

tion of bile rapidly produces its own deleterious influence producing death from coma.

The rarity of investigating such cases has yet left their pathological nature a mystery. Is it a parenchymatous inflammation, or a fatty degeneration, or solution and absorption of the organ by the retention of bile, as some assert? I may be permitted to remark that, judging from analogy, there is no such sequela observed in any other organ in the body, in which inflammation is attended with such rapid atrophy. An organ inflamed increases in bulk by interstitial effusion, and shews greater activity of circulation, whereas in acute atrophy the appearance of the organ is just the reverse. It is reduced in bulk, soft and flabby in texture and exsanguine. Frerichs has observed a deposit of pale yellow structure round the circumference of each lobule, but it has not been corroborated by others, and I can add to it my feeble negative testimony. On the contrary, each lobule is held so feebly together that they fall out by their own weight. This want of cohesion—diminution of the size and bloodless condition of the liver indicate necrotic change. The appearance, on first sight, conveys an impression of death or necrosis of liver—a condition which is simulated in other organs by the tying of their nutritive vessel. I think this view is more consistent with the *post-mortem* appearance of the organ and the symptoms observed before death. That primarily it is not a fatty degeneration will be evident from the fact that, on microscopic examination of the biliary cells, they were not found surcharged with fat granules or globules, though I doubt not these appear ultimately as nature's attempt to remove a decaying tissue from the system. The absence of leucine and tyrosine was probably owing to the rapidly fatal termination of the case.

#### MEDICAL DEGREES.

FROM A CORRESPONDENT ON FURLOUGH.

A VERY remarkable agitation is troubling the London Medical World at the present time, of which the Journals have been of late giving plentiful evidence. A desire—a hungry and keen desire—has arisen in London among teachers and taught for medical degrees as distinguished from licenses, and for the title of Doctor, to the assumption of which degrees alone give legal and social sanction. Various causes, to which I shall presently make mention, have conspired to beget and encourage this agitation, and various schemes, promulgated and supported by men of influence and ability, have been devised for the purpose of attaining the object in view. No difference of opinion exists regarding the propriety of rendering medical degrees more generally and easily attainable by London

students of medicine than they now are. The only differences which exist concern the most appropriate means of enabling them to secure the coveted distinction. Yet it is fair subject of question, whether it is advisable to place medical degrees within the reach of the majority of students. Hitherto a degree in medicine has been reckoned to imply a higher stage in the culture of the medical science than a license to practise, and to signify a correspondingly higher professional status. The conferring of a degree has hitherto constituted the function of a university, whose duty it has been to arrange a curriculum of study designed to enable students to obtain the requisite culture, and to conduct examinations fitted to ascertain whether the necessary culture has been obtained. The function of medical schools as distinguished from universities has been recognised as a less ambitious one—namely, to offer facilities for the acquisition of a sufficient amount of knowledge and skill to enable men to practise the medical profession, and the duty of ascertaining and certifying whether students have gained this has been entrusted to sundry corporations. The medical license and the medical degree have thus been supposed to imply different courses of study, different standards, and, to some extent, subjects of examination, and different purposes; and they have, as a matter of fact, been conferred by different corporate bodies. But as the greater includes the less, the medical degree has in law and usage conferred the liberty to practise, in addition to being an evidence and stamp of superior culture and attainments. Is it advisable or right to abolish this distinction and to place degrees within the reach of all students, whether of university or schools? A similar question arose some years ago in connection with the University of Calcutta, which fulfills a double function as regards medical education and examination, being empowered by law to grant a license to practise medicine and surgery (L. M. S.), and to confer the degrees (M. B., M. D.), the Medical College educating up to both these standards, and being affiliated to the University for that purpose. The University and the College were thus designed to compass the ends subserved by universities and corporations in this country. Originally a broad and substantial distinction was established between the qualifications necessary for the license and the degree. The standards of examination in purely medical subjects—those on a knowledge of which the ability to practise the medical profession safely and efficiently depends—were the same. The differences consisted in a higher degree of general and scientific culture being required for the degree. In time it was found necessary to raise the level of general education qualifying for the license, but no corresponding

elevation of the degree standard took place. Accordingly, it came to pass that the two standards were so similar that students found that, by a little additional diligence and application, they could attain the degree standard. The consequence was, that the license was deserted, and the great majority of students went in for degrees. It appeared to me and others that this was by no means a desirable result, and that the degree would inevitably become depreciated if it came to be the principal or sole qualification, or would then necessarily lose its character as a sign and token of medical and scientific culture, and degenerate into a simple emblem of competence to practise the profession of medicine. We, accordingly, sought to raise the degree standard. Our efforts were defeated by the native members of the Senate, but I still hold very strongly that the principle on which we acted was the right one, and that principle continued to guide my action in the Senate as long as I remained in India, and will assuredly remain potent with me when I return to India. But it is curious and somewhat embarrassing to find the opposite tendency prevailing in London. Many reasons exist to account for the present thirst for degrees. A desire for a distinctive title is by no means the weakest, if the unworthiest, motive. The title of "Doctor" has come by social consent to indicate the profession of healing, and there is a natural wish to be able to lay legal claim to an appellation in most cases conferred by courtesy and custom. Men were formerly content with Mr., now a thirst for Dr. has arisen. The conditions of practice in England have, in fact, undergone a change. The Medical Act of 1858 abolished protection in matters medical, and the consequence was an influx of Scotch and Irish degree-holders. The degree possessed in England, as compared with Scotland and Ireland, a higher, and perhaps a fictitious, value, and the English surgeon or apothecary found that the Scotch or Irish Doctor, in virtue of the possession of a degree, arrogated a higher professional status, and that, as a rule, this was readily accorded. The English Mr. thus practised at a decided disadvantage as compared with the Scotch or Irish Dr.; the English student of medicine must, accordingly, obtain a degree in order to remove a positive disqualification in practice. The grievance which I have thus briefly indicated is a very real one. It has been very clearly demonstrated in an elaborate Report drawn up by Dr. Gilbert Smith, under the auspices of the Metropolitan Branch of the British Medical Association. Readers of the *British Medical Journal* have been placed in full possession of all the facts of the case, which were very forcibly expounded by Drs. Bristowe and Hickman, at a meeting of this Branch, which took place on the 6th of March last,

under the presidency of Dr. C. Macnamara. Dr. Gilbert Smith's researches revealed the fact that, while in England only 32 of every 100 medical practitioners are degree-holders; the corresponding proportion in Scotland and Ireland are 70 and 38, and in the army and navy 42. It also appears that about 80 per cent of the degree-holders in England possess Scotch, Irish and foreign degrees, while only 20 per cent. have English degrees. The advantage of possessing a degree being obvious and undoubted, students naturally incline to go where they can most cheaply and easily procure it. Accordingly, statistics show that while the attendance at the London and Provincial English schools is decreasing, the number of medical students attending Scotch Universities is steadily undergoing an increase. This actual and prospective desertion of the London schools is the strongest stimulus of the present agitation. It touches the reputation and pockets of London teachers, and cruelly wounds their self-respect and ambition. They contend that the field and opportunities of medical study which exist in London are unrivalled, that the students are as able, diligent and well educated as elsewhere, that the arrangements for teaching are as good, and that it is a crying hardship and grievance that students are in London denied the opportunities of obtaining medical degrees on the same terms as, say, in Edinburgh, Glasgow or Aberdeen. The University of London, though nominally a University for London, is not really so; only about 7 per cent. of London students are able or willing to obtain its degrees. Its preliminary and scientific examinations are so severe as to be almost prohibitive. The curricula of the schools are out of harmony with them, so that if a man aspires to the degree of the University of London, he must resort to a process of cramming in order to obtain the requisite knowledge greatly to the prejudice, if not to the utter ruin, of his regular medical studies in the schools. They hold that the influence of the University is, for these reasons, rather hurtful to sound medical education than salutary. And while London labours under these disadvantages, the Universities of Oxford and Cambridge are making efforts to improve medical education and render the acquisition of medical degrees less arduous, and the University of Durham and the Victoria University in the North have been placed in a position to confer medical degrees under conditions resembling those of the Scotch Universities. They are, therefore, likely, in the future, to aid materially in the process of depleting the London schools. Such being the position, the question of remedy and relief has greatly exercised the minds of London teachers. Various proposals have been stated. The University of London has been addressed with a view to a modification of the

conditions of its examination, more especially as regards the preliminary and scientific examinations, so as to adapt itself more closely to the means and system of instruction which obtain in the schools, and to enable deserving students to secure its degrees on more sound and reasonable terms than at present. It has also been asked to give London teachers a more decided influence in its management as far as concerns medical education and the examinations for medical degrees. If the University authorities decline to modify their examinations in the manner and to the extent requisite to remove existing grievances, then it is proposed either—(1) to organise a new University for London, which shall be both a teaching and examining University, and shall be empowered to confer degrees on terms similar to those existing, say, in Edinburgh; or (2) to empower the Colleges of Physicians and Surgeons to grant the degree of Doctor as a result of examinations similar to those which have of late years been organised for conferring the double qualification of physician and surgeon. Round these three proposals the swivel of discussion is at present eddying without apparently much prospect of a quick and tranquil solution. It is considered more than doubtful that the University of London will lower its standards to the desired level. And without such lowering, even the organization of a teaching university arranged to lead up to its present postulates would hardly satisfy the demand that has arisen. Indeed, many thoughtful men strongly deprecate any tampering with the degrees of the University of London. They have attained a certain position and estimation, which are well understood and acknowledged; let them remain so. I confess that I am inclined to sympathize with this view, but at the same time it cannot be denied that a system of examination which necessitates cramming, and a degree which is not a natural issue and result of a regular and systematic course of instruction, theoretical and practical, are things which entail possible—nay certain—mischiefs to many, if not most, young minds. The proposal to scatter broadcast the degree of Doctor through the agency of corporate examining bodies strikes one *primâ facie* as both wild and unwise. Why should members of the medical profession constitute an exception to every other profession, by being reduced to a dead-level by means of a title, which would conceal every distinction of merit and accomplishment. Every clergyman is, no doubt, distinguished from laymen by the common prefix of "Reverend," and in England (not in Scotland) the great majority of them possess a literary degree. The title of "Doctor" in the medical profession ought, according to some, to be homologous to the clerical "Reverend." But are there not among the clergy, the higher

degree of B.D. and D.D., and other titles in abundance, which indicate higher position and attainments? If the title of Doctor were to become universal among medical men, what would remain to indicate higher culture and accomplishments? It is contended that for this purpose, degrees might be classed, as first class, second class, and so forth, and that the degrees conferred by different universities possess, and would continue to possess, different values. Distinctions of this sort might, no doubt, be perceived and appreciated by the profession, but would assuredly not be recognized by the public, and public estimation cannot be despised or set aside in a matter of this sort. Again, there are at present different kinds of medical degrees. The majority of present degree-holders are M.Bs., the final stage of M.D. being reached after a prolonged term of approved practice and on submitting evidence of sustained research and study. It would be unjust to these to institute a crude manufactory of ready-made M.Ds., who have neither undergone a university training, nor been compelled to adduce evidence of professional success or continued application to the study of medicine. But the point most to be deplored in the discussion as at present conducted is, that so much prominence is given to the degree and so little to the course and system of education leading up to it. It is really in respect to this latter that London requires change and reform. The schools, if they are to lead up to degrees, must be remodelled and re-established, with a view to imparting thoroughly and systematically the culture requisite for a degree. At present the London system of education partakes too much of the character of the old system of apprenticeship. The school is an appendage of the hospital, instead of the hospital being an instrument and accessory of the school. The proposal, therefore, which appears most sound and promising, is that which contemplates the organization of a teaching University, whose curriculum will naturally, and to the student of average ability and industry, lead up to a degree. Nothing short of this will prove satisfactory or permanent. The University college-school approaches more closely to this type than any other of the London Medical Schools, and though great changes, almost amounting to a revolution, have taken place in the teaching arrangements of London Hospital Schools during the last century, much still remains to be done in the direction indicated, and it is in this way, and not by scattering broadcast the title of Doctor, that London medical students ought to be placed in a position to acquire medical degrees in larger proportion than they do. Any movement having for its object or probable result the depreciation of the value of medical degrees, will not, it is to be hoped, com-

mand the sympathy or support of the profession. But a movement tending towards the improvement of the quality and means of medical education, and promising increased facilities for culture is entitled to respect and encouragement. It is questionable, however, whether the time-honoured institution of a simple license to practise ought to be abolished. On the contrary, there are many and strong arguments in favour of a simple and equal "portal" to practise being established for the whole of the United Kingdom under State sanction and control, leaving universities to confer special distinctions for special merit and attainments on those who may incline to seek them, and who may be found worthy of them.

K. McL.

Edinburgh, June, 1885.

## A Mirror of Hospital Practice.

MEDICAL COLLEGE HOSPITAL, CALCUTTA.

STRANGULATED RIGHT INGUINAL HERNIA—REDUCTION *EN BLOC*—OPERATIVE FORMATION OF ARTIFICIAL ANUS—RECOVERY.

(Under the care of Surgeon-Major D. O' C. Raye, M. D.,  
Offg. 1st Surgeon of the Hospital.)

Reported by late House-Surgeon AMRITA LAL DAS.

KRITIBASH GHOSE, Hindu male, aged 20, admitted 17th July 1884, at about 5 P. M., suffering from strangulated right inguinal hernia of four days' duration. Vomiting had occurred several times previous to admission. A soap-water enema was administered, and ice applied to the tumour. He was also given a grain of opium to relieve pain.

The patient stated that, until four days previous to his admission, he had never had any trace of a hernia, but that having an alteration while eating, he vomited several times, and the rupture occurred suddenly with severe pain.

Various remedies were then applied, and later on taxis was vigorously applied under chloroform by a practitioner, with the result of a great decrease in the size of the tumour, which was thought to have been reduced; after this, croton oil was given to operate on the bowel. The symptoms were unrelieved, vomiting continued, and great pain was felt in the region of the hernia, and thus up on the 4th day of the accident he sought treatment in hospital.

The visiting Surgeon Dr. Raye found the parts in the following condition: There was an elongated soft swelling in the right inguino-scrotal region. It was divided by an ill-marked sulcus into two portions, each about the size of an egg, one lying in the upper part of the scrotum and extending to the neighbourhood of the external ring, the other spreading from this

point outwards along the course of the inguinal canal.

The lower and inner portion crackled on pressure, and was soft, yielding and tympanitic; the outer part was more resisting and dull on percussion; no impulse could be felt on coughing. The abdomen was distended and tympanitic, pulse small and rapid, countenance anxious, pain severe, tongue dry, vomiting frequent, but not stercoraceous. Temperature normal.

An incision about 2½ inches long made, extending from above the external ring obliquely downwards. All the tissues were œdematous. The sac was found to contain claret-coloured fluid, mixed with gas bubbles. When the sac was opened, a piece of deeply congested omentum came into view, lying below in contact with the testicle (the hernia proving to be congenital) and above tightly gripped at the external ring. Several bands of recent lymph covered the protrusion. The stricture at the external ring was next divided, and the recent adhesions were then carefully separated.

Lying behind the omentum and actually in the external ring, a dark knuckle of small intestine was now exposed. The omentum was next slightly drawn down, and as it was in a state of doubtful vitality and effectually opposed reduction, it was ligatured in two portions, and cut off. The inguinal canal could now be explored. It was found blocked up with a portion of the hernia, which had been evidently reduced "*en bloc*," and which had become adherent there, but the exact site of whatever deep constriction existed could not be made out clearly. The whole length of the inguinal canal had, therefore, to be laid open, and several recent adhesions separated step by step. On passing the finger through the situation of the inner ring, a tight band was felt encircling a loop of still strangulated bowel—this was the orifice, apparently, of the transversalis fascia, which structure had been stripped from the inner surface of the abdominal wall, and along with the hernia pushed backwards and upwards in the previous efforts at taxis.

With some trouble the constricting ring was drawn down again, exposed to view, and divided. The gut (a piece of small intestine) at this point was almost cut through, and seemed to have lost its vitality. The large incision was united by interrupted catgut and wire sutures. A drainage tube placed in the scrotal angle. The upper end of the wound was left open, corresponding to the site of the most severely injured piece of bowel, as it was thought not improbable that an artificial anus might form here. Carbolic dressings were applied, and the patient put to bed; a full dose of opium was then given.

After the operation the patient felt much relieved, and copious thin bilious offensive stools escaped through the anus—no doubt the result of the croton oil; he was allowed to take opium