

Examination. It is curious to note the enormous difference which exists in some instances between the results obtained by the same schools at the two examinations. St. George's, which stands eighteenth out of twenty-two schools at the Primary Examination, is first at the Pass; and Liverpool, which is third in order of merit out of eighteen schools at the First, is sixteenth at the Second Examination; University College, fifteenth out of twenty-two at the Primary, is fifth out of eighteen at the Pass. The lowest percentage of rejections at the Primary is 12·5 (Guy's), the highest 65·17 (Bristol); the lowest at the Pass is 9·25 (St. George's), the highest 63·49 (Newcastle).

	PRIMARY.		PASS.	
	Total.	Per cent. reject.	Total.	Per cent. reject.
Guy's... ..	80	12·5	83	18
Middlesex... ..	24	16·66	15·16	25·46
Liverpool... ..	30·5	18·03	10·16	52·46
Bombay... ..	5·5	18·18		
Dublin... ..	20·5	20·5	9·5	42·105
Cambridge... ..	9·5	21·05		
Leeds... ..	20	25·0	20·3	28·57
Charing-cross... ..	20·6	25·72		
Edinburgh... ..	25	26	23·16	42·57
King's College... ..	33·5	26·86	45·5	28·57
Westminster... ..	11	27·27		
Birmingham... ..	21	28·57	24	20·82
St. Barthol... ..	119	30·67	72	12·5
Newcastle... ..	13	30·76	6·3	63·49
Univ. College... ..	100·5	31·34	64·3	20·21
St. Mary's... ..	27·5	32·72	19·3	24·87
Manchester... ..	35·5	33·8	25	28
St. George's... ..	40·6	35·22	27	9·25
St. Thomas's... ..	60	35·83	42·6	23·47
London... ..	42·16	42·36	26	26·92
Sheffield... ..	7·5	53·3		
Bristol... ..	23	65·17	9·5	57·89
Aberdeen... ..			5·3	18·86

The following further analysis may interest the provincial as well as the metropolitan teachers:—For the Primary Fellowship 87 candidates were examined, of whom 44 passed and nearly as many (43, or 49·42 per cent.) were rejected. For the Pass there were 37 candidates, 27 of whom passed, 10, or 27 per cent., being rejected.

As no appointments have been made in the Board of Examiners in Midwifery during the last two years, the examinations for the Licence in Midwifery are suspended until further notice.

In Dental Surgery 27 candidates were examined during the year, 20 of whom passed. At the preliminary examinations for the Fellowship and Membership just brought to a close, 77 candidates passed for the former distinction, and 109 for the latter, including 20 who, failing to reach the standard required for the Fellowship, obtained sufficient marks for the Membership, and will be required at a future examination to take up only the additional subjects for the Fellowship. These gentlemen can at once enter on their professional studies.

Correspondence.

“Audi alteram partem.”

CASE OF ANTE-PARTUM AND POST-PARTUM HÆMORRHAGE WITH EXTREME DELIQUIMUM.

To the Editor of THE LANCET.

SIR,—The following case, I think, has its value in the present controversy respecting the use and safety of perchloride of iron in cases of extreme hæmorrhage after delivery, and, indeed, may be regarded as a crucial example.

In March last, I was suddenly called to see Mrs. V—, aged thirty-six, mother of four living children, her last confinement but one having been of a premature child, still-

born, and followed by excessive hæmorrhage, which, however, was arrested by insertion of the hand into the uterus, removal of clots and iced-water injections.

On this last occasion, being eight months pregnant, and previously in good health, she was suddenly seized with vomiting of blood and mucus, and the most alarming flooding. It proved to be the commencement of labour, and, having overreached herself the previous day in hanging up some curtains, it is very probable that the cause of the hæmorrhage was partial separation of the placenta, but she herself was of opinion that the child was alive at the commencement of the labour. The cervix uteri on my arrival would scarcely admit the forefinger, but by inserting it I was able effectually to control the hæmorrhage, and I continued this method of manual interference, inserting one finger after another, until the bulk of the hand could be inserted, and the cervix was fully dilated. Labour being now in full progress, and the head within the bag of membranes descending into the pelvic cavity, I felt, for the first time, secure against a recurrence of the hæmorrhage. The child was born within three or four hours of my arrival, but the fontanelles had shrunk, the skin of the scalp was loose, and the bones freely movable upon each other, and the pulse had long ceased in the cord. The after-birth came easily away, and was followed by a rush of discoloured fluid and blood, but contraction of the uterus went forward and all seemed favourable, except a continuous oozing of blood, which never ceased, notwithstanding large doses of ergot, with acid, cold-water injections, &c. I then ransacked the cavity of the uterus for clots, but the bleeding still persisted, and the patient, who now vomited everything, seemed ready to swoon away.

With the kind assistance of Dr. Kellet I now determined to inject the perchloride of iron in the proportion of an ounce to a pint of iced water by means of a long tube carried up and retained *within the cavity of the uterus*, the fluid being injected by means of a Higgenson's syringe. It is remarkable that the venous oozing did not cease even when the uterus was in its most contracted state—a circumstance paralleled in Mr. Adams's case. The effect of this single full injection, followed by the application of ice-bags to the perineum and hypogastrium, was all that could be desired, and required no repetition. Within an hour the discharge became quite watery and pale. She was able to retain some strong beef essence iced, and the pulse, which had been all but imperceptible, was found to number 130.

A very moderate degree of reaction set in the following day, the pulse becoming full and strong, 120, and the temperature only 99°. An offensive discharge continued for the next few days, which was kept in check by the injection of Condy's fluid; and within about ten days the patient was as well as ever.

The following inferences seem warranted from a consideration of the above case:—

1st. The immense advantage, in point of facility and reliability, in cases of accidental hæmorrhage with undilated cervix, of the digital plug over every other form of tampon.

2nd. The necessity, as Mr. Adams insists, of removing clots and syringing the uterine cavity with cold or iced water previously to using the iron, so that the latter agent may act directly upon the uterine walls, its nerves and vessels.

3rd. The instantaneous arrestment of the hæmorrhage by the perchloride shows the nature of the action to be essentially reflex, through the uterine system of nerves upon the vessels. This theory will equally explain the action of ergotine hypodermically or per rectum, the curative action of cold externally applied *per se*, and Dr. Rickett's plan of injecting brandy instead of iron. The principle is the same, but there can be no doubt that the perchloride of iron possesses, when applied as above, the very highest degree of styptic power, and is, therefore, the most reliable agent in these terribly critical and too often fatal cases. As for the antiseptic property of the iron on the one hand, and its caustic tissue-destroying property on the other, both are simply out of the question in following, as I have done, Barnes's method of injection.

4th. It is in such cases, as the foregoing, where a low, morbid action, from partial displacement of the placenta, has been going on for some time, that the worst form of hæmorrhage—the *passive* or *venous*—occurs, and where only the

most powerful hæmostatics, such as the perchloride of iron, are of any avail. It is in the nature of such cases to proceed to septicæmia—a circumstance entirely overlooked when the iron is blamed with this unfortunate result, with which it appears to me to have nothing to do.

As far as I can judge, from intercourse with my professional brethren, confidence in the use of perchloride of iron, as a hæmostatic, is steadily on the increase, and the dread of ill consequences fast disappearing; and I shall be very glad if the case now related will in any way help to settle an important point in obstetric practice.

I am, Sir, your obedient servant,
Liverpool, Sept. 4th, 1877. G. O. SHEARER, M.D.

DR. BURDON-SANDERSON'S CHANGED VIEW REGARDING THE ULTIMATE NATURE OF CONTAGION.

To the Editor of THE LANCET.

SIR,—We have this week received a copy of the last Report of the Medical Officer of the Privy Council (1876), and observe that Dr. Burdon-Sanderson has now come to the conclusion, regarding the active principle in virulent septic liquids, that “it can scarcely be supposed that the agent is a living organism” (page 14). Will you permit us to give in your columns the last paragraph of our summary of a series of experiments of an allied character, published in the Tenth Annual Report of the Sanitary Commissioner with the Government of India (1874)?—“Therefore, until it be proved that living substances can withstand immersion in a fluid at a temperature of 212° F. of some minutes' duration, we have no hesitation in stating that the morbid phenomena which we have observed to follow the introduction into the animal economy of strained solutions of choleraic and normal alvine discharges, and of other decomposing animal substances, are not the result of infection with a material the poisonous properties of which are dependent on its possessing vitality.”

This conclusion was based on observations made on 170 dogs. Dr. Sanderson's is based on observations on 25. We understand that the Reports detailing these experiments were forwarded as issued to Dr. Burdon-Sanderson, but they appear to have escaped his notice. It is, however, satisfactory to find that so eminent an exponent of doctrines regarding the causation of disease has now arrived at similar conclusions, and that he has, on the present occasion, submitted views for the guidance of the public health officers at home so much in accordance with those previously arrived at by the sister department in India.

We quite agree “that it would have been better for pathological science if such conclusions had not been so much overlooked, for the facts on which they are based are quite irreconcilable with the often too carelessly received assumption that the process of septic infection is dependent on the development of a living contagium” (page 13); though, in common with all who have studied Dr. Burdon-Sanderson's writings during the last ten years, we are astonished to find him the preacher of such doctrine.

We are, Sir, yours obediently,

D. D. CUNNINGHAM,
T. R. LEWIS.

Calcutta, July 25th, 1877.

THE UNIVERSITY OF LONDON AND MEDICAL WOMEN.

To the Editor of THE LANCET.

SIR,—I observe in your leading article in THE LANCET of July 14th, that you comment upon the positions which Sir William Gull and Sir James Paget have assumed in the discussion which has lately taken place in regard to the admission of women to degrees in medicine in the University of London. I may be pardoned, I hope, in stating my opinion of Sir James Paget's policy. If he has yielded to the despotism of a majority, why does he not lodge a protest and insist upon its being recorded? I do not agree with you in your condemnation of Sir William Gull's suggestion, that women should be examined on all subjects. As they should be taught in all subjects so should they be

examined in the same. Why not? It is as monstrous as it is foolish to suppose that these women in their future routine practice will not have to treat diseases begotten of immorality in their own sex. If women choose, of their own and their responsible advisers' deliberate action, to practise our profession, why should they not be equally prepared to grapple with the “arcana” as with the other ailments to which our flesh is heir? Sir Jas. Paget and those who agree with him will inaugurate a vicious policy, if they launch into the professional world those who have not by the test of public examination been declared and guaranteed to possess a sufficient knowledge in all branches of medical and surgical practice. May not women assist as much hereafter in stamping out a disease, which, as Providence has so dispensated, may descend to the third and fourth generation? May they not have greater influence for good among their own sex than we have? It is to be hoped that the Senate will not listen to any mischievous half-measure policy, and it will be a source of sincere gratification to many practitioners in this country to learn that the innovation of women doctors will convey the full impression that, in scattered populations, they may be qualified to practise their profession as becomes every general practitioner. I had hoped to see the crusade against specialism stern, uncompromising, and exclusive. Make one exception and you will have many.

I may be pardoned for raising my voice against a half-measure policy which, I trust, will be properly settled long before I see this short note in print. I enclose my card.

Yours faithfully,

Simla, India, Aug. 8th, 1877.

SURGEON-MAJOR.

P.S. You will observe that I have not entered into the question of the propriety of admitting women into the ranks of our profession. This would now be useless and unproductive of any good.

ROUMANIAN WAR VICTIMS.

To the Editor of THE LANCET.

SIR,—In answer to a letter which you were good enough to publish for me some time ago when in England, small sums of money were sent me by different sympathising friends. Lord Aberdour was my largest contributor, two shillings in postage-stamps from a “Poor Servant” being the smallest, but not least appreciated, gift. Now that there are 25,000 Roumanian soldiers on the other side of the Danube, we shall soon need all our hospitals, all our resources, and these latter, in a monetary point of view, will, I fear, be speedily exhausted. The press has spoken of the completeness of the Roumanian Red Cross ambulance. An energetic lady has succeeded in establishing two hospitals on the banks of the Danube. Everyone has given in money or in kind. The Jewish community has been very generous. We have had lotteries, concerts, &c., to establish these charities, but the grave question presents itself, how are they to be supported? The Roumanian nobility are not wealthy; there is no export now by sea or river; colonial produce has much increased in price owing to the cost of land transport; there is an absolute dearth of money. At the suggestion of our good Princess, his Eminence the Metropolitan has sanctioned the training of nuns, from some of the convents, as nurses; we have a sufficient number of capable young native doctors, and all are doing what they can.

I had lately the pleasure of going over a cottage hospital formed by our gracious Princess, and furnished from her private purse. Perfect in all its simple details, and close to the summer palace, it will have the personal superintendence of her Highness. It forms the first of what will, I hope, be a series of “the Princess Elizabeth cottage hospitals and asylums.” A similar building to the one erected by the Princess has been given by a Jewish gentleman. The money which was confided to me when in England is now being employed to furnish this building, and so the second cottage hospital will be complete. Money may be sent to me direct, or to the National and Provincial Bank of England, 53, Baker-street; or to R. H. Milson, Esq., 88, Finchley-road, N.W. It will be placed at once into the hands of her Highness, and it is requested that it may be