in name only, the second he is in reality, and proves it every day of his life. Presently then M.R.C.S., L.R.C.P., will begin to feel that he is worthy of promotion. He will begin to wish to undergo some test which shall prove him worthy of promotion. Very well. The Fellowship of the Royal College of Surgeons of England is open to him. But he is a physician and not—or scarcely at all—a surgeon. To read for the Fellowship, to practise on the cadaver operations which he will never have the opportunity of performing on the living subject, would be obviously a waste of time and energy. Then let him take the Membership of the Royal College of Physicians of London. Yes, but he dispenses; perhaps he is a partner or contemplates taking a partner. None of these things may the M.R.C.P. do. Can any restrictions be more ridiculous? But they exist, and therefore promotion in the Royal College of Physicians is barred to him, while promotion in the Royal College of Surgeons would be useless to him. He would dearly like to be M.D. He knows that in almost every other country he would be, or at least would have the opportunity of being. But he, poor fellow, must wait 15 years, unless he cares to go to Brussels (which as one of your correspondents the other day said "is always open to him") and run the risk of being prosecuted by the General Medical Council for using a foreign degree, as poor Hunter was. And, after all, he and his fellows form the bulk of the profession. Everybody knows that his education has been as good, his examinations as searching, as those of the M.B., B.S. (with the possible exception of the London graduate). Why, then, to him alone should the way of advance be closed? Why should the Royal College of Physicians of London persist in saying to him: "You are our Licentiate and must be content with that, as far as we are concerned, unless you will take upon yourself burdens which we have deliberately made too heavy for you to bear and which, if you dare attempt to assume them, will assuredly prove ruinous to you."

I am, Sirs, yours faithfully,

EDWARD CORNISH, M.R.C.S. Eng., L.R.C.P. Lond.

Barnes, S.W., July 14th, 1899.

To the Editors of THE LANCET.

SIRS,—As it now appears almost certain from the address of the President of our College that the franchise is likely to be refused to the Members until the next centenary, would it not be as well for the Council of the College to carefully consider the responsibility they are incurring by such action? Anyone who was present at the meeting of the College on Wednesday, July 5th, for the first time and probably knowing little or nothing whatever about the past politics of the College might naturally think that possibly the request of the President was but reasonable, and that the Members should postpone their just demands for the franchise to a more seasonable opportunity and not disturb the general harmony.

But has the Council of the College studied the wishes of the Members in the past? To plead that time does not permit for ascertaining the wishes of the Fellows—and I would add of the Members—also with regard to the franchise between now, July 14th, and, say, the middle of next year, speaks very badly indeed for the management of College affairs in the present age of telegraphic, telephonic, and steamship competition. Is the Council going to elect men of distinction to the Fellowship of the College without the consent of the entire body of the Fellows all over the world? And if they are not why cannot they act in other matters of equal or even far greater importance without the consent of the Fellows? Anyone would think that the Members of the College had suddenly sprung a mine upon the Council and that they were not aware that we desired to obtain some small voice in the management of College affairs. The Members have waited far too long. They have been far too reasonable and temperate in their demands for reform and the present occasion is the time for action—it is now.

To my way of thinking it is simply a disgrace to our College to see so minute a percentage at an important meeting called to consider the election of non-members to the Fellowship and connected with the centenary. Some of the speakers commented on the fact of so few Members being present as strong evidence that "the Members did not require the franchise."

I may be able to throw some light on this matter. I asked

several Members of the College to come to the meeting, and I give you a few of the replies which to my mind convey more than volumes: 1. "I did not know that there was any meeting; I have not received any notice." 2. "What is the use? The Council will do just as they please. You know they always ignore us, and we have no vote." 3. "Why go to the College at all? If you reformers would only stop away the Council would have no one to talk to!"

I should like to ask, How can the Members actually assist in the centenary when they have no vote, no voice in the management of College affairs, nor in the selection and election of those men of distinction who are to receive the highest honours of our College at the hands of a few personal friends who are upon the Council and not by the general acclamation of the Members as well as of the Fellows of the College? My own knowledge of some of them tempts me to believe that there are some earnest and just reformers amongst them who would decline to accept any honour from a College which treats its own children with such injustice whilst at the same time seeking to confer distinction upon those who have already obtained world-wide renown.

I am, Sirs, yours faithfully,

ALBERT S. MORTON, M.D. Durh.

July 14th, 1899.

THE INTERNATIONAL CONFERENCE ON
SYPHILIS AND VENEREAL DISEASES
TO BE HELD AT BRUSSELS IN
SEPTEMBER.

To the Editors of THE LANCET.

SIRS,—I have just received from Dr. Dubois-Havenith, secretary of the Congress on Venereal Diseases to be held in Brussels from Sept. 4th to 8th, a letter asking me to write to the medical journals to enlist their sympathy in making that Congress a success. The medical men who are at the head of this Congress—viz., Professor De Smet, Dr. Janssens, and Dr. Bayet—are well known to many of your readers and are a guarantee that the discussions are likely to be of service. Medical men, lawyers, and public functionaries are invited to take part in this Congress, and I have little doubt but that many British medical practitioners will be anxious to give their opinion as to how syphilis might be prevented. It is hoped that all shades of opinion may be expressed and all difficulties candidly discussed, for it is lamentable that such an amount of preventable contagion should exist in civilised countries.

I am, Sirs, yours faithfully,

CHARLES R. DRYSDALE, M.D. St. And.,

Consulting Physician, Metropolitan Hospital of London;
formerly Physician to the Rescue Society's

July 14th, 1899.

Lock Hospital.

"ACUTE RHEUMATISM TREATED
SURGICALLY."

To the Editors of THE LANCET.

SIRS,—Dr. O'Connor's experience¹ is of value if only as showing that joints can be freely opened with impunity, even if rheumatic, and sometimes with benefit; but in view of his suggestion that acute rheumatism should be treated forthwith by incision, the question must be asked whether less extreme local measures might not be sufficiently effectual. Leaving aside gonorrhoeal and pyæmic arthritis, the so-called rheumatic cases fall into two clinical groups, those which promptly recover under the usual treatment and those which do not. The pathological position of many of the cases which do not respond to salicylates is still problematic, but clinically they are well known to physicians. I believe that most of them are instances of that which may be termed for want of a better name, "acute rheumatoid arthritis." Among their distinctive peculiarities are: (1) the localisation of the arthritis either to one joint in the monarticular cases or to symmetrical joints in the polyarthritic cases; (2) their tendency to relapse and to become chronic; and (3) their need for local treatment, whilst the internal treatment and diet which they require are different from those suitable for rheumatic fever.

Believing that these cases are not intractable if suitably treated I may be allowed to enter a protest against an early

¹ THE LANCET, July 8th, 1899, p. 93.

resort to operation. In the purely rheumatic group the question of operation does not arise; and I doubt whether in the second group many cases will be found ultimately needing incision and drainage if local treatment by blistering, or perhaps better by ice-massage, by passive movement, and by massage, alternating with rest on a splint and the lateral support of a bandage, be systematically carried out in combination with a laxative and tonic constitutional treatment.

I am, Sirs, yours faithfully,

Curzon-street, Mayfair, W., July 10th, 1899.

WM. EWART.

"CHRONIC INVERSION OF THE UTERUS."

To the Editors of THE LANCET.

SIRS,—If Dr. Hellier will refer to the System of Gynæcology by Allbutt and Playfair he will find in the article upon the above-named subject that I have quoted Küstner's operation in his own words. He will also find that the treatment by continued elastic pressure is described as "by far the most efficient method yet known." Particulars of this plan of treatment are given with a figure of Aveling's repositor as modified by Dr. Galabin. A very complete list of references will enable him to develop information in every direction upon this interesting condition.

I am, Sirs, yours faithfully,

Birmingham, July 17th, 1899.

EDWARD MALINS.

"CHINOSOL IN PHTHISIS."

To the Editors of THE LANCET.

SIRS,—In reply to Mr. O'Brien's note in THE LANCET of July 15th, I beg to say that my diagnosis in the cases quoted in my article, "Chinosol in Phthisis," was not confirmed by a bacteriological search for the tubercle bacillus. The physical signs and symptoms left no doubt as to the nature of the pulmonary disease. In the routine work of the outpatient department I make a bacteriological examination of the sputum only in doubtful cases.

I am, Sirs, yours faithfully,

A. MACGREGOR.

Queen-street, Berkeley-square, W., July 17th, 1899.

NATIONAL ASSOCIATION FOR THE PREVENTION OF CONSUMPTION AND OTHER FORMS OF TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—Herewith I enclose a copy of a resolution with reference to the sterilisation of milk which has been adopted by the Council of this Association at their last meeting.

I am, Sirs, yours faithfully,

Hanover-square, W., July 19th, 1899.

G. SEYMOUR FORT.

[RESOLUTION.]

The Committee, while adhering to the recommendation to boil milk as a precaution against the presence of tubercle bacilli, awaits the conclusion of experiments now in progress before recommending a preferable mode of sterilisation.

"PLUMBISM AND APPENDICITIS."

To the Editors of THE LANCET.

SIRS,—Your interesting annotation on the above subject in THE LANCET of July 15th reminds me that the pathology of appendicitis which I have for some years been advocating allows of a most simple explanation, both of the facts mentioned and of their relation *inter se*. For some six years I have been saying¹ that in a large number of cases inflammation in the region of the cæcum and appendix is merely a gout of the fibrous tissues of the intestines and that, like gout of other fibrous tissues, it is promptly relieved by salicylate of soda or other salicylates. In cases which occur apart from lead we have to deal with urate of soda in the said fibrous tissues, but where there is lead in the system then probably we have to deal with urate of lead in the same tissues, but salicylate relieves both not because it affects the lead, but because it

removes the uric acid combined with it. I have also pointed out that salicylate cures ordinary lead colic and have suggested that this is due not to lead merely but to urate of lead and that in cases which come to a post-mortem examination the uric acid in the tissues should be estimated as well as the lead. The explanation of appendicitis with plumbism is thus exactly the same as that of appendicitis without plumbism: both are gout, and the influence of lead in precipitating gout is well known.

I am, Sirs, yours faithfully,

Brook-street, W., July 17th, 1899.

ALEXANDER HAIG.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Indian Medical Service and Civil Surgeoncies.—Selection of Lieutenant-Colonels for Grade Promotion.—Legislation for the "Jigger."—The Progress of the Plague.

A DESPATCH has reached the Government of India from the Secretary of State on the subject of the great increase which has taken place of recent years in the establishment of the Indian Medical Service due to the enhanced number of civil charges at present held by members of this department, more than three-fifths of the whole establishment being employed on civil duty. A proposal is under consideration in this connexion to further extend the system of filling civil medical charges by uncovenanted medical officers and senior members of the subordinate medical department, which already obtains in a certain number of cases, the object being to reduce the present Indian Medical Service establishment or at any rate to restrict its further increase.

A ruling has been made by the Government of India which will have the effect of increasing the reality of the present system of the "selection" of Lieutenant-Colonels of the Indian Medical Service for grade promotion. It is to the effect that the selection of an officer who is merely in a position of having done nothing to merit supersession is inadmissible, every selection being intended to be distinctly for ability and merit.

It is understood that the Bombay Government have approached the Government of India with proposals for special legislation directed to a more efficient prevention of the introduction of the jigger pest from Africa.

A regulation against the plague framed under the Venice Sanitary Convention is imposed against Mauritius at all ports in the Bombay Presidency. I regret to hear that Captain Wiseman, plague supervisor at Poona, was attacked with plague on June 26th. At the time of being taken ill he was superintending some disinfecting operations. The epidemic seems to be developing again in Poona, several fresh cases having occurred in the cantonment. Two cases occurred in the lines of the 1st Bombay Lancers, upon which the whole regiment was invited to be inoculated. 270 accepted. The weekly returns of plague for India show a further small increase in the Bombay Presidency outside Bombay city, but a decrease elsewhere. A few cases have occurred in the Madras Presidency. The total plague mortality for India was 470, against last week's return of 505. The general mortality in Bombay city has returned to about its normal amount, but there were 43 deaths from plague recorded. Deaths from other epidemic diseases were below the normal. Calcutta only recorded four deaths from plague which at Karachi has almost disappeared. There seems to be generally some diminution in the virulence of the disease at the decline of an outbreak, but it is never very marked. The report from Bombay describes the type as being as severe as ever, nearly every case admitted into the three municipal hospitals having died within three or four days after admission. At Karachi and elsewhere the case mortality has generally shown a reduction from nearly 80 per cent. to slightly under 70 per cent. Hospital returns alone can hardly be relied upon as cases are taken to hospitals as a last resort. In Calcutta the mortality apparently has been fearfully high notwithstanding the small extent of the outbreak. This, however, may be explained by the few cases which are discovered during life. It is roughly estimated that 75 per cent. of the plague deaths are only known from inquiry after death. It is probable that the returns of "suspected" plague will double the number of plague deaths actually recorded.

June 29th.

¹ Practitioner, 1893, and "Uric Acid," second and subsequent editions.