A full translation of Dr. Lancereaux's remarkable communication will appear in the September number of the *Paris Medical Journal*.

May I be allowed to supplement your Paris correspondent's note by pointing out that Dr. Lancereaux has used this method since 1899, has found it free from danger in an experience of over 1200 injections, and that he has been led to consider it as the only method meeting the indications for treatment. In this, his latest, communication on the subject, Dr. Lancereaux gives full details of three cases of aneurysm—of the abdominal aorta, of the first part of the aorta with pre-sternal tumour, and of the ophthalmic artery with throbbing exophthalmos—all apparently cured. The injection, consisting of 200 grammes of a 7 per 1000 saline solution containing five grammes of gelatin, is made into the gluteal region every five or six days (being generally completely absorbed in a few hours), from 30 to 40 being usually required. Successful cases have been recorded even when the skin over the sternum was thinned by the aneurysmal sac. Such treatment surely holds out more hope than can be expected from rest, diet, potassium iodide, &c.

I am, Sirs, yours faithfully,

Paris, July 19th, 1906.

A. A. WARDEN.

ASSOCIATION OF MEDICAL DIPLOMATES OF SCOTLAND.

To the Editors of THE LANCET.

SIRS,—May I ask (through the medium of THE LANCET) those holding Scotch qualifications kindly to reinform me of the various disabilities and grievances they may know appertaining to these qualifications, in order that they may be investigated and redressed, if possible, by the above association.—I am, Sirs, yours faithfully,

CLAUDE ST. AUBYN-FARRER,

7, Westbourne Park-road, W., July 18th, 1906.

President.

THE AFTER-EFFECT OF ETHYL CHLORIDE ANÆSTHESIA.

To the Editors of THE LANCET.

SIRS,—I have followed with interest the reports on ethyl chloride as an anæsthetic, especially in dental work. I have used it for that purpose in a large number of cases and find it a good anæsthetic, as there is a period of analgesia after the patient is conscious. As yet I have had no fatal cases but have noticed bad after-effects. I always fill the bag with nitrous oxide and then gradually drop into the bag from a side tube three cubic centimetres of ethyl chloride (for an adult). Dr. A. B. Kingsford in his reports says that he has noticed two forms of rigidities, but according to his experience they come on during the anæsthesia. In all my cases the rigidity was only noticed after the dental operation was past. The local spasm I found most frequently in the fingers; the patient complained of great pain and it took considerable force to relax the same. This form of rigidity occurred very frequently. As to the second form of rigidity the patient took the anæsthesia all right and after the teeth were out he suddenly took what to me looked exceedingly like an epileptic fit. Then he became quite rigid in the opisthotonos position along the dental chair. The pulse could hardly be felt, the breathing ceased for a few seconds, his head was retracted to the one side, the teeth were clenched, and the eyes staring and fixed with the pale grey ash colour of death. He suddenly became conscious and felt sick and vomited, but on trying to get out of the dental chair he had a tendency to become rigid again. His pulse was 39 but it gradually became 53 after a hypodermic injection of one-fortieth of a grain of strychnine. It may be interesting to state that his pupils were unequal for 48 hours after the operation, the right dilated and the left pin-pointed. On examination of his heart the first sound in the mitral area was not heard distinctly but otherwise he seemed in good health. The difficulty I find in using nitrous oxide alone in dental work—and rather to get the patient to sit different times—is that with some patients you cannot get a proper anæsthesia with gas at all. I am strongly of the opinion that there is always great danger in giving ethyl chloride in the sitting posture. I may state that I always prepare my patients for the operation as if I was going to give chloroform. Thanking you in anticipation,

I am, Sirs, yours faithfully,

JOSEPH STARK, L.R.C.P. & S. Edin.

Fruitfield, Airdrie, July 23rd, 1906.

THE GENERAL MEDICAL COUNCIL: THE DIRECT REPRESENTATIVE FOR SCOTLAND.

To the Editors of THE LANCET.

SIRS,—We have been instrumental in promoting a requisition to Dr. Norman Walker inviting him to be a candidate for the post of Direct Representative for Scotland on the General Medical Council. Dr. Walker received so large a measure of support on the last occasion and has since continued to take so active and useful a part in the promotion of the improvement of medical education as well as in other matters of medical politics that we have every reason to believe that on this occasion his candidature will be successful.

The requisition has been largely signed by practitioners from all parts of Scotland and Dr. Walker has indicated his willingness to accept it. We shall be glad to hear from those who wish to join the general committee.

We are, Sirs, your faithfully,

G. A. GIBSON,

3, Drumsheugh-gardens, Edinburgh.

F. W. N. HAULTAIN,

12, Charlotte-square, Edinburgh.

July 24th, 1906.

A NECESSARY REPUDIATION.

To the Editors of THE LANCET.

SIRS,—My attention has recently been drawn to an article in the *British Medical Journal* of July 14th where, under the column Medico-Legal and Medico-Ethical, reference is made to a weekly paper called the *Free Lance* and to a Dr. A. W. Wheatly advertised in its columns.

On applying at the offices of the General Medical Council I find that I am the only man with those initials and name on the Medical Register. The subject being, as the *British Medical Journal* describes, "Touting for Patients" (and I may add in a very objectionable way), I take this my earliest opportunity of disclaiming any knowledge of the person there described, or connexion of any kind with him or his methods.

Your sense of justice and your knowledge of the injury that may accrue to me from this base use of my name will, I feel sure, enlist your sympathy and help by publishing this my disclaimer in the next issue of THE LANCET.

I am, Sirs, yours faithfully,

ARTHUR W. WHEATLY, M.B.Durh.,

Consulting Surgeon, Western Ophthalmic Hospital.

Kensington, S.W., July 24th, 1906.

** We sympathise warmly with our correspondent, who has a right to feel intensely annoyed with the *Free Lance*.—ED. L.

THE UNIVERSITIES AND THE FUTURE OF DENTISTRY.

To the Editors of THE LANCET.

SIRS,—The progress and development of the profession of dentistry must always be matters of interest to medical men. Whether in the future the two professions will tend to be differentiated more clearly or to become amalgamated completely the aims and objects of the practitioners of medicine and dental surgery are so analogous that any movement on one side will naturally be watched sympathetically by the other. Considerable changes are at the moment taking place in dental education which are likely to have far-reaching effects upon the ultimate development of the profession. With regard to the movement for the establishment of university degrees in dentistry a hope has been very generally expressed that it might be found possible to grant to the members of a learned profession the customary hall-mark of a liberal education. In the practical carrying out of this idea a very distinct division in the views of the teachers of dentistry has been disclosed. While one point of view has been shown to be held by a majority of the teachers in most provincial centres of dental education, an antagonistic view seems very strongly held by an important majority of metropolitan teachers. So distinctly local does the cleavage in the teaching profession seem to be that I may conveniently speak of the two opposing views as the metropolitan and the provincial ideals for the development of the dental profession. The metropolitan ideal appears to be the establishment of dentistry as a special department of medicine on lines analogous to the