14 in Edinburgh. The fatal cases of scarlet fever, which had been 6 and 8 in the preceding two weeks, declined last week to 4; and the deaths from diarrhoea, fever, and whooping-cough also showed a decline from the numbers in the preceding week. The deaths both of infants and of elderly persons were fewer than those in the previous week. Six inquest cases and 11 deaths from violence were registered; and 56, or more than a quarter, of the deaths occurred in public institutions. The causes of 45, or nearly 20 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

On the 20th inst. Surgeon-General J. Hendley, C.B., the principal medical officer at Aldershot, made the official half-yearly inspection of the Depôt (16th Division) Medical Staff Corps, which paraded under the command of Surgeon-Major Staples.

ADMIRALTY.—Staff Surgeon Eugène Victor de Méric has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet.

The following appointments have been made:—Fleet Surgeon Thomas H. Atkinson, to the *Vernon*; Fleet Surgeon Fleetwood Buckle to the *Brilliant*; Staff Surgeon Solomon Kellett, to the *Cordelia*; Staff Surgeon Herbert M. Ellis, to the *Valorous*; Staff Surgeon Valentine Duke, to the *Calliope*; Surgeon Alexander W. McLeod, to the *Invincible*; Surgeon Alfred Copley, to the *Calliope*; Surgeon A. M. Page, to the *Monarch*; and Surgeon G. Smith, to the *Hercules*.

ARTILLERY VOLUNTEERS.—3rd Durham: Surgeon and Honorary Surgeon-Major Joseph Frain resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement.—1st Kent: Acting Surgeon G. H. Harvey, M.B., resigns his appointment.—1st Worcestershire: Acting Surgeon Henry Horton resigns his appointment.

RIFLE VOLUNTEERS.—3rd Surrey: Surgeon G. R. Barnes is granted the honorary rank of Surgeon-Major.

Correspondence.

“Audi alteram partem.”

THE UNIVERSITY OF LONDON AND ITS NEW REGULATIONS.

To the Editors of THE LANCET.

SIRS,—A recent regulation affecting the Intermediate Examination for the degree of Bachelor of Medicine has been issued by the University of London. As it is reasonably considered a hardship by many students who are preparing for the July examination, I desire to draw attention to it. The regulation (dated August 1st, 1886) is to come into force in July, 1887, and is as follows:—

“Candidates at the July examination shall be examined for a Pass or for Honours in each of the following subjects: (1) Anatomy, (2) Physiology and Histology, (3) Organic Chemistry; (4) Materia Medica and Pharmaceutical Chemistry. Every candidate for the July examination, on sending in his name for the examination, must state whether he intends to compete for Honours in any subject or subjects. No candidate shall be allowed to take both the Pass and the Honours papers in the same subject; but every candidate must take the Pass papers in those subjects in which he does not offer himself for Honours. A candidate who enters for but fails to obtain Honours in any subject may be recommended by the examiners for a Pass in that subject, if they are satisfied such a competent knowledge thereof as is required by the regulations for the Pass Examination, &c.”

The effect of this new regulation, as far as I have been able to gather, will be altogether to cut out many men deserving of Honours from the competition for Honours. Why? Because few medical students can afford to risk rejection in any one subject which entails rejection on the whole examination. As it is, the curriculum is quite long enough; they have not the time, money, or inclination to prolong it. Many of those, therefore, who might have competed for Honours under the old regulations will now rest

content with taking the Pass papers only, and, having so decided, will lower their standard of work accordingly. They will be supported in this course by a note appended to the above-quoted regulation, which reads thus:—“Candidates must bear in mind that the standard of attainment for the Honours Examination is *much higher* than that for the Pass Examination; and they should therefore exercise *due caution in making their choice*, to which they will be required to adhere” (the italics are mine). There appear to be two possible objects only to be attained by the new regulations. The first, that the examiners may be saved a little trouble, which is, I fancy, scarcely a valid one; and the second, that those students who present themselves for the Intermediate M.B. Examination “in due course”—that is to say, in two years after having passed the Preliminary Scientific Examination—may be practically excluded from the competition for Honours. It is only reasonable to ask, if the University of London aims at restricting the competition for Honours in any subject to specialists in that subject, that such should be definitely stated in the regulations. Specialists in even one of the four subjects of the Intermediate M.B. Examination are scarcely to be produced, under ordinary circumstances, in two years at a medical school.

I may mention, in passing, that a very general opinion appears to prevail that the whole system of competition for Honours at the University of London needs revision. At present there is nothing to indicate the relative standing in point of seniority of the competing candidates, and a man on his first attempt at an examination may be pitted in the Honours competition against, and beaten by, another several years his senior, who has tried the examination one or more times previously without success. Of the unfairness of the competition there will be no record: the result only will remain.

As regards the new regulations at the Intermediate M.B. Examination, however, I think you will agree with me that they are scarcely likely to satisfy the prevailing wish for revision. They tend either to encourage men to postpone the examination and prolong their ante-clinical studies, or to lower their standard of work. They are not likely to add popularity to the University of London examinations, which are already not too popular among students or teachers.

I am, Sirs, yours truly,

VINCENT D. HARRIS, M.D. Lond., F.R.C.P.,
Demonstrator of Physiology at St. Bartholomew's Hospital.
Wimpole-street, Cavendish-square, W., Jan. 1887.

THE PROPOSED JUBILEE HOSPITAL.

To the Editors of THE LANCET.

SIRS,—The proposal to found another special hospital for the treatment of diseases of the throat, ear, skin, eye, rectum, &c., is not likely to meet with general approval. There already exists in London a number of special hospitals devoted to the treatment of these diseases, in addition to the facilities afforded by all the general hospitals. As a consequence, it is a notorious fact that many of the patients seeking relief at these special hospitals do not belong to the class of the indigent poor, for whose relief alone money is subscribed by the public. If, however, it is thought advisable to commemorate the Queen's Jubilee Year by the foundation of a Queen's Jubilee Hospital, there is a class of cases for which, it seems to me, hospital accommodation is required. I refer to cases of chronic but curable diseases, such as spinal abscess, diseases of joints, suppuration of joints, &c. Although cases of spinal abscess, especially in adults, were formerly practically incurable, we have now ample evidence that, if the cases are treated strictly aseptically from first to last, a very large proportion will recover completely. Unfortunately the time required for cure is long, on an average eight to ten months, and sometimes much longer, and this lengthy treatment can only be carried out in exceptional cases and with great inconvenience in a general hospital. The aim of these hospitals is to do the greatest good to the greatest number, and if a considerable proportion of the beds is occupied for months by these chronic cases the efficiency of the institution is seriously impaired, and cases requiring urgent treatment have to be rejected for want of room. Hence one of two things usually happens. Either the cases are not admitted at all, the abscess is allowed to burst, and the patient ultimately loses his life from prolonged suppuration and its consequences;

or, if the patients are admitted, they are only kept in and treated aseptically till the discharge becomes slight, and then they are dismissed and relegated to the out-patient department. In most of these cases the whole benefit of the stay in hospital is undone, and the patient goes steadily down-hill. For, however efficient the apparatus employed to give support and fixation to the diseased part, the home surroundings and hygienic conditions are as a rule wretched, and the food unsuitable in quality and deficient in quantity, while the patient as soon as he is discharged from the hospital may have to earn his living. And more serious than these are the risks to the continuance of strict aseptic treatment: the patient finds it inconvenient to come to the hospital on the day he is told, and the dressings are left on too long, or he finds the wound uneasy or itchy, and takes off the dressings with the view of giving relief; or when he comes to the hospital, especially if it be a large hospital, his wound is not dressed by the surgeon or the house-surgeon, but, it may be, by some dresser who has had insufficient experience of antiseptic work. For one or other of these reasons, when a patient is dismissed from hospital before his wound is completely and thoroughly healed, fermentation, as a rule, ultimately occurs, and he is very little better off than if he had never been taken in at all. I am constantly meeting with such cases, more especially in the case of children, where patients present themselves with septic and suppurating wounds who have been in other hospitals for some weeks, and have then been sent out to be treated as out-patients. I do not at all mean to imply that this is any fault of the surgeon in charge of the case, or of the hospital at which it was treated; it results entirely from the fact that in a general hospital one cannot allow any large number of beds to be occupied for an indefinite time by the same cases. It is no exaggeration to say that there is a pressing necessity for an institution where patients, provided their diseases are curable, can be kept as long as is necessary and treated strictly aseptically, and that if such an institution existed many lives would be saved which are now lost.

In speaking of spinal abscess it must not be supposed that I mean that that is the only or, indeed, the chief class of cases for which this sort of accommodation is necessary. It is equally required for other chronic but curable cases—as, for example, diseases of joints. The same remarks apply to advanced joint disease as to spinal abscess; and it may be added further that excision, which is not always good practice, would not be so often resorted to were it not that it is necessary to shorten the stay of these cases in hospital.

A great deal more might be said in support of this suggestion, but I think I have said enough to show why I hope that the energies of those who wish to promote a Queen's Jubilee Hospital may be expended in the direction which I have indicated, rather than on the foundation of a special hospital for which there is no public necessity.

I remain, Sirs, yours faithfully,

Welbeck-street, W., Jan. 22nd, 1887. W. WATSON CHEYNE.

THE TERM "SPAYING."

To the Editors of THE LANCET.

SIRS,—I cannot say much in respect of your critical research on this subject if you believe, as certainly is asserted in your article in THE LANCET of to-day, that the word "castration" is the analogue in the male for "spaying" in the female. It is not so; the proper word so to use is "gelding." Both these terms mean the removal of the essential sexual organs of immature animals to prevent the access of sexual maturity, and they both mean the double operation. "Castration" has no such meaning, and it may be either single or double. To apply this term to removal of the uterine appendages, as is done by the Germans, is an error in classics, but otherwise not very objectionable. The word "spaying" is, however, eminently objectionable, for it is entirely misleading. Whenever used, it at once conjures up the idea of masculine voice, the growth of a beard and other male peculiarities, as well as the loss of sexual appetite, not one of which is an incident in the complete after-history of a case of removal of the diseased uterine appendages from a mature woman. It is a term, therefore, which ought not to be used, as well for the other reason, which you so

trenchantly point out, that it is one of reproach to the poor sufferers who have had to submit to it. There are many other and very strong objections to this unnecessary term which I have already urged and need not repeat here.

I am, Sirs, yours truly,

Birmingham, Jan. 22nd, 1887.

LAWSON TAIT.

THE PETITION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS TO THE PRIVY COUNCIL.

To the Editors of THE LANCET.

SIRS,—Without attempting at present to give a detailed analysis or a final summing up of the signatures to this memorial received by us, we may state that up to date we have over 4000 names of Members of the Royal College of Surgeons appended to it, and that each post still brings in numbers of signatures in reply to our issue of copies of this petition. Already, therefore, you will see that our demand is most strongly backed up by Members of the College, and should have enormous weight with the Privy Council. Of course, however, we are still desirous of receiving additional names to add to the petition, though its success appears to us now assured. As our time is just now so much occupied in the reception and arrangement of these forms, perhaps you will excuse any further details for the present.

We are, Sirs, your obedient servants,

WARWICK STEELE,

Jan. 26th, 1887.

WM. ASHTON ELLIS, } Hon. Secs. Assoc. of M.R.C.S.

ARTERIAL PRESSURE.

To the Editors of THE LANCET.

SIRS,—Dr. George Johnson's letter is satisfactory so far as it explains one possible form of blood pressure—that produced in the large elastic arteries from constriction of the minute arterioles. But this does not cover the whole ground. In the first place, I do not understand Dr. Brunton to refer exclusively to the large elastic arteries when he states that tension and pressure are synonymous terms. On the contrary, I understand this expression as a universal one, applicable to all areas. Indeed, there are many passages where he distinctly implies so; as, for example, dilatation of the renal arterioles increasing the pressure in them. Are we to suppose, when constrictive impulses travel along the vaso-motor nerves, that the peripheral ends of the arterial system are contracted, and the pressure in them lowered, while the more central parts are dilated, and have their pressure increased? If this is the correct reading, how are we to understand the following statement at page 231:—"If the arterioles are made to contract, the pressure rises, but the increased pressure stimulates the vagus roots in the medulla." Surely the vagus roots would be affected by the arterioles, whose lumen is contracted and whose pressure is lowered; certainly not by any large elastic artery, where only is the pressure increased.

I remain, Sirs, your obedient servant,

East Greenwich, Jan. 25th, 1887.

W. NICHOLSON.

TREATMENT OF THYROID CYSTS.

To the Editors of THE LANCET.

SIRS,—After reading a paper on the above subject at the Clinical Society on Jan. 14th, Dr. Felix Semon, who was present but did not take part in the discussion, mentioned to me that he thought someone had previously adopted the method of stitching the cyst wall to the skin; but as he could not give me more exact information without reference, he would write and tell me if it were so. The following information, to me quite new, which he was kind enough to communicate by letter, is so important that I feel I ought to ask you to give it publicity:—"I find on reference that the proposal was made, and acted upon, not less than thirty years ago by the younger Chelius (*vide* Chelius' 'Handbuch der Chirurgie,' vol. ii., p. 463, 1857), and that it has been referred to since with approbation by Bardeleben and Lücke (in Pittra Billroth's 'Chirurgie,' Band iii., Abth. i., Lieferung 6, p. 83), and mentioned by myself in Heath's 'Dictionary of Surgery,' vol. ii., p. 619.)"

I am, Sirs, yours truly,

Leeds, Jan. 25th, 1887.

A. W. MAYO ROBSON.