Whilst the drainage percolates through these porous filters, its offensive gases ascend by an opening into the first space of the second story. This part of the gallery is ranged with crates of fresh dry lime, slaked, and mixed with broken coke, to abstract the carbonic acid and sulphuretted impurities from the gases, smoke, breath, and animal effluvia.

The gases are drawn along, by the operations of rarefaction, through loose shelves, cages, and nets of porous powders, coke, &c., moistened with muriatic acid, to detain ammonia, and to purify the air, as it did long since in the Cathedral of Dijon, when abandoned to malaria.

Through the other reaches of this long gallery the gases are drawn through magnesian and carbonaceous shelves of powders, to mask and abate putrid effluvia and to form triple salts. Whilst the liquid race descends through refining sieves along the under floor, the æriform fumes traverse the dry, powdery, sifting purifiers, through which the gases are drawn to the traction end of the arch or tunnel.

The reason why deodorizing has always failed is this: that the witches treated the fluids, solids, and gases all in the same cauldron, and that there never has been established any effectual means of *drawing* the offensive gaseous atmospheres through a proper series of *separate edulcorators*, each fit to separate and fix, in silt or sediment, the particular obnoxious quality to which the antidote is alone adapted.

As a very moderate rarefaction suffices to raise the guage to a pound or two on the inch, the exhausting means are numerous and economical. Where there are no long valves or leakage, and the motive power is little, an engine like that of the atmospheric railway would effect the traction of many square miles of offensive gases daily, and send them, decomposed, scentless, and colourless, up the steam funnel, and in other localities up lighted lamps and spouts of houses, connected below the chimney tops.*

I am, Sir, yours &c.,

June, 1858.

J. MURRAY, M.D.

N.B. Where hospitals, barracks, towns, or cities require modifications of these principles on a large scale, duplicate tunnels and tanks are best adapted, to clear out soot, silt, and guano from one, whilst the other is in operation.

THE NEW COLLEGE REGULATIONS.

To the Editor of THE LANCET.

SIR,—May I ask for the insertion in your journal of a few lines having reference to the new regulations of the College of Surgeons?

By far the greater number of medical students propose to become general practitioners; the remaining few aspire to the heights of learning, and desire a scholastic as well as professional reputation. The former, having obtained the College and Hall diplomas, apply themselves, with more or less diligence, to their life-work, and are far more anxious to gain a reputation for practical skill than for polished erudition. To be masterly in amputations, unerring in fractures and dislocations, sure in medical practice, and thorough adepts in difficult obstetrics, is their mark. None but their own order know how arduous is the task; but, if only partially achieved, how great! if completely so, how glorious! Such is the class of men who have presented themselves for examination at the Hall and College, and at both places the questions have been confined to the essentials of professional knowledge.

The spirit of progress required, in order to advance the status of the general practitioners of this country, that the examinations, though still retaining their character as a test for practical ability, should become more strict and searching, and that there should be less latitude extended than at present to the indolent and the incompetent.

One somehow feels thankful for the smallest efforts that the Hall and College make to comply with the spirit for improvement so characteristic of the age. Possibly this feeling arises from the extreme rarity of their efforts in this direction; they indeed cling fondly to the past—they lack faith in the future.

The new regulations are generally approved of by those likely to be concerned with them, little addition to the present curriculum being necessary to obtain the diplomas, the possession of which will be attended with additional honour. The satisfaction, however, which the new regulations give is mixed with great dissatisfaction at their being made to act retrospectively. I believe it is the feeling of most of the London students that this precedent is most dangerous and objectionable. They consider it repugnant to English honesty and the

* See Notes on Cholera, 1848.

English mode of legislating. The implied word of the ruling bodies should be as honourably kept with the tyro articulated the day before the new regulations passed as with the ripest third-year's man ready to "go up" to-morrow.

If the new rules had been made to act prospectively, allowing it to be optional with all in the profession at present to pass either the old or new examination, almost to a man the students would have voluntarily chosen to pass the new one, and the corporations would have retained respect and confidence in their good faith; whilst their retrospective enactments will do much to shake the full confidence previously reposed in them as the ruling representatives of the profession.

I am, Sir, yours most respectfully,

St. Thomas's Hospital, June, 1858.

CHESELDEN.

REMARKS ON VACCINATION, AND ITS CAUSES OF FAILURE.

To the Editor of THE LANCET.

SIR,—As the subject of vaccination is one in which the public are very much interested at this present time, I take leave to offer a few remarks upon it.

Having practised vaccination for upwards of fifty years, I have great pleasure in giving testimony to its efficacy as a preventative against small-pox when properly carried out. I shall, therefore, briefly endeavour to point out the causes which, in my opinion, have brought vaccination into disrepute. In the first place, the prejudice of the public is very much against it; and secondly, the careless and slovenly manner in which it is performed, in consequence of the medical men not being sufficiently remunerated for their trouble, (which is something very considerable,) more especially in the rural districts. If it is to be carried out successfully, it must be by the energy and perseverance of medical practitioners, which can only be obtained by rewarding them liberally for tried services. It is a very common case that, the child having been vaccinated, the parents give themselves little or no trouble about it, more especially if there happens to be a pustule or vesicle of some kind. When vaccination was first introduced there was much more attention paid to it than there has been of late years. At that time it was customary for the medical men to visit their little patients several times after vaccination, and carefully watch the progress of the vesicle, and see that it passed through its various stages, so accurately described by the late Dr. Jenner.

I conscientiously believe it is from want of that attention that so many cases of failure have lately occurred. A spurious disease may here have been introduced, and propagated from one to another. I conceive it is almost impossible that a medical man, who visits his patient only once on the seventh or eighth day after vaccination, can pronounce whether the disease is or is not genuine cow-pox. Again, I have often thought that the vesicle being broken or otherwise destroyed is not unfrequently a cause of failure, by preventing the virus from being broken up into the system, without which there can be no security against the contagion of small-pox. If, as frequently happens, there is only one vesicle, and that happens to be broken or destroyed, the patient ought to be re-vaccinated. I have always thought it the safest way to vaccinate on both arms, and if there is occasion to take matter to leave one of the vesicles entire; and in these cases where there is only one vesicle, and the practitioner is compelled to take matter, the patient ought to be re-vaccinated on the opposite arm at the time of taking the matter. My opinion is, that if the foregoing rule were strictly carried out, we should very seldom hear of cases of small-pox after vaccination, and thus the confidence of the public would be obtained.

I am, Sir, yours, &c.,

Coleshill, June, 1858.

J. DAVIES, M.D.

ASSUMPTION OF MEDICAL TITLES.

To the Editor of THE LANCET.

SIR,—In compliance with the accompanying resolution, passed at a meeting of the Nottingham Medico-Chirurgical Society, I beg to forward you the enclosed statement and correspondence.

I am, Sir, your obedient servant,

E. CHAS. BUCKOLL,

Hon. Sec. Nottingham Med.-Chir. Soc.

Dispensary, Nottingham, June 23rd, 1858.

"Resolved—That the secretary of this Society be requested

to prepare a statement of the facts with reference to Mr. Sheridan Wardley's assumption of medical titles, and transmit it to the editors of the medical journals and Medical Directory."

Mr. Sheridan Wardley is described in the Medical Directories as "L.R.C.S. Edin. 1848; M.B. Toronto, Canada, 1850; Corr. Memb. Toronto Med. Soc. Author of 'Wardley on Infant Management;' 'A Voice from a Young Surgeon;' 'The Adventures of a Medical Student.'" In the Directory for 1856 he is styled "Hon. Surg. Nottingham Disp." The following are answers to enquiries made of the secretary of the Edinburgh College of Surgeons and the registrar of the University of Toronto.

Duke-street, Edinburgh, March 12th, 1858.

SIR,—I do not find Mr. Sheridan Wardley's name in the list of licentiates of the College, and I beg to enclose a letter addressed to him, to which probably you will be so good as apply for an answer and forward it to me.

I remain, Sir, your obedient servant,

JOHN SCOTT, Secretary,
Royal College of Surgeons, Edinburgh.
E. C. Buckoll, Esq.,
Hon. Sec. Med.-Chir. Society, Nottingham.

Duke-street, Edinburgh, March 12th, 1858.

SIR,—I observe that your name appears in the London and Provincial Medical Directory, of this and previous years, as a licentiate of this College of 1848; and as I am not aware that you ever obtained the diploma of the College, I must beg you to inform me when you did so, and whether it was by your authority that your name appears with that addition in the Directory. I request your early reply.

I remain, Sir, your obedient servant,

JOHN SCOTT, Secretary,
Royal College of Surgeons, Edinburgh.
Richard Sheridan Wardley, Esq.,
Nottingham.

University of Toronto, April 5th, 1858.

SIR,—I have had the honour to receive your communication of the 16th ultimo, and have made a careful search amongst the records of this University for the name of Richard Sheridan Wardley, and without success. You will receive herewith a certificate of that fact.

I have the honour to be, Sir, your obedient servant,

J. H. MORRIS, Registrar.
E. C. Buckoll, Esq.,
Hon. Sec. Nottingham Med.-Chir. Society,
Nottingham, England.

"I, James Henry Morris, M.A., Registrar of the University of Toronto, do hereby certify that I have carefully examined the register of this University, and that I cannot find the name of Richard Sheridan Wardley appearing therein. In witness whereof I do hereby set my hand and seal of this University, on this fifth day of April, A.D. 1858.

J. H. MORRIS, Registrar.
University of Toronto,
Province of Canada."

L.S.

DYSPNŒA FROM WEAK HEART.

To the Editor of THE LANCET.

SIR,—THE LANCET of the 12th ultimo contains the report of two cases narrated by Dr. Ogier Ward, before the Medical Society of London, in which he states that he believes "the dyspnœa in these cases arose from the heart being too weak to send a proper supply of blood through the lungs." This, I imagine, must be the cause of dyspnœa in the aged much more frequently than is usually supposed, in support of which the following case offers an example:—

An old lady, aged eighty-four, in whom no structural disease of either heart or lungs can be found, is frequently attacked with most distressing dyspnœa. At the commencement of the attack, her pulse becomes smaller, then intermits, and, if unrelieved, it becomes quite imperceptible, her breathing becomes most distressing, and each gasp appears as if it would be the last. If in this condition a little stimulus be administered—either the compound spirit of ether, the chloride of ether, or the sesquicarbonate of ammonia—she begins to improve, the pulse returns to its natural calibre and regularity, and the dyspnœa disappears simultaneously, and she continues in a comfortable state for days and sometimes for weeks without a remission.

The case has extended over a period of twelve months, and the last attack was relieved by small and frequently-repeated doses of the sesquicarbonate of ammonia.

I am, Sir, your obedient servant,

J. G. BARFORD, M.R.C.S.
Wokingham, Berks, June, 1858.

ABSCESS OF THE LIVER AND RIGHT KIDNEY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Oct. 10th, 1857, p. 361, there is the "Report of a Case of Abscess of the Liver and Right Kidney," and you will find upon reference that I said, "that guided by the action of Nature in the case, it was not my intention to expedite the closure of the fistulous communication then still existing with the kidney." To this plan I adhered; and I have the pleasure of informing you, that eight months having now elapsed, the wound has completely healed, and the patient is in every sense quite well.

I shall feel obliged by your insertion of this note, as it completes the history of the case.

I am, Sir, yours obediently,

Harrow-road, June, 1858.

WM. THORN, M.D.

SCOTLAND.

(FROM OUR EDINBURGH CORRESPONDENT.)

It is painful to have to assert that the cloud of discord hangs more heavily over Edinburgh than elsewhere; nevertheless, this seems to be the case, judging from many instances of no distant date. At elections for medical chairs, especially, this fact may be observed. At the election for the Chair of Chemistry on the 28th ult., the name of Dr. Blyth having been withdrawn, the town-clerk stated that a letter had been received from Dr. Douglas MacLagan on the subject of the election, with a request that it should be read. In his letter Dr. MacLagan states that Dr. Simpson called on him the previous evening with a request that he should withdraw the name of Dr. Anderson as a candidate. To this Dr. MacLagan refused to accede; upon which it is stated that Dr. Simpson observed, "Two of Dr. Anderson's leading supporters will leave him." Dr. MacLagan continues: "On my still declining to take any steps in this matter, Dr. Simpson said to me, 'Then Dr. Anderson, next year, will lose his appointment as chemist to the Highland Society.' To this I replied that it was not the gift of the Town Council, and they could not work the result." Dr. Simpson's reply, writes Dr. MacLagan, was, "It shall be worked." It is very much to be regretted that this conversation, whether the identical one or not, should have been brought before the public. Dr. Playfair's election amounted to a certainty; and that which was purely a *tête-à-tête*, might have remained so. At the close of the proceedings a letter was read from Dr. Simpson, which it only justice to insert here: "I have this moment had a letter of Dr. D. MacLagan to the Lord Provost placed in my hands. Allow me merely to state that Dr. MacLagan's account of our interview is quite incorrect in various particulars; that I called out of kindness both to Dr. MacLagan and Dr. Anderson, and for the good of the Universities of Edinburgh and Glasgow; and that I am greatly astonished indeed to find any gentleman make thus a public use of a private conversation." Thus the matter rests: *requiescat in pace!* The result of the election was, as everyone anticipated, in favour of Dr. Lyon Playfair; the numbers being—for Dr. Playfair, 25; for Dr. Anderson, 9: whereupon Dr. Playfair was declared duly elected.

For some time past the progress of the University Bill has been watched with lively interest, and, despite the opposition of the Town Council, a successful result seems to be no longer a matter of doubt. One great and singular imperfection, however, exists—namely, the exclusion of the medical graduates from the government of the Universities. When it is recollected that Edinburgh owes her high collegiate status to the reputation of her medical schools, has fourteen medical chairs, and confers annually a far greater number of degrees in medicine than in arts, such an exclusion appears impolitic and unjust. Considerable feeling has therefore been evinced on the subject, and, with a view to remedy the evil, a large meeting of graduates was held in St. George's Hall on the 29th ultimo. Dr. Begbie occupied the chair, and resolutions condemnatory of the exclusion were passed. It has been affirmed that the professors were adverse to the cause of the graduates, and the presence of several at the meeting called forth a suggestion that a memorial on the subject should be sent from them. Dr. Gairdner thought this should have been done long ago—an expression which threw the *onus probandi* upon Dr. Christison,