occur, others may observe the action of this drug in the disease I have named. Guaiacol can be very easily dispensed as follows:—Mix twelve minims of guaiacol and half an ounce of glycerine; then add two drachms of compound tincture of gentian, two drachms of spirit of chloroform, and water to eight ounces. This is a palatable mixture.

I am, Sirs, yours truly,
Y. M. JONES-HUMPHREYS.

Cemmaes, Montgomeryshire, Dec. 14th, 1896.

SHORTHAND AND SCHOOLS: AN APPEAL TO PARENTS.

To the Editors of THE LANCET.

SIRS,—The permission of the General Medical Council, that marks may be given to shorthand at the Preliminary Examination, will, it is hoped, cause it to be more frequently learned at school. Only by being acquired before medical study is begun can its subsequent service to the practitioner be practically ensured. Many members of the profession have boys at school who are destined for medicine. We would urge such parents to use their influence by expressing to the headmasters of the schools a desire that their sons should learn shorthand. It is now a subject of instruction at a much larger number of schools than is commonly thought, and such an expression of desire on the part of the parents would probably cause it to be taught at almost all. Considerable good may, we are confident, be thus done, and not least to the boys themselves.

We are, Sirs, yours faithfully,

W. R. GOWERS, M.D. Lond., President.

EDWARD B. GRAY, M.D. Oxon., Treasurer.

JAMES NEIL, M.D. Aberd., Secretary.

Society of Medical Phonographers.

W. THOMSON, M.D. R.U.I.,

President of the Royal College of Surgeons in Ireland.

A NOTE ON LINGUAL VARIX.

To the Editors of THE LANCET.

SIRS,—It may be in the recollection of readers of THE LANCET that in the early part of this present year a somewhat lengthy correspondence took place concerning "varicose veins at the base of the tongue," and that I found myself in a considerable minority in attributing frequency and importance to this condition, although it had been recognised as of clinical significance, and pictorially illustrated by so early a worker as Lewin of Berlin and so far back as the year 1863. It will, I think, be of interest to quote the following passage from an article which appears in a recent number of the *American Journal of the Medical Sciences*, entitled "Age and Sex in Disease of the Upper Respiratory Tract," by Dr. Harrison Allen of Philadelphia, an authority familiar to all British specialists: "Both the sub-lingual and basi-lingual veins are enlarged in middle life and old age" (this corresponds with the age period of my own cases). "It is common to find small circular node-like swellings on the basi-lingual veins which are excessively sensitive and remind one in this respect of the urethral caruncle of females. If these node-like swellings are destroyed pharyngeal excitement and cough not infrequently shortly disappear."

Dr. Allen gives the following as a typical example of the condition mentioned:—"A gentleman seventy years of age suffered from two attacks of influenza before reporting. He complained of violent cough and distress referred in a vague way to the region of the pharynx and larynx. The voice was husky and reading aloud impracticable. Enormously enlarged varicose veins were seen at the base of the tongue and on the fold extending from the œsophagus to the sides of the pharynx; the basi-lingual glands were moderately enlarged. A series of local treatments were conducted with the object in view of destroying the varicosities of the veins and in reducing the size of the glands by the galvano-cautery. The gentleman lived at a distance and reported at irregular intervals, but in about nine months (at which time he had paid twenty-three visits) all the symptoms had disappeared. I do not offer this case as anything unusual, since the subject of irritation arising from these structures at the base of the

tongue is now familiar, but to note the fact that the condition while found in the declining years of life, yet treatment, surgical in character, directed to the base of the tongue was all that was needed apparently to restore the subject to health."

I am, Sirs, yours truly,

Mansfield-street, W.

LENNOX BROWNE.

BEATTY v. CULLINGWORTH.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow us to publish in your columns a further list of subscriptions towards the Cullingworth fund? The amount already received is sufficient to cover all the expenses of the recent action. A detailed balance-sheet will be published later.

I am, Sirs, yours, &c.,

T. D. ACLAND, } Hon.
B. PITTS. } Secs.

Dec. 15th, 1896.

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* Accidentally omitted from the list published last week. Mr. C. H. Carter (last week) should read Dr. Charles H. Carter.

Through Dr. Harold Low—Old Pupils at St. Thomas's Hospital, £34.

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Dr. C. S. Jaffé.	Dr. S. Yeoman.

"CHRISTIAN BURIAL v. CREMATION: A NOTE AND A QUERY."

To the Editors of THE LANCET.

SIRS,—The letter of your correspondent, Dr. Martin, in THE LANCET of Dec. 12th, is a very forcible appeal in favour of cremation of the dead, and evidently proceeds from a painful intensity of conviction in the mind of the writer. And herein lie the very defects of its qualities—it is marked by the onesidedness, the insularity of view, and the want of catholicity of spirit to which we are too well accustomed in the declamation of the teetotaler, the anti-vivisectionist, the anti-vaccinationist, and the anti-opium eater. But the world is wide and extends in many directions beyond the restricted horizon of the partisan. May I venture to point out in what respects your correspondent's view has fallen short of the realities of his subject? When Hamlet in the play proposes to trace "the noble dust of Alexander" to its final destination his companion warns him, "Twere to consider too curiously to consider so." By the spirit of the present age that plea is ruled out of court

and does not avail us who possess the privilege of ranging to the full extent of our intellectual tether. Why, then, does Dr. Martin in this matter forsake the plain road of chemical analysis, and instead of boldly following it to whatever conclusions it may lead prefer to hold up to view the spectre of putrefaction as an abomination and a hobgoblin? Putrefaction is, in reality, only the persistence of those chemical laws which govern the processes of disintegration and destruction incessantly taking place in our living bodies, without whose operation life itself could not for an instant be maintained. It is only when life has ceased that they are uncontrolled and exercise an influence wholly destructive; but they are essentially the same as they were during life, though no longer subordinated to constructive ends. One effect of the dominant religious sentiment which has for so many ages governed the world is to disserve modern minds from the sense of a living nature—a conception which was so real and ever present to the men and women of antiquity. To them earth was the universal mother, the beneficent parent of all things, and it is in this sense that Shelley, with transcendent pathos, makes her exclaim—

"To my bosom I fold
All my sons when their knell is knolled."

It is the cue of the cremationist to represent every village churchyard as a festering hotbed of corruption, distilling poisons into the soil around; but it is only necessary to have seen the magnificent cemeteries of such American cities as New York or Boston to learn that the products of human decomposition may be innocuously transformed into such beautiful natural objects as shrubs and flowers and the richest verdure. Your correspondent and his family appear to have derived a certain satisfaction from the thought of the rapid destruction—virtually, all but annihilation—effected by the process of combustion. But is such the natural feeling of all the millions of mankind who have preceded us in the world or are our contemporaries to-day? To say so would be to ignore history, more particularly as exhibited by M. Fustel de Coulanges, who plainly shows, in his well-known work, "*La Cité Antique*," that the funeral rites of antiquity and the services carried on from generation to generation at the sacred resting-places of the dead formed, not merely the scaffolding, but the very foundation-stone, of the laborious edifice of our civilisation. What is the sentiment which causes the Chinaman who dies abroad to have his remains embalmed and transported to his native land? What would Père-la-Chaise be to Paris if the tomb which encloses the remains of Abelard and Héloïse, or the tomb of Rachel, were but vacant cenotaphs? What would be our own Westminster Abbey if the remains of the "mighty dead" which there repose had been first consumed and then scattered to the winds? Cremation as now practised may here and there serve the needs of overcrowded towns or help to gratify the vanity of those who seek in all things to be "scientific"; but as it never has been in the past, so it will never become in the future, the general funereal rite of a whole people.

I am, Sirs, yours faithfully,

Dec. 13th, 1896.

SIT LEVIS TERRA.

SPECIALISATION IN MEDICINE.

To the Editors of THE LANCET.

SIRS,—How often nowadays does it come to our knowledge that our friends and acquaintance have recourse in illness or disablement to the services of unqualified or irregular practitioners. How often likewise do we encounter some would-be philanthropist who recommends all and sundry to consult some "wise" man or woman whom he has found to be possessed of the gifts of healing in an exceptional degree; and, lastly, how often is it asserted that many regular practitioners fail where remarkable success is subsequently claimed for their irregular rivals. There are reasons for this state of affairs. The chief of these is that modern medical education produces *learned* rather than *ready* men. In too many cases is there not a lack of initiative in our dealings with our patients? A lack of original ideas unfelt by our predecessors, whose wits were early sharpened at the grindstone of the apprenticeship system? Are we also sufficiently universal in our purview and in the scope of our practical suggestions to our patients? Are there not gaps in

the professional phalanx? Does one man's specialty completely dovetail into that of his neighbour? Are there not gaps through which patients are apt to glide and find their way elsewhere, or perchance lose it altogether?

Of the fact there is no longer room for difference of opinion. Medicine, formerly one and indivisible as a science and art, has become subdivided to an extraordinary extent—and especially so across the Atlantic—into a large group of derivative sciences, if they deserve the name, each glorified into an "ology" by its nomenclature, each provided with a special literature replete with Græco-Latin terms of more or less accurate derivation, and each by its own exponents lauded as the El Dorado of those who seek to minister to their patients' welfare. The fact is indisputable and undisputed; but what is capable of discussion is whether this state of affairs is inevitable and permanent or a passing phase in the development of medicine; also, how far it is desirable to promote or retard the processes by which it comes about and tends to become perpetuated. The subject may be considered from a variety of standpoints, material and ethical. In the first place, from the purely professional point of view, the medical man's individual interest, his place in the public esteem, his social position, his convenience in performing his allotted task, and his opportunities of attaining to a high degree of intellectual development, might each claim a place as factors in the equation. Such, however, are not the standpoints from which our work must be considered. The status of our profession cannot be discussed in terms so personal, so limited, or even commonplace as these; its *raison d'être* is the broad fact of human suffering, and its constitution and coördination must be that which directly subserves the relief of suffering. Economic laws are at work here, as everywhere, and in regard to specialism in medicine the problem must ultimately work itself out on the automatic principle of supply and demand. The public will finally determine the question by favouring whatever system it finds most to its advantage. But in the meantime we have to deal with a question fraught with a dual complexity: the self-consciousness of the profession and the caprice of the public. The existing system of ultra-specialisation is at present retained on approval only on both sides: by the practitioner because it offers many conveniences and apparent advantages, and by the public because it is the fashion of the hour, and the average patient, whatever his supposed ailment, almost instinctively decides to "consult a specialist." But we must pause to construct a definition and propound a difference. What is specialism? The practice of a special branch of treatment, the study of a special domain of knowledge, may be of natural and gradual growth in the more varied experience of a practitioner, or of artificial acquirement in response to the dictates of fashion or of personal preference. In the former case it is likely to be healthy, based on a broad general knowledge and the outcome of exceptional success in certain departments of treatment; in the latter, it may exclude or minimise the very conditions on which it should be based. The former type of specialism has always existed in medicine, greatly to its advantage; the latter is of very modern growth and shows a development astonishing, if not indeed alarming. So striking a phenomenon must give rise to striking and definite results, which surely tend to disillusionise patient and specialist alike. In the latter, it must occasion a narrowness of purview, injurious to himself intellectually, lending bias to his treatment and preoccupation to his judgement. In the patient, incomplete results are probable and disappointment certain, this in turn leading on to the invocation of some irregular form of medical assistance. Such effects point only too clearly to their cause, the artificial instead of the natural evolution of the specialist; and as they become more frequent, as they are like to do should the present tendency continue, they will produce the reaction inevitable where a false position is arrived at. Is, then, specialism being overdeveloped at the present time, and, if so, what is the appropriate remedy? Looking to the mode of origin and the great growth of modern specialism it is not reckless to prophecy that year by year it will largely lose its present status in public estimation. On the one hand, specialism of mushroom growth will be weighed in the balance of public experience; on the other hand, the general practitioner of recent development is by no means unacquainted with those special branches of medicine now so excellently taught at all our medical schools, a peculiar, if not exclusive knowledge of which constitutes the stock-in-trade of not