officers who knew almost nothing of sanitary science. Dr. Gunn, in conclusion, reviewed the provisions of the various Medical Acts, the operation of which he explained.

ST. VINCENT'S HOSPITAL.

MR. O'LEARY referred to the strides which science in general, both natural and physical, has made within the past few years, in the accumulation of facts with which the science of biology is so intimately connected, and necessarily, therefore, the study of disease in its immediate and remote causes, and its treatment both prophylactically and immediate, are bound up. The new facts based upon scientific data and experimental research open up a field for reflection which was but recently a mere speck in the horizon. When Graham worked silently in his laboratory experimenting upon the interchange of gases through membranes, who would have thought that the patient worker was elaborating the great truth that the very first breath depended upon the law he discovered, that gases pass through membranes in the inverse ratio of the square of their densities. Not less in importance are the results of Dutrochet's discovery of the parallel law of osmosis—namely, that fluids exude through membranes under conditions similar in every way to those which Graham found to be the case with respect to gases. As regards the spectroscope, what wonderful intelligence it brings us of worlds other than our own, showing them to be constituted, chemically speaking, of the same elements as our own. Not less important is its use as a help in diagnosis, it having been found that when light was passed through certain fluids of the body a certain portion of it was absorbed, and thus a modified spectrum was obtained. Owing to the state of perfection to which this instrument has been brought it has enabled such patient investigators as Sharpey, Sorby, and others to arrive at most important results respecting the blood under circumstances of the highest importance.

NEW ENTRIES.

THE practice of registering medical students at the Royal College of Surgeons having been abolished, we shall now and henceforth have to depend, in a large measure, upon the returns supplied by the authorities of the various schools for an approximate estimate of the number of students entering the medical profession during each year, and of the relative proportions beginning their studies at the several schools. It is true that a register is kept by the General Medical Council of *all* medical students, but there is no special provision for showing the numbers at each school. We have, therefore, taken unusual pains this year, by direct application, to obtain the number of new entries at the metropolitan and provincial schools for the academical year, distinguishing as far as possible first-year students and those entered for the full curriculum from those who have already passed through part of the curriculum and have now merely entered a particular school for the first time, or for a partial course. Our efforts have, however, been but partially successful. While the authorities of some of the schools have generously placed at our disposal all the data for correct information, others have shown extreme repugnance to entering into details, and a few, though willing to assist us, have found themselves unable to do so in consequence of a faulty system of keeping accounts which prevents them from distinguishing the entries for a partial course from those for the full course. This unfortunate circumstance necessarily lessens the representative value of the subjoined table, although we have quoted the two classes of entries whenever the distinction has been made for us; in other cases we have given the total of entries only. Before another year a rational system of book-keeping may perhaps be adopted, and then we may expect to get a nearer estimate of first-year students. Such an inquiry is an interesting one, and, although not altogether devoid of an element of curiosity, there is nothing inquisitorial in it, and it is in no degree concerned with the financial condition or the commercial prosperity of any school. These facts seem not to have been kept clearly in mind. One correspondent, for instance, though himself giving an unequi-

vocal return, complains of the vagueness and want of precision in the figures from some schools, at which, he alleges, all students who enter for the first time are designated first-year students, no matter how long they may have spent at other schools. We shall be happy to find that he is mistaken. With this explanation (which applies, however, only to the metropolitan schools) we append the following table, as complete as we can make it.

	Full Entries.	Partial.	Total.
St. Bartholomew's ...	—	—	145
Guy's ...	102	13	115
London ...	55	47	102
St. Thomas's ...	59	26	85
University College ...	—	—	81*
King's College ...	46	8	54
Middlesex ...	33	14†	47
St. George's ...	36	3	39
Charing-cross ...	33	5	38
St. Mary's ...	20	6	26
Westminster ...	14	8	22
Manchester (Owens College) .	70	—	70
Liverpool ...	30	—	30
Leeds ...	26	—	26
Durham (Newcastle-on-Tyne)	19	—	19
Birmingham (Queen's College)	28	—	28
Bristol ...	10	—	10

* All *bonâ fide* students in the Medical Faculty.
† Ten for full dental curriculum.

We believe that the numbers from the provincial schools represent *bonâ fide* entries of first-year's students. From Liverpool and Durham it is expressly stated that this is so. The returns for Scotland and Ireland are not yet complete.

Correspondence.

"Audi alteram partem."

THE

DISCUSSION ON IMPERMEABLE STRICTURE AT THE CLINICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—In your issue of Nov. 2nd, in a leading paragraph on the above subject, you imply blame to the President of the Society and myself for having commenced a discussion upon the treatment of impermeable stricture of the urethra, when Dr. Bigelow was expected to demonstrate the manipulation which he has termed litholapaxy. This blame is wrongly administered on your part. As Englishmen, we would not be thought deficient in courtesy to a distinguished visitor, and, therefore, it is right that the public should know that we were not responsible for occupying the evening in this way. The facts are simply these: When I arrived at the meeting the President of the Society asked me whether I should be willing to postpone my case, as Dr. Bigelow was expected. I replied that I was very willing to do so. The meeting then commenced with the exhibition of the cases treated with Martin's elastic bandages. When that was concluded, as Dr. Bigelow had not yet arrived at the meeting, the President began reading the notes of his four cases, and on their conclusion beckoned me to come forward. Of course I then began reading my case. I did not at that time know Dr. Bigelow by sight, and do not even now know whether he had at that time arrived in the room. Hence the fact that this discussion commenced was due to the accident of Dr. Bigelow's non-arrival. Nor am I at all inclined to agree with you in other respects. An operation which has proved itself of such signal service to myself within the course of the last few months, when other things had failed, can scarcely be called "a dead horse" with justice. The object of my paper was to show how the operation might be brought within the domain of antiseptic surgery, even in cases where there is considerable disease of the bladder, and thus its risks diminished to a minimum, and that at the same time there were advantages about the operation, very striking to anybody who had once tried it, which were capable of utilisation in certain cases. I, too, regret that the interest

shown by members in the stricture discussion, if we may judge by the length of the debate and the number of the speakers (although they knew that Dr. Bigelow was waiting, having all come, as you say, to see him), did not allow of a discussion on his instrument, as I cannot help thinking that such discussion would have shown that much of the praise accorded in your article to it was really due to the much earlier-invented and beautiful little instrument of Mr. Clover, with which it is in principle identical.

I am, Sir, yours faithfully,

H. G. HOWSE.

St. Thomas's-street, Southwark, S.E.,
Nov. 4th, 1878.

To the Editor of THE LANCET.

SIR,—In the recent discussion on impermeable stricture at the Clinical Society, a speaker stated that Professor Dittel, of Vienna, had described all the methods of treatment which were being discussed. I cannot but think that he was in error, although the matter is not very important. Dittel's cases, which were reproduced in our English journals (they were published here after the appearance of my paper—of the date of their publication in Germany I am unable to speak), showed that, in one or more cases, perineal fistulæ were so fortunately situated that probes or bougies could be passed into the urethra behind the stricture, and thence forwards through it. The operation of opening the urinary tract from the rectum, and passing a soft instrument forwards through the stricture and out at the external meatus, the other end being carried into the bladder, originated in Birmingham, and not in Vienna. I am keenly alive to the fact that this geographic circumstance alters the value of the proceeding to some minds. The principle I advocate is that, in exceptional instances, the "membranous" urethra in some cases, and the bladder in others, are readily opened from the rectum. Only a few lines of tissue separate the finger in the rectum from an instrument in the urethra, the tip of the finger being carried to the depression between the anal sphincter and the prostate gland. In some cases I have found the distended bladder itself coming down to the sphincter; here the incision of a bistoury would be as safe as the puncture of a trocar, and may be followed by the introduction of a finger and the passage of an instrument forwards from the internal meatus to the external.

I remain, Sir, yours obediently,

Birmingham, Nov. 4th, 1878.

FURNEAUX JORDAN.

To the Editor of THE LANCET.

SIR,—Permit me to correct an inadvertent error in my remarks at the Clinical Society. In referring to a fatal case of puncture of the bladder through the rectum, related by Mr. Erichsen, I find that I attributed the result to infiltration of urine instead of diffusion of rectal flatus. As Mr. Hulke had already pointed out the occasional occurrence of urinary extravasation, it would have been unnecessary further to refer to the subject; but it seemed desirable to point out another source of danger from an apparently simple and innocuous operation in order that the comparative merits of recto-vesical and suprapubic puncture might be rightly estimated. I may add that in my own practice I have found it rarely necessary to resort to either method for the relief of retention of urine, as I have had recourse to the pneumatic aspirator in those exceptional cases which have not yielded to general means of relief. If Mr. Callender had revived Hunter's method prior to the introduction of the pneumatic aspirator, I have very little doubt that surgeons would have had recourse to the suprapubic puncture of the bladder in preference to the recto-vesical operation, as enabling them to proceed at once, or after two or three days' rest, to pass an instrument through the urethra from the bladder, and thus overcome, as Mr. Lister truly described it, the greatest difficulty with which surgeons have to contend—the existence of false passages.

I am, Sir, yours, &c.,

WALTER RIVINGTON.

Finsbury-square, Nov. 2nd, 1878.

FOREIGN BODIES IN THE AIR-PASSAGES.

To the Editor of THE LANCET.

SIR,—On reading Dr. Johnson's lecture in your number of Oct. 12th, "On Foreign Bodies in the Air-passages," it occurs to me to relate two extraordinary cases lately met with in my practice.

1. A healthy, strong man presented himself to me about an hour after his dinner, looking somewhat anxious, but apparently in very little distress, urging the necessity of having a piece of bone removed from his throat, which he was after swallowing, saying at the same time he had been with another surgeon, who sent him away after an examination, persuading him that there could be nothing of the kind there, and if he did happen to swallow it, no doubt it had passed on into the stomach. However, he said he knew better, and demanded my interference. He had a very capacious mouth, and must have had a capacious gullet, as after-circumstances will prove. I passed a good part of my hand into his mouth, and made a plunge by the right side of the epiglottis a good way below it, and satisfied myself at once that a foreign body was lodged there. His violent effort at vomiting made me withdraw my hand, and renew the attempt after a short interval, when I felt the bone quite perceptibly, it having changed its position somewhat during the time. His next effort at vomiting brought with it, to my astonishment, the bone of a mutton chop, comprising the vertebral end, with an inch and a half of the rib attached to it, pretty well covered with meat. "Yes," he said, taking up his bone, "I knew it was there." This man, I found afterwards, was a great gourmand, and was accustomed to bolt his meat in enormous pieces.

2. I visited a child six years old, pale, and distressed-looking, with a constant irritating cough; copious expectoration of mucus, occasionally mixed with pus and blood; swelling and redness, as far as I could see, round the fauces. On examining the chest, I could find nothing to account for it, and, somewhat puzzled, came to the conclusion that ulceration existed somewhere about the larynx from some cause, and treated symptoms for a few days without any relief, when, during a fit of coughing, the child discharged a piece of bone seven-eighths of an inch in length by half an inch in its widest part, and irregular in shape. Then the mother of the child recollected, about the time the cough commenced, his having complained of something hurting him in swallowing some cabbage that was boiled with a pig's head.

I need hardly say the child quickly recovered from the consumption he was supposed to have; but what I consider extraordinary in the latter case was the little difficulty there was in swallowing, or any symptom to lead one to suspect a foreign body to be the cause. Even in the former case the man swallowed large quantities of water, with the hope of washing the bone down without the least difficulty.

I am, Sir, yours, &c.

Chelsea, Oct. 14th, 1878.

HENRY FISHER, M.D.

THE CROUP AND DIPHTHERIA COMMITTEE OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—Lest any inference should be drawn from the silence of other members of the Croup and Diphtheria Committee but that they are awaiting the opportunity for discussion which the Medical and Chirurgical Society is about to afford, I perhaps may be allowed to point out, what indeed is obvious, that Dr. Semple, in your last issue, is speaking only in his individual capacity, and not as representing the Committee of which he is a member. To what extent the views he expresses are shared by his colleagues will no doubt appear in the forthcoming discussion, no part of which is it my present purpose to forestall.

I am, Sir, yours &c.,

W. HOWSHIP DICKINSON, M.D.,

Chairman of the Croup and Diphtheria Committee.

November 5th, 1878.