

There have been, therefore, from all sources, and including those preserved before the commencement of the session, 113 subjects supplied to ten metropolitan medical schools for the purposes of dissection this session, of which only 54 have been furnished by the Inspector since October 1st, while the total number of students desiring to dissect is 1203, of which 525 are first-year. It need scarcely be said that this supply is quite inadequate. As one body is generally allotted to six or seven students, we shall say seven, about 200 bodies should by this time have been supplied, because at this period of the session many students should have completed one part, and been far advanced in a second part, especially those students who are preparing for the January and April examinations.

It will be seen that we have not included St. Mary's in the above table. The reason of this is that we have not received a return from the lecturer on anatomy of that school. The main facts will not, however, be materially influenced by the omission of this school, which is, we hear, always kept well supplied with subjects.

Correspondence.

"Audi alteram partem."

ARMY SANITARY COMMISSION.

To the Editor of THE LANCET.

SIR,—On the 24th November I asked you to be good enough to insert a statement of facts regarding the work of the Army Sanitary Commission. This statement was directed against charges of incompetency brought against the Commission on account of certain remarks of theirs on reports referred to them from India, in which they had failed to discover evidence of the spread of cholera by water poisoning. I was not then in a position to state what views the Commission had actually expressed, because the papers had not been published. They have, however, since appeared, and I can now state exactly what the Commission did.

A severe epidemic of cholera broke out in 1872 in the North-west of India, and the Government of India directed special local inquiries to be made by medical officers of the British and Indian armies at affected stations. This led to the production of reports on 108 outbreaks at 44 stations, the notes of which appeared in the report of the Sanitary Commissioner with the Government of India, which came before the Army Sanitary Commission in the usual way. At the same time Dr. Cunningham laid before the Commission a series of questions on these reports. The replies to these questions were first drawn up, and then the remarks on the reports, and it happened that both documents were sent to the India Office on the same day; the questions giving the answer in detail, the remarks giving merely the result. Had both documents been printed together in last year's India Office Report, the case would have been evident enough, but the remarks were published in last year's report, and the replies have just been issued.

The following is Dr. Cunningham's question, together with the reply:—

"Question: Is there anything in the evidence given in my report to support the idea that cholera was spread by a specific poison drunk in water?—Answer: Without prejudging the results of more extended inquiry, and supposing that every obtainable information on this subject during the epidemic of 1872 has been recorded, the Committee has been unable to discover any evidence in support of the conveyance of cholera infection in drinking water."

You will see that this gives a very different aspect to the action of the Commission, and had the facts all been printed at the same time, the recent attacks on the Commission in this matter would have been superfluous. As the case stood, however, it must in fairness be confessed that the terse expression in the remarks, "there is no evidence to sustain a current theory that cholera poison conveyed in water is the cause of cholera," although intended to be read in the light of the reply, when taken by itself, and without

the reserves in the reply, looks like a decision on the whole case on the evidence as it stood. The reply gives the exact position taken by the Commission in the discussion.

I might stop here, but it appears to be only an act of justice to the authorities in India to state that they did make further inquiries by sending copies of the reports to all the medical and other officers who had supplied the information originally, with a request that mistakes might be corrected and any additional information inserted.

The result, as stated by the Sanitary Commissioner with the Government in India, in his report for 1873, is that "no mistake on any important matter of fact has been brought to notice, nor has any additional information of value been furnished."

I am, Sir, yours, &c.,

London, Nov. 27th, 1875.

JOHN SUTHERLAND, M.D.

EFFUSED BLOOD.

To the Editor of THE LANCET.

IN reference to some remarks of mine in a clinical lecture you published the other day, on the various modes in which effused blood may be disposed of, will you allow me to relate the following case? It illustrates what must be, I think, a very uncommon course of events.

Some months ago I removed an encysted tumour, about the size of a filbert, from over the parotid gland of a girl aged fourteen. No vessel needed a ligature, and the edges of the wound were, of course, brought accurately together, and covered with a pad of lint secured by a bandage. After forty-eight hours, when the pad was removed, the wound looked well. Its edges were in close contact, apparently united, and there was no sign of separation of its surfaces, or of any untoward disturbance. But in the course of the next day or two, although the pad was carefully replaced, the wound was gradually raised, and the adjacent parts distended, by an effusion beneath them, so that it then looked very much as if the tumour were still there. From the absence of all signs of inflammation or of any disturbance, I was sure that this could not be pus—that it must be either blood or serum. The child declared that there was no pain, nothing beyond a little stiffness. On the third or fourth day, to avoid the risk of leaving any pent-up fluid, I introduced, through the middle of the wound, which readily yielded, a very fine probe. The point moved freely in a cavity, but nothing whatever escaped, and when it was withdrawn the end was stained with blood. The swelling remained, showing for some days no sign of decrease, but there was no further local disturbance of any kind. At the end of nine or ten days the sense of fluctuation was still so marked that I again introduced the probe, but with only the same result. The wound throughout its length was quite united; it looked perfectly well, but the swelling persisted, and gradually the parts around the wound became discoloured, as if bruised. I could not doubt that there was a mass of blood, more or less coagulated, beneath it, and of course I was much interested to see what would become of it. Would it at length be discharged, provoking suppuration, or would it slowly shrink, becoming absorbed, or might part of it become organised? I mentioned the case and put the question to several friends, and the unanimous verdict was that sooner or later it must come out. But it never did. After remaining with very little change, save wider and deeper discolouration, for a fortnight, the swelling very slowly began to subside, the sense of fluctuation passed away, the surface resumed its natural colour and outline, and at the end of a month or thereabouts evidence of an operation could not have been slighter. Indeed, after some weeks longer the scar was singularly faint, and I fancied that the slender linear depression which one can usually detect had been counteracted by the temporary distension.

Who would not have watched the progress of this case with intense interest? I was anxious, too, for a time, for I feared that suppuration might occur and leave an ugly mark, and in the majority of cases blood so effused would undoubtedly be thus expelled; but in a healthy child, healthy blood, lying in a nest of healthy tissue, was disposed of very quietly and in the simplest way. It provoked no

mischievous, and the little patient was never even conscious of its presence; and this although no special means were adopted to exclude germs, and I fear that I must, on more than one occasion, have introduced a few with my probe.

The atmosphere, however, must have had but limited, if any, access to this blood; for I have little doubt that before it was effused the lips of the wound had united; so that, although it was associated with a wound, it was really under the condition of blood extravasated in a bruise.

I am, Sir, yours truly,

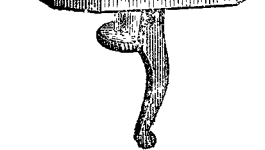
Brook-street, W., Nov. 30th, 1875.

WM. S. SAVORY.

AN IMPROVED SCARIFIER FOR INCISING DROPSICAL LEGS.

To the Editor of THE LANCET.

SIR,—Messrs. Matthews, the surgical instrument-makers, have lately made for me an improved spring scarifier for incising dropsical limbs. The instrument, a sketch of which is here given, is, in fact, a small cupping scarifier with a single blade. The blade is drawn back by a metal lever, and held by a catch until it is loosened by touching a brass knob. The length of the incision is about half an inch, and the depth is regulated by a screw which raises or lowers the brass cover through a slit in which the lancet makes its sweep.



The main advantage of this instrument consists in the fact that the incision, being made by the rapid sweep of the spring scarifier, is attended with much less pain than results from the slow incision with an ordinary lancet or from

punctures made with needles. This instrument, with the semicircular sweep of its blade, is also preferable to one which I formerly used, in which the lancet was thrust straight forward by a spring. The incision made by the sword-like sweep of the one instrument is more rapid and less painful than the dagger-like thrust of the other. The instrument is so constructed that it can be easily opened for the purpose of cleaning the blade, which should be done immediately after its use.

I am, Sir, yours &c.,

Savile-row, Nov. 30th, 1875. GEORGE JOHNSON, M.D., F.R.S.

DEBATE ON MR. WELCH'S PAPER AT THE MEDICO-CHIRURGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—Will you allow me to correct in two particulars your able and otherwise very accurate report of my remarks in the above debate? I spoke in round numbers of 500 soldiers as being annually lost to the British service through diseases of the circulation. Of them 450 died or were discharged on account of heart disease, 50 on account of *aneurism*. In a later sentence I did not mean to imply that the faintest venereal excoriations were often recorded as syphilis, which would have been an exaggeration, but that they were recorded (contrasting in this respect with intemperance), and I then gave reasons for thinking that venereal sores were inaccurately classified, thus swelling the numbers of syphilis.

I am, Sir, yours faithfully,

R. DOUGLAS POWELL.

Henrietta-street, W., Nov. 30th, 1875.

BEQUESTS, &C., TO MEDICAL CHARITIES.—MRS. Teresa Ann Carmichael, of St. Stephen's-square, Bayswater, bequeathed £300 to St. George's Hospital; £200 each to the Royal United Hospital, Bath, the Cancer Hospital, the National Hospital for Diseases of the Heart and Paralysis, King's College Hospital, and the Hospital for Sick Children; and £100 each to the General Hospital, Bath, and the Dental Hospital of London.

Medical News.

UNIVERSITY OF LONDON.—The following is a list of candidates who have passed the recent M.D. examination:

Crocker, Henry Radcliffe, B.S., University College.
Duncan, Andrew, King's College.
Eases, Thomas, Guy's Hospital.
Philpot, Joseph Henry, King's College.
Sturge, William Allen, University College.
Yeo, Isaac Burney, King's College.

The following have passed the recent B.S. examination:—

FIRST DIVISION.

Hullard, Jean Arthur, B.Sc., University College.
May, Bennett, Birmingham General Hospital.
Maclean, Thomas Edwin, University College.

SECOND DIVISION.

Hobson, Lewis John, University College.
Jameson, Leander Starr, University College.
Rose, William, King's College.
Voelcker, George Henry, University College.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Nov. 25th:—

Fonmartin, Henry de, Lying-in Hospital, York-road.
Mabony, Laurence Francis, Amherst-road, Dalston.
Roberts, Gordon Money, Finchley-road.
Stephens, Meredith Lloyd, Belper, Derbyshire.

The following gentlemen passed the Primary Professional Examination on the same day:—

Ernest H. Buckell, University College; Daniel Colquhoun and Arthur Greenwood, Charing-cross Hospital; Frederick Alexander Hyne, Guy's Hospital; Eugenius A. Roche, St. Mary's Hospital.

HOSPITAL SUNDAY in Belfast has been permanently fixed for the last Sunday in each year.

A WOMAN named McEvoy died last week in the County Down, Ireland, at the advanced age of 106 years.

Deputy Surgeon-General Andrew A. Stoney, L.R.C.S.I., of Frankford, has been placed on the Commission of the Peace for King's County.

IN London last week 1504 deaths were registered, including 54 from measles, 120 from scarlet fever, 7 from diphtheria, 55 from whooping-cough, 25 from different forms of fever, and 14 from diarrhoea. No death from small-pox was recorded, making in all the nineteenth continuous week in which such a satisfactory announcement has been made. The deaths referred to diseases of the respiratory organs amounted to 374. The London Fever Hospital contained last Saturday 102 patients, including 85 cases of scarlet fever, and 12 of enteric fever.

RUMSEY TESTIMONIAL FUND.—Those desirous of subscribing to this fund are requested to do so at once, as the list will be closed before Christmas. Subscriptions may be forwarded to Dr. Buchanan, New Government Offices, Whitehall; to the Honorary Secretary; or to Messrs. Roberts, Lubbock, and Co., bankers. Cheques should be made payable to the "Rumsey Testimonial Fund" or bearer, and crossed "Roberts, Lubbock, and Co." Post-office Orders should be drawn on the Curzon-street Post-office, and forwarded to the Honorary Secretary.

THE SKIPTON GUARDIANS.—We are informed that only one candidate, and this one possessing but a single legal qualification, offered himself for election as medical officer to the Skipton Workhouse and Infirmary, at the salary of £35, which had been refused by the late medical officer under the circumstances mentioned in our issue of Nov. 13th. This candidate was elected, subject to the approval of the Local Government Board. We understand there are three or four doubly qualified practitioners in the town willing to take the appointment at a fair salary.

WHARFEDALE CONVALESCENT HOME, ILKLEY.—The committee of management of this institution has issued cards to the members of the medical profession announcing that the home will be opened for the reception of convalescents during the whole winter months, and that the arrangements for heating and ventilation are of such a nature as to ensure the most perfect warmth and comfort to the inmates. This determination has been arrived at through the strong wish of the founder, Mr. Charles Semon, to extend to others the benefits which can be obtained by richer people at kindred establishments.