typhus fever in the town of 1892 are unfortunate. Wigan had been for over twenty years without typhus fever, but it was imported here from a neighbouring city, and unfortunately we have not been able to get free from it since. The disease was not recognised at first, but this was no fault of the sanitary committee or their medical officer of health, so that a good footing was obtained before it was discovered.

The importance of sanitation is as highly appreciated in Wigan as it is in any town of the United Kingdom, and the incident of "Phillip's Folly" effigy was an electioneering one and not a demonstration against sanitary improvements. I was a member of the committee for fifteen years and know the desire of every member to improve the good old town; but a town is much in the same state as a private individual, it must cut its cloth according to its length. The town is heavily rated and has nothing to thank its ancestors for so far as sanitary posterity is concerned. No town has done more to get rid of its insanitary property, to provide an efficient drainage and sewage disposal, a pure and wholesome water-supply, paving and channeling of the streets and backyards, and an entire riddance of the privy system which existed in full force twenty-five years ago. We have an infectious disease hospital which will bear comparison with a similar institution in any town of the same size in the country, and no expense is spared to make it efficient. In fact, the committee have progressed so much during the last twenty-six years that many poor property owners have been reduced to next door to beggary through having to carry out the dictates of the sanitary committee.

I must apologise for my long letter, but I am anxious that no unjust slur shall be cast at my native town or at my committee, who do not deserve it; and I have so much confidence in the committee that should I find the duties of the office require a medical officer of health to devote the whole of his time they will on my recommendation appoint a man and give him adequate remuneration; but if the duties can be performed by myself in private practice, fully conversant as I am with the town and its surroundings, I fail to see why the ratepayers, who are at present overburdened enough, should be compelled to do more than appoint a man on the old lines. I should also state that we have two certificated sanitary inspectors, with the help of two other men doing sanitary work, such as storing, removing infectious cases, &c.

I am, Sirs, yours faithfully,

WM. BERRY, F.R.C.S.Irel., D.P.H. Glasg.,
Wigan, Feb. 4th, 1896. Medical Officer of Health for Wigan.

MIDWIVES' REGISTRATION.

To the Editors of THE LANCET.

SIRS,—Whilst reading the address given by Sir John Williams at the Hunterian Society a communication reached me to the effect that the local secretaries of the Primrose League have been asked to appeal to their branches to use their political influence in favour of legislation on this subject. Amongst papers sent to the secretaries are communications from the pens of Sir John Williams¹ and Dr. Cullingworth.² In his address to the Hunterian Society Sir John Williams attributes the improvement in midwifery practice to the fact, amongst others, that the difficulty to decide whether the child could pass by natural efforts was much lessened by (1) the knowledge of pelvic measurement during life, and that at the present time pelvimetry was more practised and better understood than formerly; (2) the use of antiseptics; (3) the early use of the forceps in cases of arrest in the progress of the child in its descent from the uterus; (4) the careful attention to laceration; and (5) the early use of craniotomy in cases in which it was required.

It is certainly a matter of astonishment that anyone, whilst expressing views such as these—views with which every accoucheur must be in absolute accord—should at the same time allow the weight of his authority to be cast into the scale in favour of legislation which will tend to throw the power of decision on all the above-mentioned points into the hands of women, for the most part far from being educated, and certainly with the minimum of training in obstetrics. If such women are capable of arriving at a correct decision on such points as the size of the pelvis and the time at which artificial interference can be resorted to with the best advantage it appears to me that there must

be something radically wrong with the training of medical practitioners. As a matter of fact, we all know that they are not capable of so doing, and most of us object to the State recognising them as practitioners in obstetrics at all. The appeal to the Primrose League is a matter of serious import. Our profession, absolutely unprotected as it is by sufficient organisation, is to be placed at the mercy of outside organisations by gentlemen inside the profession evidently possessing no appreciation of the probable results of legislation, which, however far it may be supported theoretically, cannot be worked out on any practical basis. The profession sees that Sir John Williams admits that uneducated women, after a few months' training, are fit to manage cases of labour, and that they are fit to decide at what period the accoucheur is to be sent for in cases of difficulty. In fact, he evidently thinks they are capable of deciding the points upon which he says depend the modern successes in obstetrics. It is not quite easy to understand why the comparatively educated nurse, who has been trained for years in hospitals, should not be equally competent to manage all medical and surgical cases up to the time which, in her opinion, is the correct one to send for either a physician or a surgeon.

I am, Sirs, your obedient servant,
Hatfield, Jan. 26th, 1896. LOVELL DRAGE.

THE HADDEN FUND.

To the Editors of THE LANCET.

SIRS,—I shall feel again obliged by your kindly inserting the enclosed two lists. The gentlemen whose names appear in the first list are (many of them) anxious that it should be known they had sympathised with Dr. Hadden, and for that reason I ask for its insertion.

I am, Sirs, yours faithfully,

York-street, Dublin, Feb. 3rd, 1896.

JAMES CRAIG.

List of subscriptions from medical men received through the *Irish Times* and private sources previously to the hearing of the appeal:—

£ s. d.	£ s. d.
Mr. John Burgess, Dublin	1 0 0
Dr. Atcock, Dublin	1 0 0
Dr. R. McVittie, Dublin	2 2 0
Dr. F. R. Cruise, Dublin	5 5 0
Mr. J. T. W. Allen, Dublin	1 1 0
Dr. R. L. Heard, Monks-town	1 1 0
Dr. T. P. Mason, Dublin	2 2 0
Mr. F. S. Morrison, Dundalk	1 1 0
Dr. W. Ryan, Dublin	1 1 0
Dr. T. M. McEvoy, Blackrock	1 1 0
Dr. Patton, Finglas	1 1 0
Dr. T. T. Moore, Kingstown	1 1 0
Mr. John Crean, Wexford	1 1 0
Dr. B. A. Palmer, Armagh	1 1 0
Dr. A. H. Jacob, editor <i>Medical Press and Circular</i> , Dublin	1 1 0
Dr. J. T. Hamilton, Dublin	1 1 0
Dr. W. J. Thompson, Dublin	1 1 0
Dr. R. E. Hadden, Skibbereen	1 1 0
Dr. J. W. Boyce, Blackrock	1 1 0
Dr. W. E. Hadden, Portadown	1 1 0
Brigade-Surgeon R. Hyde, Dublin	1 1 0
Mr. Tuohy, Dublin	1 2 0
Dr. J. H. Benson, Dublin	1 1 0
Dr. H. W. Jacob, Great Malvern	1 1 0
Deputy-Surgeon-General T. Beaumont, Dublin	1 1 0
Dr. H. R. Hadden, Dublin	5 5 0
Mr. Verner Furlong, Dublin	1 1 0
Mr. Albert Croly, Rathfarnham	1 1 0
Dr. G. Nesbitt Wynne, Dublin	1 1 0
Dr. Moffat, Dublin	1 1 0
Surgeon H. J. Hadden, R.N., Bermudas	2 2 0
Mr. G. P. Cope, Dublin	1 1 0
Mr. C. T. J. O'Rourke, Kells	1 1 0
Medical Students, T.C.D.	10 10 0
South-Eastern Branch I. Brit. Med. Assoc.	2 2 0
Dr. MacDowell Cosgrave, Dublin	Fee in case returned.

Additional Subscriptions.

£ s. d.	£ s. d.
Dr. C. B. Ball, Dublin	1 1 0
Sir J. Banks, K.C.B., Dublin	1 1 0
Dr. A. Patton, Finglas	1 1 0
Mr. Horne, Dublin	1 1 0
Dr. Pim, Chapelizod	1 1 0
Dr. Starkey, Dublin	1 1 0
Dr. Nelson, Belfast	1 1 0
Mr. Fitzmaurice, Dunmanway	0 2 0
Mr. Westropp, Lisdoonvarna	0 10 6
Dr. Ryan, Bailieborough	0 10 0
Mr. Finegan, Mullingar	1 1 0
Mr. Jefferson, Lisburn	0 10 6
Dr. Cotter, Cork	1 1 0
Dr. J. Barton, Dublin	0 10 6
Mr. Dormer, Newtownbarry	1 1 0
Dr. Martin, Portrush	0 10 0
Mr. Denham, Dublin	1 1 0
Dr. McCullagh, Belfast	0 10 6
Dr. S. Gordon, Dublin	1 1 0
Dr. Athill, Dublin	1 1 0
Brig.-Surg. Potter, Dublin	1 1 0
Dr. W. J. Smyly, Dublin	1 1 0
Dr. A. W. Baker, Dublin	1 1 0
Dr. Hearn, Rathmines	1 0 0
Dr. Mussen, Glenavy	0 10 6
Mr. Taylor, Tanderagee	0 10 0
Mr. Scott, Kingstown	1 1 0
Mr. Kennefick, Clonmel	0 10 6
Mr. Bradley, Drogheda	0 10 0
Dr. Ronaldson, Haddington	1 1 0
Mr. R. L. Swan, Dublin	1 1 0

THE PRESCRIBING OF PIPERAZINA.

To the Editors of THE LANCET.

SIRS,—In October, 1894, I bore testimony for piperazina as a solvent for urates and a remedy in gout. Since then it has

¹ Sir John Williams's letter to Lord Balfour of Burleigh.

² Dr. Cullingworth's letter to the Times.

given satisfaction in most cases, but failed in a few because, as I am now led to believe, it was combined with vegetable tinctures or infusions. It appears that with these it is incompatible. Other practitioners have reported adversely upon the drug, and probably because it was combined as above. Dissolved in distilled water or in tabloids and taken on an empty stomach it will meet a fair trial. I intend to use it by subcutaneous injection for the dispersion of uratic deposits, which are so troublesome in the palms especially. It is regrettable that its price still ranges as high as 10s. an ounce.

I am, Sirs, yours truly,

Cavendish-square, W., Feb. 1st, 1896.

E. D. MAPOTHER.

"A CASE OF GONORRHOEAL HEMIPLEGIA AND APHASIA."

To the Editors of THE LANCET.

SIRS,—In your issue of Jan. 11th last, on p. 115, appeared a notice of my report on a Case of Gonorrhoeal Hemiplegia and Aphasia. The case was that of an acute right hemiplegia with motor aphasia, accompanied by convulsions, occurring in a young woman suffering from gonorrhoeal parametritis, salpingitis, and peri-oöphoritis. My critic, after stating minutely the facts of my observations, then continues: "Dr. Bruns concludes that, looking at the history of the sudden onset, accompanied by epileptiform attacks, the condition determining the hemiplegia was an embolic one, and that the embolism had its origin at the focus of gonorrhoeal inflammation in the Fallopian tubes. But it is difficult to see how this could happen. An embolus breaking off from an inflammatory focus in the region of the Fallopian tubes would naturally have to traverse the pulmonary capillaries before it could reach the brain. *This, of course, is impossible*, and if such an embolus had travelled to the heart in the large veins the (result) might have been a pulmonary apoplexy. But how such an embolus could get to the brain we fail to see, and it seems more feasible to ascribe the hemiplegia to thrombosis occurring in cortical vessels, the thrombosis being probably determined by the morbid blood state to which the gonorrhoeal inflammation had given rise." This unequivocal criticism, which charges me in pretty round terms with serious anatomical and pathological blunders, contains as many mistakes as it does sentences. Let me substantiate my statement. In the first place it is by no means essential that a thrombus in a peripheral vein should, in order to produce embolism in the general circulation, originate material of necessity traversing the capillary network of the lung. Setting aside the possibility of patent foramen ovale—a possibility which I do not of course offer as an explanation of the case—it must be remembered that direct anastomoses undeniably exist between the larger pulmonary arteries and veins;¹ through these anastomoses fairly large masses of thrombus can penetrate from the pulmonary into the systemic circulation. Further, it is perfectly possible for tiny particles coming from systemic veins to pass through the capillaries of the lung into the left heart, and thence into the systemic circulation to enter and finally to block some one or other systemic vascular area. This possibility is taught by the text-books of pathological anatomy, and was actually experimentally demonstrated by the Webers years ago.² Lukjanow, who concedes the same possibility, supposes that tiny particles that have traversed the pulmonary capillaries may increase in size by accretion of fibrin or of blood corpuscles and thus then form emboli. Again, it is possible for such a particle to temporarily adhere to the inner face of a large vessel at some point and there grow in size and then become dislodged and swept off to a more peripheral spot, where it will plug the vessel and constitute an embolus. Now in the case reported by myself it must have been a question of small emboli. Obstruction by a tiny particle from a thrombus, in the way which Lukjanow supposes, during the course of the night which preceded the definite paralysis is perfectly possible.

It is only necessary to remember the pathology of pyæmia, where it is certain that inflammatory thrombi arising in the veins may cause purulent foci in any part of the systemic

circulation, and that, too, as Billroth³ already showed, without primary foci in the lungs (or, as my critic puts it, a pulmonary apoplexy). It is thus comprehensible that I did not deem it necessary to add special explanations to my interpretation of the pathogenesis of my case. I am, however, far from thinking that mine is the only possible explanation. I only think it the more probable and certainly more plausible than that laid down by my critic, although the possibility of his is not to be denied. Certainly, however, my explanation is not absurd, and if my critic cannot see its justification it is because he undertook the criticism without sufficient knowledge of the pathology of thrombosis and embolism.

I am, Sirs, yours faithfully,

Lavesstrasse, Hanover, Jan. 9th, 1896.

L. BRUNS.

CHEMISTRY IN THE EXAMINATIONS AT LONDON UNIVERSITY.

To the Editors of THE LANCET.

SIRS,—The Chemistry Examination at the Intermediate M.B. Examination of the London University has frequently in previous years been severely criticised. The chief ground of complaint against the examination has been that the questions set are too severely technical and not suited to the work of medical students, but rather to those who intend to be professional chemists. In some cases the questions set have been outside the range of the syllabus. We have just been up for this examination and feel that this evil continues, and in this we are supported by those who teach us chemistry in our medical school. The questions set this month were the following:—

1. What experiments would you make in order to prove that glycocine contains one and urea two amido groups? What is the effect of hot aqueous potash on each of these compounds?
2. What are the chief constituents of ordinary petroleum oil? How would you ascertain whether it contained olefine hydrocarbons?
3. How would you detect and estimate the nitrogen in a specimen of leucine? Describe an alternative method of estimation and calculate the percentage of nitrogen in this substance.
4. What means would you adopt in order to separate in a pure state each of the constituents of a mixture of alcohol, aldehyde, and ether? Describe the characteristic properties of each of these substances.
5. Describe precisely *how you prepared* pure aniline from benzene as a starting-point. What would be the best method (other than reduction) of separating pure aniline from a mixture of it with nitrobenzene?
6. Explain fully the chemical changes involved in the principal tests for the following substances: Formic acid, cane sugar, benzoic acid, alcohol, and salicylic acid.

Your readers will be able to judge for themselves if these are fair questions for a pass examination. Of recent years chemistry has been the most fatal subject to candidates, and we feel the grievance very acutely, for whereas in the other subjects the questions asked have been on their wide and important aspects, those in chemistry are on out-of-the-way points and more suitable for a professional chemist's examination.

We remain, Sirs, your obedient servants,

Feb. 1st, 1896.

MEDICAL STUDENTS.

"VOLUNTEER MEDICAL ORGANISATION."

To the Editors of THE LANCET.

SIRS,—I am sure every well-wisher for the good of the Volunteer Medical Service will hail with delight the appearance in THE LANCET of Feb. 1st of the suggestions made by the sub-committee of the Council of the Volunteer Medical Association. The present system has been in existence now for some years, and I believe has given nothing but dissatisfaction all round. Why are the vacancies in the Volunteer Medical Staff Corps not filled up as in other branches of the volunteer service? It is quite a common thing for a company to be commanded by a surgeon-lieutenant when his rank ought to be surgeon-major. Promotion by length of service is all very well in the regimental system, but I believe, like myself, most of the officers of the Volunteer Medical Staff Corps are strongly in favour of each company having its officers of the proper rank as laid down in

¹ Cf. Lukjanow: Outlines of the General Pathology of the Vascular System, Leipzig, 1894, p. 1389.

² See, for instance, Schmaur, Principles of Pathological Anatomy, second edition, 1895, p. 38, where speaking of the considerable diameter of the pulmonary capillaries; also Rindfleisch's Textbook of Pathological Histology, 1878, p. 163.

³ Surgical Pathology, 1880, p. 404.