death-rate did not exceed 20·7 per 1000, which was 3·9 below the rate in the corresponding periods of the five preceding years; it was also 2·0 per 1000 below the mean rate that prevailed during last quarter in the twenty-eight large English towns. The information bearing upon the notification and isolation of cases of infectious disease shows the result of energetic sanitary organisation carried out with tact, the beneficial effect of which upon the health of the borough cannot well be over-estimated. The calculated death-rate of children under five years of age in the last quarter was 53·0 per 1000 living, ranging in the four registration sub-districts from 33·6 in Broughton to 72·9 in Greengate. No more conclusive evidence is needed that the sanitary authority of the borough should look for further health progress in Greengate registration sub-district. We should be glad to see other large towns following the example of Salford in the publication of Quarterly Health Bulletins containing similar statistical information, reflecting in so trustworthy a manner the health of the population.

THE SERVICES.

Among the officers who left Sawakin in the *Jumna* on the 17th inst., sick, was Surgeon-Major J. J. Crean. Staff Surgeon P. A. Hayes and Surgeons Hay and Mander are reported as sick on board the hospital ship *Ganges*. Amongst the officers who left Sawakin for England on the 15th inst. were Staff Surgeon C. J. Holmes and Surgeon W. C. Beevor. The following officers have left Egypt for England invalided: Surgeon-Major J. Kinahan and Surgeon C. E. Faunce.

WAR OFFICE.—Army Medical Staff: Brigade Surgeon George Langford Hinde to be Deputy Surgeon-General, vice Edward Malcolm Sinclair, M.D., placed on temporary half-pay; Surgeon-Major William Temple, M.B., V.C., to be Brigade Surgeon, vice George L. Hinde; Surgeon-Major James Shand Duncan, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Major Charles Wyat Watling is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Major Edward Harford Lloyd, M.B., is granted retired pay, with the honorary rank of Brigade Surgeon; James B. Clarkson (L.R.C.P. & S. Edin.), Lieut. 19th Lancashire Rifle Volunteers, has been appointed to a commission in the Reserve of Officers.

Correspondence.

"Audi alteram partem."

THE ELECTION OF COUNCILLORS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—It may simplify the action of the Fellows at the coming election for Councillors at the College of Surgeons if you will allow me to say that it is neither my wish nor my intention to offer myself for re-election.

I am, Sir, yours obediently,

Cavendish-place, W., May 16th, 1885. JOHN ERIC ERICHSEN.

"PNEUMOTHORAX FOR HÆMOPTYSIS."

To the Editor of THE LANCET.

SIR,—In an annotation last week you were good enough to speak favourably of my plan of producing artificial pneumothorax. Will you allow me a brief space to point out some advantages which this plan offers over the method by free incision besides the ones you referred to. By using a fine hollow needle the operation can be done without moving the patient in his bed, without causing any pain, and without chloroform, therefore circumstances of great moment when the patient is enfeebled by disease or loss of blood. Moreover, the pneumothorax can be induced very gradually, and can be suspended or pushed on at the option of the operator. If it seemed desirable, very considerable pressure could be brought to bear on the lung; on the other hand, if for any reason it were thought advisable, by merely reversing the process, the injected air could be immediately

withdrawn, and the *status quo ante* brought about. Once the chest-wall is incised we lose further control over its mechanism, and cannot undo our operation if for any reason it fails to fulfil our requirements. You justly point out the limited application of such a procedure, and yet if it can be undertaken without risk or danger, and if the operation can, so to speak, be undone without any difficulty, it may come to be tried at an earlier stage before adhesions to the chest-wall, solidification or other mechanical causes render the lung incapable of collapsing. Such a plan appears to me thoroughly rational and full of promise; it is but an extension of the principle of physiological rest to a diseased organ incapable of getting rest in any other harmless way. Where there are small cavities or aneurysms it is not improbable that a cure may be obtained in a few cases, for it would bring the walls of such cavities into contact with each other and so promote adhesion between them, and obliteration.

I am, Sir, yours faithfully,

ROBERT WM. PARKER.

Old Cavendish-street, W., May 18th, 1885.

PERSONAL EXPERIENCE OF COCAINE AS AN ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—As I believe I am the first member of the profession who has undergone a serious operation under the influence of the new anæsthetic, I feel that I ought to place my experience on record.

About eight years ago, being then in my sixty-second year, and finding that the sight of my right eye was not so good as formerly, I consulted Sir William (then Mr.) Bowman, who informed me that I was suffering from cataract. Finding my left and best eye failing me considerably during the past autumn and winter, I determined to have the right eye operated upon, and with this object placed myself under the care of Dr. Bell Taylor of Nottingham. As I have always had a strong tendency to squeeze the lids forcibly together on slight provocation, and instinctively resent in an exaggerated degree anything like the impact of a foreign body, even of a drop of water, I fully expected it would be necessary to inhale some general anæsthetic, although I dreaded the possible ill-effects of the vomiting and retching which either ether or chloroform might occasion. I had heard, of course, of the employment of cocaine in order to annul sensation during the removal of foreign bodies from the surface of the eyeball and in other slight operations, but never for one moment expected that it would suffice for the extraction of cataract in a hypersensitive individual like myself. The doctor, however, assured me that I should not feel it, and, to my great surprise, I found that this statement was literally true. The solution of cocaine was applied to my eye three times at intervals of five minutes before the operation, and each step of the operation was explained to me by Dr. Taylor as it was successively accomplished; the preliminary incision was completed without pain, as was also the excision of a small portion of the iris made in the upward direction—a satisfactory answer it appears to me to the query, Does cocaine affect deep-seated parts?

I can truthfully affirm that the whole affair was painless, that the cataract was removed without pain, that I have had very little pain or discomfort since, and can now, little more than a fortnight after the operation, see objects distinctly, make out words of small print, and am improving every day.

You have had satisfactory evidence of the value of cocaine before, but I venture to think none so conclusive as this which I have now to offer.

I am, Sir, your obedient servant,

Staindrop, Darlington.

WM. COPELAND, M.R.C.S.

THE PROSECUTION OF IRREGULAR PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—It is instructive, after reading the opening speech of Sir H. Acland *in re* the punitive powers of the General Medical Council, to turn to the daily papers to see how well the Incorporated Law Society protects the interests of solicitors. Hardly a day passes without one finding that a prosecution of some unqualified legal practitioner has been

undertaken by that body, or that some black sheep in the profession has been "struck off the rolls." As the case appears in the daily press, the public hears of it, and is instructed thereby. Contrast this with what happens at the General Medical Council: the proceedings are secret, and the result only appears in the medical press, and no further steps are taken to see that the man struck off the Register does not still practise. No prosecution for unqualified practising has been ever attempted by our ruling authority, and I do not suppose the general public knows of its existence. Our corporations or universities do not help us in the least to keep up the honour and dignity of our profession. Something ought to be done, or else men will soon ask, What is the advantage of being qualified at all? What with unqualified men, prescribing chemists, prescribing dentists, bone-setters, and the large race of spinsters, parsons, and others who do not hesitate to advise their friends to try their pet quack remedy, it is difficult to see the special advantages our expensive training has given us when a living has to be made for ourselves and those dependent upon us. It is a temptation to younger men to fling aside professional dignity when they find that fortunes are made by their unqualified opponents, who by their humbug and blatant advertisements attract the "custom" which the "gentleman" and the "educated" man loses because he has some love for the honour and dignity of his profession. We have a right to demand that we should be protected from this long-continued abuse, and that the public should be protected as well. If any further powers are needed by the General Medical Council—the General Meddling Council is a better name for it,—these powers can easily be obtained from Parliament. At present all we have to show for our registration fee is a single copy of the Register given (?) at registration. Other cases occur to me, but I must not take up more of your valuable space.

I am, Sir, yours truly,

Canonbury-place, May 19th, 1885. A. GEORGE BATEMAN.

"SUCCESSFUL OESOPHAGOTOMY FOR REMOVAL OF A HALFPENNY SWALLOWED THREE YEARS PREVIOUSLY."

To the Editor of THE LANCET.

SIR,—In your notice of the above case in THE LANCET of Saturday last you say that the child was treated for asthma, and that the swallowing of the halfpenny was lost sight of until this fact was elicited from the history of the patient given at the hospital a few weeks ago. As the little fellow was under my treatment for some months before he went, for the last time, to the Queen's Hospital, I beg leave to give the following short history of the case as far as it fell under my observation:—The child was first brought to me on Sept. 9th of last year, and at this time I learned from his mother that he had swallowed a halfpenny on Christmas Day, 1882. According to the mother's statement he was taken immediately to a surgeon, but as at the time the symptoms were not very urgent, no attempt was made to extract the coin. Subsequently he was taken twice to the Children's Hospital and once to the Queen's. According to the papers given to the mother he was treated at these institutions for bronchitis and asthma, and on the second occasion of her going to the Children's Hospital she was even ridiculed for supposing that the halfpenny had anything to do with the chest symptoms. When he came to me there was great difficulty both in breathing and swallowing, and much emaciation. Loud mucous râles were heard all over the chest, and there was impairment of resonance on the right side. I then gave it as my opinion that the halfpenny was impacted in the oesophagus, and by its pressure on the posterior wall of the trachea had led to the dyspnoea, and probably to some more serious change in the lung itself. The mother was unwilling at the time to take him again to the hospital, especially as I told her that in my opinion any attempt at removal would prove injurious, and perhaps fatal. In this I am glad to find that I was wrong, and that the skill of the surgeon has triumphed where the care of the physician was unavailing. I have only to add that while under my care he was treated with Parrish's syrup and cod-liver oil, and that for a time he improved greatly.

I am, Sir, yours obediently,

Birmingham, May, 1885.

WILLIAM J. NOTLEY, M.D.

MANCHESTER.

(From our own Correspondent.)

VICTORIA UNIVERSITY.

At the last meeting of the Court of the Victoria University, several matters of interest to the profession, and especially to medical students, came up for consideration. On the recommendation of the Council, it was resolved that candidates for the B.A. degree may, if not required to present both Latin and Greek in their intermediate or final examination, present in lieu of one of these languages, either French or German at their preliminary examination. The proposed interchange between the intermediate B.Sc. examination (Faculty of Science), and the preliminary examination in science (Faculty of Medicine), was postponed for future consideration. The following resolution, affecting especially old students of Owens College, was adopted, viz.: That anyone qualified before this year shall be admitted to the intermediate and final examinations for the degree of M.B. without having to pass the entrance examination in arts, or the preliminary examination in science, provided they have complied as students with all other requirements. This will enable many men who were students of the College before the granting of the charter to obtain a degree in medicine by passing examinations in professional subjects only. In the report presented to the Court allusion was made to the great loss the College and the University had sustained in the death of Dr. Watson, whose death, after a lingering illness, was chronicled in your pages recently. By his death the College loses both its professor of anatomy and its dean, Dr. Watson having been appointed to the latter office on the resignation of Dr. Gamgee last year. The latter has again, *pro tem.*, taken up the duties of dean. Rumour is already busy with several names for the vacant post of professor of anatomy, amongst them Dr. A. Young, who would be a formidable competitor against any candidate, he having for many years been senior demonstrator in the dissecting room prior to holding his present posts at the Infirmary and at the Salford Hospital.

THE CONSUMPTION HOSPITAL.

At the recent annual meeting of the subscribers to the Hospital for Consumption a very energetic report was submitted. This, the only hospital in the midst of so dense a population for the treatment of consumption and diseases of the chest and throat, has long laboured under many disadvantages. The accommodation has for some time past been inadequate to its needs, the numbers of patients increasing greatly every year, numbering for the year ending 1884 no less than 3032. The accommodation for the in-patients has been so defective that the Committee have taken a building at Bowdon, situate outside the smoke of the city, and have adapted it for the reception of sixteen patients, which accommodation is ultimately to be increased to sixty beds as soon as the necessary funds are raised, the amount now required being some £10,000. The out-patient department is also to be reorganised and the staff increased by the addition of another assistant physician. The income last year was £865, whilst the estimated expenditure for the coming one is estimated at £1500 at least, so that increased support will have to be found if the work of this charity is to be carried on efficiently.

CONFERENCE ON HEALTH AND EDUCATION.

The Conference on Health and Education lately held here may be looked upon as having been very successful, although at one time it appeared likely that the whole project would fall through. Under the presidency of Lord Aberdare the meetings were well attended, and many able papers were read by specialists on the various subjects submitted for discussion. Of course "over-pressure" came in for the lion's share of attention, and on the first day a paper was read by Mr. H. E. Oakeley, Her Majesty's inspector, in which he sought to prove that this mischief had been much exaggerated, whilst Mr. James Newbold, on behalf of the Manchester teachers, read a paper on the opposite side, asserting that over-pressure did exist to a large extent in elementary schools, and the latter view was apparently in favour with the majority of the audience. It was stated by one of the physicians to the Children's Hospital that during the past few years chorea had been more common amongst children of school age, and appeared to be often due to extra