strictures existed both before and behind the bulb, and that the urethra was tortuous and in *ridges*; and although water could pass, I could not succeed in getting either a sound, director, or elastic bougie into the bladder. And here, I believe, is a case which proves that external urethrotomy is sometimes *absolutely necessary*.

With the assistance of Dr. Maunsell I gave chloroform, and placed the patient in the position for lithotomy. With the scrotum well held forwards, and my finger in the rectum, I cut in the mesial line, a little ahead of where the catheter was. It was exceedingly difficult to feel the point of the instrument among the hardened tissues, but after a few touches of the knife and finger I opened a large cyst containing urine, which gave me a free opening into the anterior part of the prostate, and I could pass a director along my finger into the bladder. With a little force and some dissection backwards towards the point of the catheter, I found it, passed it on, and tied it in. All did well under full doses of quinine, opium, and diluents, and the fistulæ ultimately, with much trouble, all healed.

The singularity of the case, however, consists in the fact that, after the patient has emptied the bladder he does not feel comfortable till, by pressing on the inner side of the left tuberosity of the ischium, he gets rid of two or three ounces more urine. A sac must have formed anterior to the prostate from the dilated urethra, which had not contracted eighteen months after the operation, although the whole canal was patent. The patient still weekly uses a No. 10 bougie.

I am, Sir, your obedient servant,

Aberdeen, April 11th, 1871. A. VANS BEST.

BONE-SETTING.

To the Editor of THE LANCET.

SIR,—I beg to forward the following cases as results of the late Mr. Hutton's treatment, and would suggest that we should at least take great care to discriminate before endeavouring to put in force the manipulations Dr. Hood has evidently been at considerable trouble to acquire for the "benefit" of the profession:—

Case 1 was that of a farmer's wife, who, having been under the care of a neighbouring surgeon for inflammation at the ankle-joint at the climacteric period of life, and not progressing towards recovery as rapidly as she and her friends wished, consulted the late Mr. Hutton, who, as usual, diagnosed dislocation, and put her through the manipulative processes. I saw her one week afterwards with evident suppuration in the joint, which I opened, and gave exit to a teacupful of pus, and having placed the limb carefully up in splints, hoped for a recovery; but as the patient's constitutional powers were failing, a consultation was held with Mr. Birkett, of Guy's, who decided to amputate, and although the patient survived sufficiently long (six weeks) to allow the healing of the stump, the powers of life under the strain they had undergone failed, and an attack of general purpura carried the patient off.

Case 2 was that of a youth suffering from hip-joint disease, who had also been under the care of a neighbouring surgeon, and had been treated by rest with the long splint, and no doubt was progressing towards recovery; but the friends became impatient, and consulted Dr. Hutton, who diagnosed dislocation, put the hip in, and I saw the case some little time afterwards with profuse suppuration in the joint, the pus effecting its exit by numerous sinuses. This boy died exhausted.

If such are some of the results *in rure*, what must they be *in urbe?*

I am, Sir, your obedient servant,

West Malling, April 8th, 1871. SAMUEL PRALL, F.R.C.S.

OUT-PATIENT HOSPITAL REFORM.

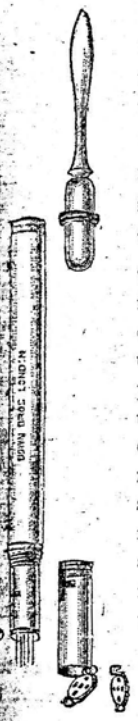
To the Editor of THE LANCET.

SIR,—You have kindly allowed me on several occasions to appeal to the profession for funds to carry out the work of the committee appointed to inquire into the subject of out-patient hospital administration. The response I have met with has hitherto been very unsatisfactory. Yet most persons see that no question can possibly affect the interests of the medical profession more directly than this, and espe-

districts. Dr. Arthur Stanley, medical officer of health of Shanghai, furnishes some interesting notes on an Outbreak of Cattle-plague and of its control by the method devised by Professor Koch of injecting small quantities of the gall from an animal already dead from the disease into the cattle of an invaded herd. The results in the outbreak in question were eminently satisfactory, and the method possesses the advantage that the reaction produced by the injection of the gall has no disturbing influence upon the secretion of milk, a fact which will commend the practice to dairy-farmers and others. The Geographical Distribution of Anopheles and of Malarial Fevers in Upper Palestine is the subject of a communication by Dr. John Cropper. He found that malaria prevailed wherever anopheles represented the majority of the mosquitoes present in native dwellings, that the disease occurred mainly among children, and that it was absent or occurred in a sporadic form only in places where anopheles was not found. The study of the Structures and Biology of Anopheles is carried on in the current number of the journal by Dr. George Nuttall and Mr. Arthur Shipley, and many very interesting and instructive facts are brought forward. This is especially the case with regard to the musical appreciation of anopheles. Not only is it attracted by certain musical sounds, but the note produced by certain electrical vibrations has apparently a peculiar fascination for the males who seem to recognise therein the female insects. The volume under notice concludes with a paper by Dr. E. W. Ainley Walker on the Protective Substances of Immune Sera in which he discusses in the light of his own experimental work some of the recent developments of Ehrlich's theories.

New Inventions.

AN IMPROVED FORM OF VACCINATOR.

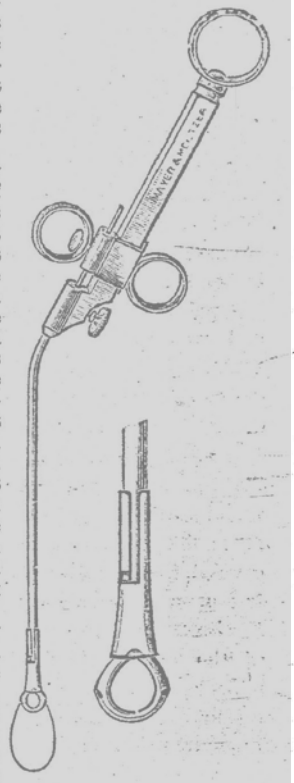


MESSRS. DOWN BROTHERS have at my suggestion made an improved form of vaccinator. Hitherto the Cooper-Rose has been one of the most popular in use, but the chief objection to it—the point, i.e., which the Local Government Board inspectors invariably find fault with—is the inablity thoroughly to asepticise the cap, where some material for microbic infection is bound to remain. Moreover, not being able thoroughly to cleanse the cap rust is apt to form, thereby preventing the needles from protruding through properly. To obviate these difficulties Messrs. Down Brothers have manufactured a cap which can be opened at once and the interior made thoroughly aseptic and dried, closing up again tightly, and thus fulfilling the requirements of a thoroughly aseptic vaccinator.

MONTAGU H. C. PALMER,
M.R.C.S. Eng., L.R.C.P. Lond.
Newbury.

A SELF-LOOPING NASAL POLYPUS SNARE.

MESSRS. MAYER and MELTZER have recently made for me a snare that I have found very useful. It consists of a Krause's snare with a Y-shaped end-piece fitted; the two upper ends of the Y are joined by a curved surface and the polypus is caught between the wire and this surface. The loop is tightened in the usual way by approximating the finger-plates. By simply separating the finger-plates not only does the polypus drop off but the loop is re-made without any of the usual fingering. With this instrument polypus after polypus can be snared without once taking one's fingers from the finger-plates, without any assistant preparing loops, and with a great saving of time, which, from the patient's point of view especially, is a great gain. As there is no twist or knot in the wire it has not the usual tendency to break. In addition to its use for simple polypus it is particularly adapted for the removal of moriforms from the posterior end of the inferior turbinal, as the instrument can be passed without difficulty with the loop retracted and when in its right position the loop can be ejected, when it will take on any curve to which it has been previously bent. The instrument can be had with end-pieces of varying size and could be used for the larynx as well as for the nose. Messrs. Mayer and Meltzer can supply the instrument complete or will make the addition to a Krause snare for a small sum. Mr. Hunter F. Tod told me when I showed the instrument at the Laryngological Society of London that he had seen a somewhat similar instrument in Vienna, but judging from an illustration there are many differences.



Nottingham-place, W. ATWOOD THORNE.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary meeting of the Council was held on Feb. 13th, Mr. H. G. HOWSE, the President, being in the chair.

It was agreed, as recommended by the Court of Examiners, that one set of surgical instruments should be lent to the University of London for the purposes of the M.B. and B.S. examinations.

The PRESIDENT reported that he had chosen Mr. Howard Marsh as Bradshaw Lecturer for the ensuing collegiate year.

A letter was read from the Clerk of the Privy Council stating that it had been determined to hold the Medical Congress at Cairo from Dec. 19th to 23rd next, instead of from the 10th to the 14th. Mr. Reginald Harrison was appointed as the delegate from the College to this Congress.

THE COTTON DISTRICTS CONVALESCENT FUND.—The above title seems to suggest an echo of the distant past, for those who remember the cotton-famine resulting from the American war of North and South belong to a former generation. A meeting of the governors of the Fund was held in Manchester on Jan. 30th, when the Hospitals and General Purposes Committee was appointed as were committees to represent the governors on the boards of management of the convalescent hospitals at Southport and Buxton. During the past year 2815 patients were sent to the convalescent hospitals at a cost of £4797.

insuring this, owing to the presence of leather or rubber in the syringes preventing them being boiled. Messrs. Burroughs and Wellcome and Co., of London, have now at my suggestion made a syringe which has the advantage that it is made throughout of glass, and that there is a total absence of leather or rubber which are liable to be affected by boiling.

Abdominal Belts.—We have have received an assortment of surgical appliances made by Mr. Vincent Wood, including several types of abdominal or supporting belts, all of which are evidently well and strongly made, and apply pressure in the proper axis. The same maker also sends examples of the cuirass and electric brace, intended to prevent ill habits of stooping; they are capable of being made as comfortable to wear as any such appliances can be, and of exerting a proper corrective force. The materials used in the manufacture of these articles is of high quality, the style and finish is all that could be desired, and the price is moderate.

VACCINATING INSTRUMENTS.

DR. H. COOPER ROSE (Maida Hill, W.) writes: I have read with some interest the description given by Dr. J. Wilson in the BRITISH MEDICAL JOURNAL of May 24th of his new aseptic vaccinator, but I cannot for the life of me discover where the "improvement" comes in over the instrument I introduced in 1871, and which has been so extensively used not only in this country, but also in India and the Colonies ever since that period. Dr. Wilson "finds fault with the point of the popular Cooper Rose instrument on account of its not being readily cleansed." In the first place, if the instrument is properly used it is impossible for it to become foul. The skin of the arm being properly prepared and slightly tensed by the thumb and finger placed under the arm, the rapidity with which the half-circle rotary movement is made precludes the possibility of either needles or the cap being infected.

The object being simply to remove the epidermis and expose the cutis vera to the influence of the virus, the needles should be short, projecting only the one-thirty-second of an inch, and it is found in practice that if bleeding takes place at all it is not until a few seconds after the instrument is removed, and such bleeding should be stopped before the virus is applied, and which should be gently rubbed in. From time to time the needles may be passed through a clean handkerchief or other soft material stretched between the fingers, and any particles of epidermis be wiped from the end of the cap. If further "cleansing" should be deemed desirable, what can be easier than holding the needles for a moment in a flame, or placing the needles and cap in a disinfecting solution?

The instrument I have has been in constant use for over 31 years, and is as good now as when I first received it, and has never had need of the slightest alteration or addition. In my own extensive practice, and in that of scores of friends, I have never found or heard of a septic case arising from its use.

MEDICINAL AND DIETETIC PREPARATIONS.

Levurine.—This product, which is derived from the yeast of beer by a secret process, has of late been employed to some extent in cases of infection by the staphylococcus pyogenes. Thus it is said to have given satisfactory results in treating acute abscesses, boils, carbuncles, osteo-myelitis, etc. Levurine is a coarse brown powder with a characteristic yeasty odour; on treatment with water, part seems to dissolve, and the rest remains as a pale, easily-diffusible precipitate. The ordinary dose is from one to three teaspoonfuls, though much larger doses may be given. It may be administered mixed with water or beer, or in cachets; we should recommend the last method. M. Couturieux (Paris) is the maker of Levurine, and Messrs. Roberts and Co. (76, New Bond Street, W.) are the agents for this country.

Elixir of the Glycerophosphates of Calcium and Sodium.—This is an elegant and agreeably-flavoured elixir prepared by the same firm. Each fluid ounce contains 8 gr. of sodium glycerophosphate and 4 gr. of the corresponding calcium salt. The dose is from 1 to 4 fluid drachms.

Arrhenal (Disodium-methyl Arseniate).—This is a new arsenic compound which M. Gautier has lately introduced into medicine. It is a colourless crystalline substance, soluble in water, and chemically allied to sodium cacodylate, which is sodium-dimethyl arseniate. It is said to be a valuable remedy in the treatment of pernicious anaemia and pulmonary tuberculosis, and to be capable of being administered by the mouth without giving rise to any unpleasant consequences such as follow the use of sodium cacodylate; in this respect it possesses advantages over the latter, which can only be administered hypodermically. The hypodermic dose of arrhenal is 5 to 10 centigrams ($\frac{1}{12}$ to $1\frac{1}{2}$ gr.). Messrs. Squire and Sons (413, Oxford Street, W.), to whom we are indebted for our sample, dispense the drug in the following forms: Globules ($\frac{1}{12}$ gr. in each), elixir ($\frac{1}{2}$ gr. in 1 fluid drachm), and injection ($\frac{1}{2}$ gr. in 10 minims).

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

SUMMER SESSION, 1902.

NOTES.

THE seventy-fourth session of the General Medical Council was opened on Tuesday, May 26th, by the customary address from the President, Sir William Turner. Judging from this address, the most important subjects to come before the Council will be the report of the Financial Relations Committee, which is to contain proposals for providing an increase in the income of the Council, the report of the Public Health Committee on the practical work to be required for the D.P.H., the reports of the Inspector and Visitors of Examinations, and certain disciplinary cases. Judging by the amount of business got through by the Council at the time we go to press, it seems somewhat sanguine to expect that the work of the session can be satisfactorily concluded by the end of the week, as the President hoped.

Preliminary Examinations.—The request of the Council of the British Medical Association that the General Medical Council should receive a deputation to lay before it certain opinions and suggestions with regard to preliminary education led to a curious explosion of feeling from certain members of the Education Committee, who appeared to think that there was a desire to slight the work done by that committee. The request for an interview was accompanied by the report published at page 1351, and the Executive Committee, which had had the application before it, recommended that the deputation should not be received, and appended a comment which was certainly not conciliatory. In the end a resolution instructing the Education Committee to receive the deputation on behalf of the Council was passed without a division, and it was even said that the report of the Executive Committee contained nothing opposed to the adoption of this course. This being so it seems a pity that the Executive Committee did not make it clear in the first instance; it would have been at least a more gracious method of procedure than that adopted. From some remarks made by Dr. MacAlister it would appear that the Education Committee of the General Medical Council has some information as to the effect of the present standard of preliminary examination not hitherto made public, and we may therefore hope that the interview which is to take place on Saturday may lead not only to some profitable discussion, but also to the publication of some information of general interest.

Penal and Disciplinary Bill.—The President stated that no progress had been made in Parliament with this Bill, and expressed the opinion that it had no chance of getting a hearing unless the Government would take more interest in it. He did not, however, state what steps he was taking with the object of arousing the interest of the Government, by which we presume is to be understood the Duke of Devonshire (President of the Privy Council) and Sir John Gorst (Vice-President). It seems somewhat strange that a body like the General Medical Council, created by statute, and required by statute to exercise certain duties, should have so much difficulty in securing the support of the Parliamentary spokesmen of the Privy Council for a non-contentious Bill, the object of which is to correct anomalies which hamper it in the exercise of those duties, and should even fail to obtain, as appears to have been the case this year, the introduction of the Bill into Parliament.

"Chronic" Students.—Mr. Ball explained to the Council a scheme designed to stop those students who are well known under the name of "chronics" from coming up again and again for examination. Mr. Ball cherishes the hope that if all the licensing bodies would agree to adopt cumulative periods of reference, that is to say, if on the first occasion a man was rejected at an examination he were referred

Advertiser's A B C (T. B. Browne, 163, Queen Victoria-street, E.C., pp. 1090, price 10*s.* 6*d.*) run on very similar lines and contain much useful information concerning the ever-increasing number of publications issuing from the press in this and other countries.

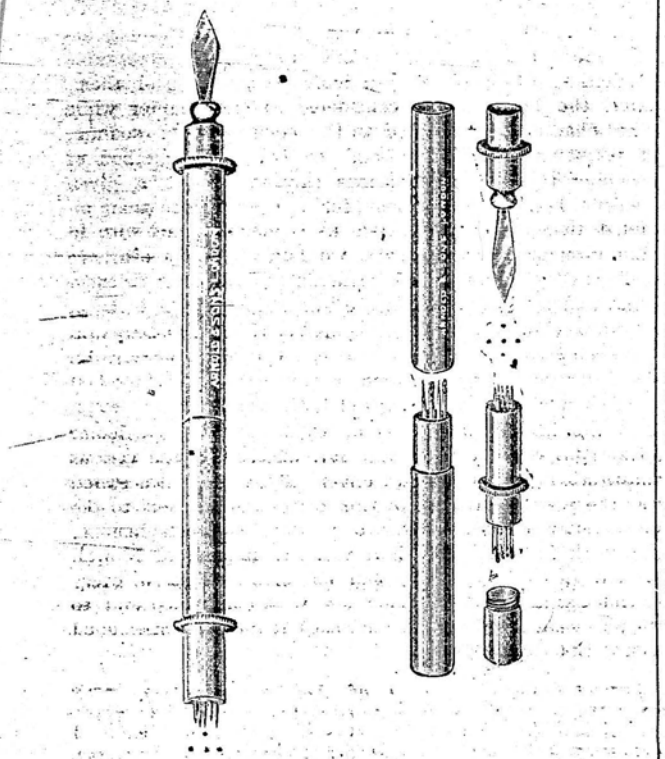
JOURNALS AND MAGAZINES.

The *Practitioner* for May contains two long and carefully compiled original articles. The first, by Dr. R. W. Philip, deals chiefly with a detailed investigation of the temperature in pulmonary tuberculosis and serves well to show how important in some cases a frequent use of the thermometer may be. Dr. Philip also gives cases showing how the temperature may remain normal in the presence of other signs suggestive of disease in an active state. The second article is by Dr. R. T. Williamson on Acute Anterior Poliomyelitis and teems with references to an almost bewildering extent. Dr. Williamson favours a toxin theory of etiology for the disease. Mr. William Rose describes a successful case of Removal of the Gasserian Ganglion by Doyen's Method. The editorial remarks evince chiefly annoyance at Mr. Rhodes's will.

New Inventions.

A NEW ASEPTIC VACCINATOR.

As the Local Government Board inspectors invariably find fault with the point of the popular Cooper-Rose vaccinating instrument, on account of it not being readily cleansed, and as there is nothing better on the market, I have asked Messrs. Arnold and Sons of West Smithfield, London, E.C., to carry out my idea of one that would remedy that defect, and this they have done most satisfactorily. My vaccinating instrument shown in the illustrations is of the usual pencil

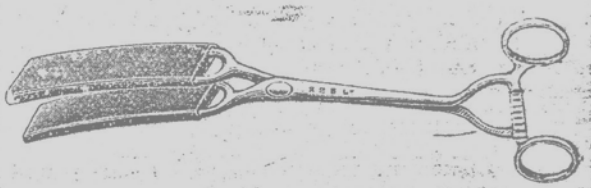


shape. One end contains the spatula and the other on being pulled out and reversed reveals a small case perforated with five small holes at the end, through which five ordinary tailors needles can be inserted from the inside of the case, projecting externally two-sixteenths of an inch and kept in their position by a cap which screws on and off, thus allowing the needles to be renewed at any time, while also exposing sufficient of the points to allow effectual sterilising by the flame of a spirit lamp. The needles being renewed from time to time do their work most effectually and so gently that children hardly feel the operation, thus avoiding the heavier and painful pressure that is required when immoveable needles become blunted. It is a great advantage to have the needles so easily removeable, for the size of the scarifications can be accurately regulated by using only two or three needles and they should be made as recommended by Dr. C. Renner and not by twirling as when using the Cooper-Rose instrument. Being made wholly of metal all or any part of it can be perfectly sterilised by boiling in an ordinary test-tube. Refill needles are contained inside the instrument which pulls apart in the centre. To arrange new needles in their place the small case is held up to the light and with a pair of forceps they are easily put into the holes; when they are properly placed screw on the cap and fix it on the end of the instrument. This vaccinator has received the approval of the Local Government Board and I invariably find that the use of it removes one of the great objections that mothers have to vaccination, the ordinary lancet usually being a perfect terror to them.

JOHN WILSON, M.D. Edin.,
Public Vaccinator, No. 4 District, Cheltenham.

A NEW CLAMP FOR ABDOMINAL OPERATIONS.

THIS clamp has for its primary object the controlling of hæmorrhage while a wedge-shaped piece of liver is being excised. The idea and the instrument are both novel—the outcome of practical experience—for hitherto the liver has been compressed by the assistant's fingers. Since both hands are necessarily occupied, an instrument which will free the assistant so as to be of use otherwise, and which is so made as to fulfil its purpose without damage to the liver, should be of advantage. The clamp is 11 inches long with a strong rachet catch and a locked joint; it is made of nickel-plated steel. Each blade consists of two slender prongs over which a wide piece of thin rubber tubing is stretched in the manner shown in the illustration; this makes each blade



three-quarters of an inch wide and so a broad smooth surface is applied to the liver which will not slip. Bearing in mind the thinner anterior border of the liver the blades have been so adjusted as to compress equally the area of liver which is to be removed. The clamp can also be used in gastrectomy, pylorectomy, or enterectomy, when it might be advantageous to have the blades a little narrower. In any case it is argued that hæmorrhage will be efficiently controlled and that no injury to the compressed tissue will ensue. The clamp may be obtained from Messrs. Reynolds and Branson, Limited, 13, Briggate, Leeds.

BERTRAM C. STEVENS, M.D., M.S. Durh.,
Swinton, Rotherham. F.R.C.S. Edin.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—The next general meeting of this association will be held at 11, Chandos-street, Cavendish-square, London, W., on ...y 21st, at 4 P.M., under the presidency of Dr. Oscar T... Woods. Dr. Henry Rayner will open a discussion on Slee... in Relation to Narcotics in the Treatment of Mental Dise...es. Dr. T. Claye Shaw will read a paper on the Surgical ...reatment of Delusional Insanity Based upon its Physiolo... Study, and Dr. Robert Jones will read Notes on the ...eatment of Morphinomania. It is expected that the fo... wing gentlemen will take part in the discussion: Dr. Fletcher Beach, Dr. G. F. Blandford, Dr. Harry Campbell, Dr. T. B. Hyslop, Dr. C. A. Mercier, Dr. G. H. Savage, Dr. T. Claye Shaw, Dr. R. Percy Smith, and Dr. T. Outterson Wood. Members will dine together after the meeting at the Café Royal, Regent-street, W., at 7 P.M.