the management of the College, while some few hundred of those who forty years ago took a diploma which must, according to Mr. Erichsen's own argument, have been lower in grade were nominated to a distinction which conferred the rights the more highly educated body now seeks? It is now full time that this anomaly ceased and the Members admitted to a position in which each one may take a personal interest, present or prospective, in the honour, dignity, and prosperity of the finest College in Europe.

With many apologies for our encroachment upon your space,

We are, Sir, your obedient servants,

WARWICK C. STEELE,

WM. ASHTON ELLIS,

Hon. Secs. Association of Members of the Royal College of Surgeons, England.

THE PREVALENCE OF SHINGLES.

To the Editor of THE LANCET.

SIR,—I beg to endorse the observation in your issue of the 11th inst., by a "General Practitioner," on the present prevalence of shingles. During the last month I have seen three cases, and although I had not recognised the relationship between the heart trouble and the herpes, I may state that in one instance there was cardiac irregularity and the development of a basal souffle where the heart had previously been found normal. These symptoms have been greatly amended by treatment. In the other two cases my attention was not drawn to the heart. These three examples of herpes zoster had their distribution in the dorso-abdominal and lumbo-inguinal regions. In a fourth case, which has come under my notice, although not under my care, the three branches of the fifth nerves were the seat of pain, the eruption chiefly following the course of the ophthalmic division and consisting of large hæmorrhagic vesicles.

The house-physician of one of the Paris hospitals tells me that he also has seen several cases of herpes zoster quite recently in his out-patient department.

As regards the etiology of shingles, I have always considered it to be associated with gout. But the peculiarity of its distribution makes it difficult in this matter to give a categorical reply to the customary query of our patients, Is it in the nerves, or is it in the blood?

I am, Sir, yours faithfully,

Paris, Dec. 1886.

OSCAR JENNINGS, M.D.

P.S.—Since writing the above I have seen a case of discrete generalised herpes, accompanied by headache, thirst, and fever—a typical example of what the French call *fièvre herpétique*. The subject was a little girl twelve years of age. It commenced with a sore throat (*angine herpétique*) which was followed by an eruption of pellucid vesicles, chiefly on the trunk, but also on the extremities, face, roots of the hair, and to an inconvenient extent around the anal and vulvar orifices. The symptoms have lasted three days, and have disappeared without any special treatment.

THE REPORT OF THE INQUIRY COMMITTEE OF THE LIVERPOOL MEDICAL INSTITUTION.

To the Editor of THE LANCET.

SIR,—I trust that, in fairness to Dr. Imlach, you will allow me to comment briefly on this remarkable document, and in some measure to reply to your own leading article upon it.

There are only two conclusions in this report of a positive kind. The first is to the effect that the Committee is very decided that no operative proceedings are required in ordinary cases of hæmatocele. No one has yet said anything to the contrary, and the insertion of this sentence can have only the effect of most unfairly prejudicing Dr. Imlach in the claim which is being made for a new trial in *Casey v. Imlach*. The second conclusion is that, in the opinion of the Committee, a body composed of officers of general hospitals, surgeons who are attached to special hospitals should refrain from certain lines of work which they have created, and resign them in favour of their less successful brethren of the general hospitals—a very generous proposal indeed, but not likely to be accepted. The whole of the rest of this impotent document is negative, and one omission is most suggestive. Preparations removed

at the operations which were the subjects of investigation were offered to the Committee for examination, but not one word is said as to whether this examination was made, or as to its results. As to the pathological appearances which justify an operation for chronic ovaritis, for hydrosalpinx, or pyosalpinx, there cannot be a moment's hesitation in the pronouncement of an opinion by anyone at all conversant with these diseases. The Committee of the Liverpool Hospital for Women asked me to give them my opinion; I examined a number of specimens selected from the collection by myself at random, and in every instance the pathological appearances entirely justified the diagnosis and treatment of the case as recorded. That the Committee have failed either to assent to this proposition or to deny it is neither courteous to those who appointed them nor fair to those affected by their inquiry. Finally, it is perfectly evident from their method of inquiry—and it is also apparent in your article—that a little more judgment on one point would have been advisable. You say that "recovery from the operation is not a cure of the patient." That is precisely what we have been preaching for the last ten years. The cure of the patient, after suffering from pyosalpinx for ten years, as many have done, or from a bleeding myoma for twelve or fifteen years, like others, is often not effected by operation for three or four years. But the period of convalescence which had elapsed in any of these cases investigated by the Committee was, at the utmost, twenty months, and in many it was not more than eight months. The negative conclusions arrived at by the Committee are therefore quite unjustifiable and most unfair. Let us try any surgical operation by such a test and see how it will come out. I do not believe that a case of excision of the shoulder or elbow is ever cured under three years; whilst excisions of the wrist and knee take a still longer time to get satisfactory secondary results. Even an operation like cataract has a secondary convalescence to go through, which is often very protracted.—I am, Sir, yours truly,

Birmingham, Dec. 20th, 1886.

LAWSON TAIT.

THE MEDICAL REGISTER.

To the Editor of THE LANCET.

SIR,—Great inconvenience has been caused by the refusal of the registrar of the Irish Branch of the Medical Council to register the degree of Master in Obstetrics until June next, and I am informed that the registrars for England and Scotland have also refused to register this qualification. As it is desirable to have an immediate decision, I have applied to the Branch for Ireland to direct the registrar to register all diplomas and degrees named in Section 20 that have been tendered to him.

The contention is that the Act does not come into force until June 1st, 1887. But certain provisions came into operation when the Act became law (June 25th, 1886), and have recently been carried out by the election of direct representatives; others, it is true, do not come into force until the "appointed" day (June 1st, 1887), but Section 20 has no reference to the "appointed" day, and therefore became law in June last. The section runs:—"The diploma of Members of the King and Queen's College of Physicians in Ireland, and the degree of Master in Obstetrics of any university in the United Kingdom, shall be deemed to be added to the qualifications described in Schedule A to the Medical Act, 1858."

In case the Irish Branch do not see their way to order these qualifications to be registered, I intend to test the legality of the refusal to register them, and bring the subject forward at the meeting of the General Medical Council in February. I am, Sir, very faithfully yours,

Dublin, Dec. 18th, 1886.

CHAS. FREDK. KNIGHT, M.D.

THE ORIGIN OF TYPHOID.

To the Editor of THE LANCET.

SIR,—In your issue of Dec. 8th, 1883, you published a paper of mine on "The Genesis of Typhoid Fever from Cattle Manure in the Cape Colony," in which, after adducing cases in proof of the cattle origin of typhoid, I stated that I hoped similar evidence would ere long be brought forward by others. In an annotation in your issue of Nov. 20th, you refer to the very suggestive report of Dr. J. F. Allen of Pietermaritzburg on the cause of typhoid in that city. In his

report Dr. Allen, apparently as an independent observer, also attributes cases of typhoid to the presence of cattle manure used in Natal as fuel, and so far supports the observations I had made. But Dr. Allen has advanced the question a step farther. He infers that the excretions of some calves affected with a specific enteritis, the lesions of which on post-mortem examination corresponded with those of typhoid fever in the human subject, were the infecting material. The question is an important one, and it is to be hoped will be elucidated by further observation.

As far as my own observations went, after some thirty years spent in South Africa amongst a widely-scattered population, I was led to the conclusion that typhoid would be a very rare disease in the colony were it not introduced to the human subject anew from horned cattle, by means of their excretions affecting the air, water, and milk.

Much has been accomplished in this country for preventing the spread of typhoid from one human subject to another by disinfecting the excretions of patients suffering from the disease, and by improved sanitary arrangements; but unless the bovine origin of the disease, if true, be proved and sufficiently recognised, the danger resulting will not be met and opposed as it might be.

I am, Sir, yours faithfully,

HENRY LAWRENCE, L.R.C.P., M.R.C.S.

Tunbridge Wells, Nov. 23rd, 1886.

THE APOTHECARIES' SOCIETY.

To the Editor of THE LANCET.

SIR,—I shall be obliged if you will insert the following matter in THE LANCET this week. At a Court of Assistants of the Society of Apothecaries held yesterday, Mr. R. Brudenell Carter was elected the representative of the Society on the General Council under the provisions of the Medical Act of 1886. In electing Mr. Brudenell Carter as their representative, the Society have chosen a gentleman who is not a member of the governing body, *and not even a member of the Society*, but only one of their licentiates; and they could not have paid a greater compliment to their licentiates than by adopting such a course. I have also to inform you that the Society have received up to the present time, from nearly 3000 of their licentiates, the most cordial approval of the action taken by the Society of Apothecaries in endeavouring to form a combination with the two Royal Colleges, and the strongest expression on the part of the licentiates of their wish to support the Society in the assertion of their rights and privileges.

I am, dear Sir, yours truly,

Dec. 22nd, 1886. JAMES R. UPTON, Clerk to the Society.

A NEW METHOD OF EXCISING THE KNEE-JOINT.

To the Editor of THE LANCET.

SIR,—In your journal of last week I notice a letter from Mr. C. B. Keetley, commenting on my paper on a New Method of Excising the Knee-joint, read before the Medical Society of London. I may say that, when preparing my paper, I was fully aware that Prof. Ollier *suggested* that in comminuted fractures of the knee-joint the fragments might be removed by a vertical incision, splitting the patella; but in excision for knee-joint disease he strongly advocates the **H** incision. It is perhaps to be regretted that I was unable to avail myself of Mr. Keetley's experience in this method of operating, having failed to find any published report of his cases. With reference to Mr. Keetley's assertion that the operation gives "comparatively limited and incommodious access to the joint, and especially to its posterior and lateral recesses," in my two cases and in the experiments I made on the dead body, a perfectly complete view was obtained of the interior of the joint, and as an explanation I can only suggest that Mr. Keetley has never performed the operation in the manner I described. I am unable to understand Mr. Keetley's preference for Professor Volkman's operation, or to agree with him as to the advantage of the transverse over the vertical incision; to my mind an incision that unnecessarily divides all the structures across the joint, although they can be "reunited by buried sutures," is hardly preferable to an incision which leaves them intact as regards their line of action. Finally,

the case I exhibited to the Fellows of the Society was considered by highly competent authorities a decided success.

I am, Sir, your obedient servant,

Grosvenor-street, W.

HERBERT W. ALLINGHAM.

P.S. I am rather at a loss to know how Mr. Keetley could have seen the report in your paper, which appears simultaneously with his letter.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE DARLINGTON WORKHOUSE DRINK BILL.

THE above has been the heading of many letters and leading articles in the Darlington papers this autumn, but as the controversy may now be considered settled, it is right I should let you know about it, especially as it affected the practice of the union workhouse surgeon, Mr. G. Middlemiss, rather unfairly, to say the least of it, in the matter of his prescribing alcohol for his workhouse patients. No one acquainted with the practice of medicine will think anything the worse or better of one practitioner using alcohol in his practice as compared with another practitioner. Circumstances, such as seasons, times of epidemics, to say nothing of individuals, will always, it is to be hoped, prevent a hard-and-fast line being drawn in the prescribing of alcohol. Mr. Middlemiss was publicly accused of being extravagant in ordering drink to the poor patients in the infirmary. He pointed out to the Board that the quarterly account, which is printed and circulated to each of its members every three months, did not show what beer, wine, and spirits were consumed by the patients, although it might indicate what was sent to the "house." Nine months after an apparent larger drink bill, Mr. Middlemiss had to explain that it did not go to his patients. The master prepared a report on the consumption of drink, and also took the liberty of giving a report as to the hospital consumption and number of patients and deaths for the three years preceding Mr. Middlemiss taking office, showing that there had been about £15 worth more used than by that gentleman's predecessor. It was resolved that a sub-committee should go into the matter with an accountant. The result showed that Mr. Middlemiss had merely used about £5 worth during the previous three years, while the officers (four in number) had consumed £40 worth in the same period. He is shown to be not at all extravagant in the prescribing of alcohol, and that while he treated more than a thousand patients with a drink bill of £37 in three years. Mr. Middlemiss has more than cleared his reputation as to extravagance, and the moral of the controversy is that before a charge is made against the practice of a medical officer accusers had better be quite sure of their facts.

EPIDEMICS OF MEASLES AND PNEUMONIA.

At Alston, in consequence of the prevalence of measles, all the day and Sunday schools have been closed, and will remain closed until the new year. There have been as many as 150 cases reported in one day. At Hexham also the disease is very prevalent; but at Wylam Dr. Foulis reports an epidemic of pneumonia, chiefly among children. He states that he has had upwards of 100 cases, many of which were of a serious character, also affecting adults.

ACTION UNDER THE PHARMACY ACT AT SUNDERLAND.

At the Sunderland County Court on Thursday last an action was brought against a person who was carrying on a business as a chemist without being legally qualified, and a conviction with a fine of £10 was obtained. It is a great pity that some law cannot be set in action against the horde of herbalists, bone-setters, *et hoc genus omne*, with which we are infested in the north. If a quack calls himself a "herbalist," "botanic practitioner," or "bone-setter," it is a passport to public favour, and he escapes "scot free."

Newcastle-on-Tyne, Dec. 20th.

BEDFORD GENERAL INFIRMARY LEGACIES.—The following notices of legacies bequeathed to this institution have recently been received by the weekly committee—viz., a legacy by the late Samuel Taylor, Esq., St. Mary's Lodge, Potter-street, Bedford, £1050 new 3 per cents.; and another by the late Mrs. Ann Goodman, Toddington, Dunstable, £100.