

In addition to these, I have seen several other cases characterised simply by occasional wandering and incoherent talk, in which the patients at no time appeared to be in any danger of their lives, and in these a condition bordering closely on lunacy continued for several weeks in spite of removal of all iodoform from the wound. It would thus appear that, as Mr. Keetley suggests, the symptoms may continue in spite of the removal of the cause; but I think that, if iodoform were always at once removed as soon as any delirium appeared, fatal terminations would be very rare. It is also thought by many surgeons that the use of iodoform in crystal is less dangerous than the use of the powdered drug, and this at any rate would seem likely when we consider how much more finely divided is the powder. I was further recently told by one of Professor Billroth's assistants that since they had given up putting iodoform into the wounds, and had used it on the dressings only, there had been no instances of poisoning.

I do not think, therefore, that it is necessary to give up all use of the drug, and I should personally be sorry to be debarred from using what is in my opinion a most useful antiseptic. I do, however, feel that many who use it are not sufficiently aware of the possible risks to which their patients are subjected, and would wish to suggest, not that iodoform should be abandoned, but that it should be used with caution.—I am, Sirs, yours truly,

Queen Anne-street, Feb. 2nd, 1889.

ANTHONY A. BOWLBY.

CRANIOTOMY ON THE AFTER-COMING HEAD.

To the Editors of THE LANCET.

SIRS,—There is one point in Dr. Braxton Hicks's letter in your issue of Jan. 26th to which I should like to refer. He says: "But to get the full value out of the cephalotribe we must also use it as a tractor. This power of traction enables us to deliver at once, for I never knew it to fail to hold firmly the crushed head." My experience of this instrument has not been so uniformly satisfactory as Dr. Hicks's, as in more than one case in which I have used it, or seen it used by others, as a tractor to the forecoming head, it has slipped when moderate force was used. Nor is it difficult to understand why this should occur. If the cephalotribe be applied quite centrally, the tips of the blades will be prevented by the neck of the child from coming into close apposition, and when traction is applied, if there be any considerable resistance, the instrument is liable to be pulled straight off the head. On the other hand, if the tips of the blades are clear of the neck, then the instrument tends to slip off in a backward or forward direction, partial extension or flexion of the head being produced by the traction. The chief obstacle to delivery in cases where the pelvic contraction is considerable lies in the firm and unyielding base of the skull. In seeking to overcome this difficulty there are two general plans, in accordance with one or other of which we may regulate our operative measures. The first plan is to seek to bring the unreduced base past the obstruction by tilting it and adapting it to the contracted pelvis. This is what Dr. Braxton Hicks prefers to do, and he has two methods of doing it. In some cases he applies the cephalotribe, which, as he himself has demonstrated, tilts the base of the skull but does not crush it. The result of applying this instrument, however, in the case of a flattened pelvis, is to bring the tilted base with its long diameter in correspondence with the shortest pelvic diameter, and hence a movement of rotation has to be made before traction is applied. It is this adaptation of the tilted base to a flattened and irregular pelvic brim that constitutes the main difficulty in effecting delivery with the cephalotribe, and this difficulty is sometimes of a very formidable nature. In other cases Dr. Braxton Hicks brings the base forward by the method he introduced in 1864. After the whole calvaria has been removed, he makes traction on the orbit by means of a blunt hook, and so induces a face presentation. I have adopted this method in two cases where the pelvic contraction was marked, and in both of them found that the removal of the entire vault of the skull was a tedious and difficult operation, and that dragging on the orbit with a hook was a procedure attended with some anxiety. The aim of the second plan is to destroy the integrity of the base, so that it no longer forms a serious obstacle to delivery. This may be done by means of the basicalyst or some such

instrument after the vertex has been perforated, or by means of an ordinary perforator introduced through the roof of the mouth after version and extraction of the body have been performed. I have had recourse to the latter method in seven cases, and have every reason to be satisfied with it. Dr. Braxton Hicks, in his letter, indirectly raises some objections to this method; but, having already dealt with these objections in my paper, I need not occupy your space by discussing them again.

I may state, in conclusion, that as an instrument to be used on the after-coming head I regard the cephalotribe as invaluable, and that I have a decided preference for the form of the instrument devised by Dr. Braxton Hicks.

I am, Sirs, yours faithfully,

Manchester, Feb. 1889.

ARCHIBALD DONALD.

LONDON CORRESPONDENTS.

To the Editors of THE LANCET.

SIRS,—I have received a copy of the *Allahabad Morning Post* of Jan. 7th, 1889, in which, to my surprise, I find a "Medical Letter" ("from our own correspondent") dated London, Dec. 14th, consisting mainly of a garbled version of my clinical lecture on Ovariectomy, published in THE LANCET of July 7th. What possible interest the readers of the *Allahabad Morning Post* can have in the subject I do not know, and the whole letter seems to me to be in the worst possible taste. What I complain of most particularly is that the writer, having followed me pretty closely up to the closure of the wound, proceeds as follows:—"I may mention that it is customary in adjusting wounds of this nature to blow on it (*sic*) a little iodoform, a powerful but not very odoriferous antiseptic, yet for all that eminently serviceable as a dressing for specific sores both in the male and female, indolent ulcers and ulcerations of the uterus. Internally it is much used in syphilis where the nose, pharynx, and tongue are much involved—in these more especially. Various attempts have been made to deodorise it, and I believe successfully, musk being the principal ingredient. For my own part, I would prefer it without that, to me, most abominable of scents. It takes more than a lifetime to get rid of the offensive odour emitted by the musk-rat, which, though differing from that of the deer, is still associated with it in my mind from a strong family likeness, so to speak. One confuses up the other, and as many of the fair sex indulge in musk as bouquet, I have often to pass through a very unpleasant ordeal in public places, such as railways, omnibuses, and the like. In consequence of this and for another reason, I generally enter a smoking compartment when travelling by rail. It does not always answer, however, as females seem to have a fancy for the same nowadays, and when warned declare they rather like smoke than otherwise. The bye-laws of companies on this head require remodelling with regard to the temperature table. In the case under review the temperature gradually rose, and at 3 o'clock the next day stood at 130°." (!) What the bye-laws of railway companies have to do with the temperature table I cannot say, but I think 103° would more accurately represent my patient's temperature. How any London medical man can lower himself to compile such balderdash for the benefit of Indian readers I cannot imagine, and I must beg "our own correspondent" to leave my lectures alone for the future.

I am, Sirs, yours obediently,

Feb. 7th, 1889.

CHRISTOPHER HEATH.

MEDICAL CHARITIES.

To the Editors of THE LANCET.

SIRS,—I see with pleasure that you have noticed a speech which I made the other day on the subject of a public inquiry into our system of medical charities in London at the annual meeting of the Charity Organisation Society, and also that you are in favour of such an inquiry. You think the language which I used too forcible, so perhaps you will allow me to explain that the words "ignorant prejudice," to which I suppose your objection applies, were quoted from a previous speech of Lord Balfour of Burleigh. He had said that there was an ignorant prejudice on the part of charities against inquiry. In speaking to the topic of my remarks, I quoted this opinion of his lordship, and said that if there

was any such prejudice on the part of the great hospitals, it might perhaps be described as "ignorant," for that they would certainly come out from any full and impartial inquiry with added claims to public confidence and support, but that there were many so-called "medical charities" which had an objection to inquiry that could hardly be called either ignorant or a prejudice, and that such an objection ought to be an additional motive for pressing the inquiry. I leave you and your readers to judge whether this is or is not the sober truth.

Much care, as you hint, would no doubt be necessary both in selecting the commissioners and in the conduct of the inquiry. But I have no doubt that the inquiry must be undertaken sooner or later, and that nothing but harm can result from delaying it, and so continuing the present disorganisation and increasing the difficulties of the really deserving charities; and I am glad to infer from the tenour of your remarks that your influential journal is of the same opinion. I am, Sirs, your obedient servant,

Great Cumberland-place, Feb 5th, 1889

T. HOLMES.

THE VOLUNTEER MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—I shall be obliged if you will kindly, through the medium of your journal, allow me as the representative of the Volunteer regimental medical officers on the late War Office Committee (Surgeon Commandant A. J. Norton representing the Volunteer Medical Staff Corps), which was appointed to consider and report upon the organisation of the Volunteer Medical Service, to inform them of the recommendations to which effect has now been given.

1. The whole of the Volunteer medical officers, both regimental and those attached to the Volunteer Medical Staff Corps, are now classified according to their rank and date of commission or appointment in the Army List. (See Jan. 1889 edition, p. 672, under the heading of "Volunteer Medical Staff.")

2. All acting surgeons who are in possession of the certificate of proficiency can, upon recommendation by their commanding officers through the district military authorities, *be gazetted and commissioned to the rank of surgeon.* (Vide A. O. 77, Feb. 1889.)

3. A volunteer surgeon of fifteen years' service as a medical officer in the Army, Royal Navy, Royal Marines, or Auxiliary Forces, can be promoted to the *substantive* rank of surgeon-major if recommended by his commanding officers through the usual military channels. (Vide A. O. 77, Feb. 1889.)

I need not point out to my brother officers the great gain to our service of the above alterations, but I would venture to congratulate the acting surgeons upon the removal of the great injustice they have too long laboured under; and it is only fitting that I should embrace this opportunity of recording our indebtedness to the War Office Committee, and especially to Sir Thomas Crawford, who throughout took the greatest interest in furthering the recommendations of the Volunteer Medical Association, the adoption of which has led to the present improved position of our service.

I am, Sirs, yours faithfully,

WILLIAM ROBERT SMITH, M.D., F.R.S. Ed.,

Surgeon-Major, Volunteer Medical Staff, &c.;

Treasurer, Volunteer Medical Association.

Great Russell-street, Bloomsbury-square, W.C., Feb. 4th, 1889.

THE PROTECTION OF THE MEDICAL PROFESSION.

To the Editors of THE LANCET.

SIRS,—The correspondence which has appeared in your columns relative to the above subject is sufficient to show that it deserves some consideration. It is at present, unfortunately, an undoubted fact that we are placed at a great disadvantage to those who are members of a sister profession—viz., that of the law. Lawyers are most thoroughly protected against spurious practitioners by means of the Incorporated Law Society holding its ægis over its members, whereas we of the medical profession have really no protection whatever. Unqualified practitioners in medicine abound now more than ever, and, with the present imperfect machinery for their prosecution, it really appears as if they had the advantage over qualified

and registered men. In fact, it becomes a serious question whether, in the pecuniary sense, it is worth while to go through the trouble and heavy expense of hospital curriculum, graduation, and qualification at all. Our registration certainly entitles us to sue for fees where they would be otherwise unpaid; but how many of us resort to the County Court for recovery of medical debts? Even the striking off the Register does not prevent a man practising, and I have two cases in my mind at present where, this penalty having been exacted, the offenders are still gaily conducting large practices and using the title of "Dr." and "Surgeon." I believe that the only method of checking this will be by calling upon the Legislature to pass a short Bill by which all medical men practising in Great Britain and Ireland will be compelled to pay an annual licensing fee of, say, one guinea to entitle them to practise; and, further, that this licence shall only be granted on the production of an authorised diploma or degree entitling to registration under the Act. That, further, if anyone should be found practising without such a licence, he shall be called upon to produce such diploma or degree; and if he cannot do so, he shall be summoned, and if convicted be fined £100. The prosecution in this case would fall in the hands of the Inland Revenue authorities, and, judging by their well-known zeal in the collection of ordinary taxes, we may rest assured that they would look well after their "duties." The guinea fee, giving protection to the medical profession, would not be objected to, as at present each of us loses far more than this amount by unqualified practice. Lawyers have to pay a much heavier fee each year for certificates to practise, but they feel that the aid it gives them in checking unqualified practitioners makes it worth their while to pay it. With regard to the "hospital question" and "gratuitous advice," the whole question will, I hope, shortly be threshed out by a Royal Commission.

I am, Sirs, yours faithfully,

A. G. BATEMAN, M.B.,

Longridge-rd., S.W., Feb. 1889. Joint Sec. Med. Defence Union.

JENNER ON THE VARIOLÆ VACCINÆ.

To the Editors of THE LANCET.

SIRS,—After perusing Dr. Wilks' article on the above, I have carefully re-read this "model of scientific investigation," as he justly styles Jenner's "Inquiry." The first point that strikes one is the complete and lasting immunity conferred by the cow-pox, as instanced by inoculation with variolous matter after periods varying from twenty-five to fifty-three years. This is no doubt due to the fact that a sufficient quantity of the cow-pox virus was introduced when obtained in the natural way, or by Jenner's inoculation.

Vaccination, as performed by the general practitioner, whose results are not challenged by a Government inspector, is, I fear, often performed in a very perfunctory manner, and thereby brought into unmerited contempt by practically evading the Act. Let me illustrate this by an actual case. An infant was recently brought to me for vaccination, for which I had procured calf lymph; the mother desired me to "do it in one place only," saying there was a doctor within a few miles who never did more, and instancing a case. To him I recommended her to take her child, as I declined to do less than three, when she submitted. She was full of all the stock objections of the anti-vaccinationists.

Now, Sirs, the Government inspectors insist on an amount of cicatricial area which cannot be obtained by less than three good-sized vesicles; and, though not a public vaccinator, I think it would be dishonest to go through the farce of scratching the child's skin, and pandering to the ignorance of parents, knowing that no efficient protection can result. Is it not probable that the perfect immunity after natural vaccinia and vaccination in Jenner's time was due to the thorough way in which it was performed? and but too probable that the odium into which vaccination has fallen now-a-days is in great measure due to the careless way and the bad faith in which the operation is done? Surely those members of our profession who despise it and hold it in contempt (and there are such) would better consult their own dignity and that of their calling (not to mention honesty) by declining to lend themselves to an evasion of the Act. One remedy suggests itself, and that is, that all children should pass a Government inspection, whether vaccinated by