public health. Papers descriptive of the general state of health of particular districts or of the same districts at different periods or under different circumstances, and of persons engaged in the several industrial occupations, as well as of the special diseases to which particular localities and modes of life or of occupation are most liable, will be classed under this division.

2. The Causes which modify the Public Health. To this head will be referred papers that treat of the causes which, whether favourably or injuriously, affect the public health, and the way in which these causes act. This division will thus include the consideration of the production of disease by external causes to which persons, either individually or collectively, are liable to be exposed—such as climate, soil, locality, habitation, diet, occupation, station, or habit.

3. The Improvement of the Public Health. Communications that suggest plans for amendment of the public health, whether these have reference to legislative enactments and the machinery requisite for the administration of sanitary law, to the removal of causes of disease by engineering or other mechanical appliances, or to the prevention of disease by hygienic precautions, will be classed under this head.

4. Social and economical Aspects of Public Health. This division will include inquiry into the effect of diminished death-rates upon the population; the effect of sanitary improvement on the national wealth; the diminution of pauperism; and the general, moral, and physical elevation of the community.

In the fifth department are considered the various questions relating to social economics.

Papers may treat of—1. Conditions of industrial success: Accumulation and employment of capital, trades' unions, freedom of trade, the apprenticeship system, the effects of science and machinery on industrial success, the factory system, &c.—2. Condition of the working classes: Habitation, domestic economy, provident habits, recreation, &c.—3. Charity and relief: The effects of charitable endowments, workhouse relief and management, &c.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

THE QUESTION OF "SURGEON"-DENTISTS.

The following letters—namely, two from Mr. S. L. Rymer to the Honorary Secretary of the above-named Association, and the reply of Dr. Ladd to the first—have been forwarded to us for publication:—

College of Dentists of England, 5, Cavendish-square, London, Aug. 24th, 1859.

SIR,—I am instructed by the Council of this College to inform you that they have received a communication from Mr. Brookes, of Banbury, in which that gentleman states that the London Medical Registration Society have, through you, intimated to him that unless he discontinues calling himself a "surgeon"-dentist, they will feel bound to prosecute him; and you call his attention to the case of Samuel Nunn, a "dentist," as a *precedent* for such prosecution. Mr. Brookes practises as a "surgeon-dentist," and not, as the Council are informed, in a way which would tend to *divide* the title "surgeon-dentist," so as to imply that he acted otherwise than legally.

The Council of the College of Dentists, having taken the matter into consideration, have come to the conclusion that the case of Samuel Nunn cannot by any means be considered as a precedent, because it was indisputably proved by the evidence upon which Nunn was convicted that he had led the public to suppose, by an artful contrivance, that he was a "surgeon," as well as a chemist, dentist, &c.

The last clause of the new Medical Act contains a provision which distinctly exempts dentists from its operation in *every particular*. This provision was inserted at the instance of the College of Dentists.

The title "surgeon-dentist" is employed (as it has been always) by many of the most eminent and highly-esteemed dental practitioners in England; and it is clear that, if the right to assume it were denied, the last clause of the Medical Act would render the Act itself anomalous.

The title "surgeon-dentist," if correctly construed, does not admit of doubt as to meaning "an operator on the teeth."

If the title be employed, as in Nunn's case, to *delude the public* into supposing that the person assuming it is a "surgeon," and it can be proved that the public have been so deluded, doubtless such a person is an offender acting illegally.

Should the opinion of the Committee of the Medical Registration Society not agree with the views of the Council of the College of Dentists, the latter would suggest that the question be fairly tried in a London Police Court, when, if there should still appear good grounds for doubt as to the real *spirit* and *intention* of the last clause of the Medical Act, the matter could be finally settled in the Court of Queen's Bench.

As the President of the College is also a member of the College of Surgeons of England, it is thought by the Council to be desirable that your Committee should prosecute some member of the Council (not of those also members of the College of Surgeons) resident in London or in the immediate neighbourhood, and they would be prepared to defend his case.

I may mention that I practise, as I have done for many years, as a "surgeon-dentist;" and for the sake of settling the question, I am willing to be proceeded against.

The favour of an early reply will be esteemed.

I have the honour to be, Sir,

Your faithful and obedient servant,

SAMUEL LEE RYMER,

To Dr. Theodore Ladd,
Hon. Sec. to the London Medical
Registration Association.

Hon. Sec. to the Council of the College
of Dentists of England.

To the Council of the College of Dentists of England.

The London Medical Registration Association,
5, Charing-cross, London, S.W., Aug. 31st, 1859.

GENTLEMEN,—The Committee of the London Medical Registration Association having maturely considered the subject of your letter of the 24th instant, relative to the right of dentists to use the prefix title of "surgeon," without any surgical qualification, I am requested to state on their behalf that at a convenient time they will contest this point so as to set the question at rest. The Committee are of opinion that the decision in the case of Nunn is a precedent, and a very important one, showing that the title "surgeon-dentist" may be used to draw other business than pure dentistry.

The Committee beg to call the attention of the College of Dentists to the fact, that the 55th Clause of the Medical Act exempts "dentists" (not "surgeon-dentists") from the operation of the Act. Such a title as the latter-named is not to be found in the Medical Act; and the Committee do not wish to interfere with the *lawful* occupation of "dentists."

If, then, part of this clause was inserted at the instigation of the "College of Dentists," as has been alleged, how is it that you styled yourselves "dentists" if you felt that you had a legal right to the prefix "surgeon?" Again, if the Council of the College of Dentists were convinced that they were legally entitled to call themselves "surgeon-dentists" without having the extra qualification from a College of Surgeons, how is it that their College was not named the "College of Surgeon-Dentists?"

The Committee differ from the Council of the "College of Dentists" upon the construction of the combined title surgeon-dentist. The Committee are of opinion that the word "dentist" implies "an operator on the teeth," and that "surgeon-dentist" means that such operator on the teeth has an additional qualification—viz., that of "surgeon;" and they also think that if such an hypothesis as that advanced by the College of Dentists were allowed to prevail, the Medical Act would fall far short of what was intended and expected from it in its operation; and the 55th Clause of the Act would then, indeed, be anomalous.

The Committee consider that the blacksmith who draws a tooth with pincers would have as much claim to the title of dentist as dentists who are not surgeons have to the title of "surgeon;" in fact, the blacksmith is free to call himself dentist if he will, for there is no Act of Parliament to prevent him, whereas there is one which will punish persons for assuming the title of "surgeon" without legal qualification and without being registered under the Medical Act.

The Committee submit that, supposing the College of Dentists were to succeed in establishing the right to use the title "surgeon-dentist," they would then come under the provisions of the Medical Act as "surgeons," and, accordingly, could not recover fees (nor practise legally as surgeons) for any operation or work done unless they could prove upon the trial that they

were registered under the Medical Act; and dentists cannot, as such, be registered under the Medical Act.

The Committee regard it as extremely unfair that dentists should assume a title which has not been obtained by any surgical education or examination. The object of those, however, who assume that title improperly is apparent—viz., to have an honourable distinction with its concomitant advantages, and to enjoy privileges which they have not legally acquired.

To sum up the views of the Committee, they are as follows—viz., 1st. The word “dentist” means “an operator on the teeth.” 2nd. “Surgeon-dentist” implies that, in addition to the occupation of “dentist,” the party has the statutory qualification of “surgeon.” 3rd. It is penal to use the prefix “surgeon,” unless in possession of the legal qualification conferring such title. I have the honour to be, Gentlemen,

Yours very obediently,
THEOD. ED. LADD, M.D., *Hon. S*

College of Dentists of England, 5, Cavendish-square, London, Sept. 7th, London.

SIR,—I am instructed by the Council of this College to acknowledge the receipt of your letter of the 31st ultimo.

The Council regret that the Committee of the London Medical Registration Society differ from them in the construction of the title “surgeon-dentist,” and it appears to the Council very desirable that the question should be finally set at rest ere long, although they would *prefer* to avoid being in any way mixed up in litigation.

It appears to the Council that the matter might be satisfactorily disposed of by *arbitration*, so far as members of the College of Dentists are concerned.

I have the honour to remain, Sir,
Your faithful servant,

To Dr. Ladd,
Hon. Sec. to the London Medical
Registration Association.

SAMUEL LEE RYMER,
Hon. Sec. to the Council.

Correspondence.

“Audi alteram partem.”

THE CASE OF SMETHURST.

[LETTER FROM DR. HENRY SAVAGE.]

To the Editor of THE LANCET.

SIR,—Until I read the medical evidence at Dr. Smethurst's trial, I was not aware that the experience of any medical practitioner of standing could be so entirely barren of cases in support more or less of the position maintained by Dr. Tyler Smith; yet so it seems to be in the instance of the distinguished medical evidence for the prosecution. All that was adduced on the subject of fatal constitutional disturbance from utero-gestation came entirely from the medical evidence for the prisoner. The jury, if they did not ignore the possibility of this third cause of the death of Miss Bankes, kept their minds intent on dysentery, according to Dr. Copland and others, or irritant poisoning, deciding for the latter as a matter of course.

There has been a confusion of meanings under the single term dysentery. Epidemic dysentery is a very different thing from the dysentery incidental to irritant utero-gestation. It was never, I imagine, seriously contended that there is but one sort of dysentery; nevertheless, it is chiefly due to Dr. Smith's determined perseverance that a distinction so vital to the prisoner is likely to have its due weight.

The prosecution must have taken enormous pains to avoid availing itself of any medical testimony in favour of Dr. Smethurst, or the medical witnesses identified themselves with that antagonism which, right or wrong, is not discouraged between opposing counsel. Either is suggestive of the most painful reflections, humiliating and derogatory to the medical profession, Dr. Babington's 2000 cases, long obstetric career, and avowed ignorance of any such cases as mentioned by Dr. Smith, notwithstanding.

Besides Dr. Smith, Dr. Quain, Dr. Girdwood, and Mr. Nichols, have communicated to the public press particulars of cases which not only resembled, but exactly corresponded in symptoms with, the case of Miss Bankes. I have not seen a fatal case, but, for the sake of the still critical position of the

accused, I feel bound to declare most positively that the cases I have seen—which the more decisive testimony of the above gentlemen renders it unnecessary to mention in their details—justify my fullest assent to their opinions. In Dr. Quain's case, the possibility of accidental poisoning actually occurred to the medical attendant, and was made the subject of chemical investigation.

Dr. Smith draws a striking parallel between the cases of Miss Bankes and Charlotte Brontë. Which died of poison? According to Dr. Smith, *neither*; according to the jury which convicted Smethurst, *both*.

The time is come for cautioning our profession against this frightful proneness to suspect poison when a disease turns out rebellious or inexplicable. The medical mind has not settled down, apparently, since the Rugeley affair. Early this year I was concerned in a most serious inquiry arising out of a prepossession of this kind. A gentleman under the care of a London physician for an obscure paralytic affection, on his return to his place in the country was taken ill of a form of low fever then prevalent in the district. He got rapidly worse; his London physician was sent for; but he died a few days afterwards. The local practitioner was astounded by a letter from the physician, charging somebody with killing the patient by an acrid poison, “because *he* could not reconcile the symptoms with those he saw when the patient was in London.” Although he thought fit to change his opinions (in which he stood alone) almost immediately afterwards, a most searching investigation was instituted by the family; but the coroner declined to hold an inquest, and so the matter dropped. Chlorate of potash, I believe, was freely given during the illness. I feel with Mr. Herapath, that “if the same impure copper has been used for twenty years by Dr. Taylor (Dr. Taylor's own frank admission), what shall be said of the justice of the convictions during those years on Dr. Taylor's evidence?” I often think now of the arsenized copper-gauze, and shudder at the narrow escape of the “next of kin” in the above case.

The lawyers have not lost the opportunity offered by the utter break-down of the scientific evidence in these poison trials to retort upon us with stinging effect that “glorious uncertainty” considered hitherto the special attribute of the law. A “Lawyer” of twenty years' standing, moreover, tells us that there is no drug but quinine which is not perpetually disgracing the precepts of the *materia medica*.

Between the 18th and 29th of April, the following are only some of the medicines administered to Miss Bankes: acetate of lead, nitrate of silver, sulphate of copper, opium, chalk, bismuth. The “Lawyer” inquires whether we are prepared seriously to take our oath that we do not ourselves believe that the patient would have stood a better chance of life had not a single drug out of the above catalogue been given? For myself, I must say that one of the cases I alluded to improved immediately medicine was discontinued. Another did well, being safely delivered at the usual period. Because she took no medicine?—such was the unanimous feeling of those with me in attendance. In fact, a moment's reflection—if we adopt the reflex explanation to account for the otherwise unaccountable obstinacy of sympathetic vomitings and purgings amongst pregnant women—must convince us of the dangerous uncertainty of minerals in themselves “acrid” and “irritating.”

It is far from my wish to stigmatize anybody. Dr. Julius and Mr. Bird do not suspect pregnancy; and making every allowance for jealousy or envy on the part of those most severely critical on Dr. Taylor—in short, accepting him still as the exponent of all toxicology can do—unless the aspect of the criminal system very soon change, or toxicology get respectable as an art, we must look forward to some judicial murder.

The *identity* of symptoms between the cases of Mrs. Dove and Mrs. Smith (who were killed incontestably by strychnia) and that of Mr. Cook, alone convicted Palmer. The two cases seemed to occur providentially, to bring the dreadful Rugeley drama to its legitimate conclusion; and Palmer was proved to have had the strychnia, which he could not account for in a way compatible with innocence. Those who have been so eager to compare the Smethurst and Palmer cases ought not to hesitate in according to the former the full benefit of the contrast. No poison could be traced to Dr. Smethurst. Not one of the medical witnesses could speak positively from his own knowledge as to the distinctive signs of irritant poisoning. The *identity* of symptoms existed *alone* between Miss Bankes and the cases mentioned by Dr. Tyler Smith, Dr. Quain, and others. This identity, the same in kind as that which convicted Palmer, ought clearly to acquit Smethurst.

A contemporary sums up its impressions thus—“Is the prisoner guilty? We believe he is. Was he proved to be guilty”