were recorded without any idea that they would be used for the purpose to which I have applied them. I have it vouched for on unimpeachable authority that the particulars were recorded in a large and inordinately sizeable volume. And in the Southern Hemisphere, they are supplied at the conclusion of each voyage to the Hydrographer to the Admiralty. My belief in their accuracy is as implicit as it is in Dr. Dutton's conceptions.

Coming to the figures themselves, I notice that Dr. Dutton mentions neither the year of the voyage nor the line by which he travelled; I find, however, in the Medical Directory that he was surgeon to the R.M.S. Tongariro. The ships of the company to which this vessel belongs pass in the tropics through practically the same course as those of the company whose data I used, and therefore there is no reason why the tropical temperatures experienced in the two lines should differ. As a matter of fact, the figures of the January sailings in my tables closely agree with those of Dr. Dutton in this particular; but with reference to the Southern Hemisphere the lower temperatures encountered by his vessel are explained by the fact that the ships of that line habitually go further south than do those of the line I referred to. The track chart of the latter line on the voyage from the Cape of Good Hope passes along the forty-fourth degree of south latitude towards New Zealand; and, as far as the Pacific is concerned, it follows the fortieth degree nearly to Cape Horn.

Finally, in order to show how cautiously conclusions should be drawn from a single voyage, let reference be made to Mr. Dickey's article in THE LANCET of Aug. 11th, 1888, which may be referred to on the subject of anatomical teaching. In his article Mr. Dickey compares the teaching in the largest London schools, who is an eminent surgeon and a leader in the scientific world, with that of Mr. Dixey's article in THE LANCET of Aug. 11th, 1888.

To the Editors of THE LANCET.

Sirs,—I am grateful for the support publicly given to me by Mr. Holmes and for that which I have received privately from many of almost equal professional rank. Among others a very prominent lecturer on anatomy at one of the largest London schools, who is an eminent surgeon and a leading scientific, favours me, on the subject of anatomical teaching, with a letter of sixteen pages containing several amplifications, the dissemination of which I am anxious to refer to Mr. Holmes and to the very eminent friend above referred to. Both these gentlemen stand up somewhat for anatomy, but a just tribute of respect to Professor Macalister, the leaders of the new school of being intelligent and wise in their generation. If they could have brought in this new mode without revolting to an average student of their time—that is, as taught in the dissecting-room—they would have done so. But the thing is impossible. You must found your anatomy either on the facts of the dissecting-room or on embryology and morphology—on what is visible and tangible, or on what is not so, the latter case you get a practical knowledge of anatomy—in the former case you get an abstract and theoretical knowledge; in the former case you get anatomy familiar to the eye and finger—in the latter case you get anatomy as a mental conception; in the former case you get the anatomy of the surgeon—in the latter case you get the anatomy of the scientist. The two things are absolutely distinct. One mode of study—the only mode—may be, I say, on the report of the examiner, in the latter case you get the anatomy of the scientist, in the former case you get the anatomy of the surgeon—in the latter case you get the anatomy of the scientist. The two things are absolutely distinct. One mode of study—the only mode—may be, I say, on the report of the examiner.

I am, Sirs, yours truly,

LEOPOLD HUDSON.

Queen Anne-street, Nov. 15th, 1883.

TEACHING OF ANATOMY—ITS AIMS AND METHODS.

To the Editors of THE LANCET.

Sirs,—I am grateful for the support publicly given to me by Mr. Holmes and for that which I have received privately from many of almost equal professional rank. Among others a very prominent lecturer on anatomy at one of the largest London schools, who is an eminent surgeon and a leading scientific, favours me, on the subject of anatomical teaching, with a letter of sixteen pages containing several amplifications, the dissemination of which I am anxious to refer to Mr. Holmes and to the very eminent friend above referred to. Both these gentlemen stand up somewhat for anatomy, but a just tribute of respect to Professor Macalister, the leaders of the new school of being intelligent and wise in their generation. If they could have brought in this new mode without revolting to an average student of their time—that is, as taught in the dissecting-room—they would have done so. But the thing is impossible. You must found your anatomy either on the facts of the dissecting-room or on embryology and morphology—on what is visible and tangible, or on what is not so, the latter case you get a practical knowledge of anatomy—in the former case you get an abstract and theoretical knowledge; in the former case you get anatomy familiar to the eye and finger—in the latter case you get anatomy as a mental conception; in the former case you get the anatomy of the surgeon—in the latter case you get the anatomy of the scientist. The two things are absolutely distinct. One mode of study—the only mode—may be, I say, on the report of the examiner.

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“scientific” anatomy, are but question-begging appellations, which cannot meet the need for a short but correct term.

There is, however, one leading feature in which the new school may at first seem to be right, and through which it attains much public sympathy. It asserts that it facilitates study. Professor Macalister, after drawing an admirable, indeed unusually vivid, picture of the crushing weight of present requirements as they lie on the poor students’ shoulders, comes to his solution of the difficulty, “Anatomy is simplified by being viewed from a morphological standpoint.” I will endeavour once more to focus Professor Macalister’s argument: 1. “Morphology brings things into line”—these words are borrowed from another eminent writer of the same school, but convey tersely and pointedly what is substantially Professor Macalister’s. Morphology is brought into line with the eye or the hand. It is said, however, that it adds great embarrassment.

2. “Morphology supplies a valuable form of memoria technica.” 3. “Morphology obviates the necessity of committing to memory.” I will grant that this is so: morphology may make it easier to learn anatomy, as a number of facts arranged in a line, like a set of nine-pins to be knocked down with one cast of the wooden ball—e.g., to be spouted out with volubility at the examination table, or grandly talked about at society meetings. “This is infinitely better,” says Professor Macalister, “than any system of mnemonics.” But it is a system of mnemonics. Worse still—I quote Professor Macalister’s own admission—“it may be true that in the great majority of cases the student is stimulated by the interest which the subject possesses...” But of much more important things; “it places the vestigial fold of the pericardium on the same platform as the superior vena cava, that is, the superior vena cava as the normal vessel, the inferior vena cava as the anomalous.” I would submit that, even on the score of mnemonics, morphology is not only an unworthy solution of our difficulties, and that it but adds to our embarrassment.

I come very briefly to the practical aspect of the subject. What can the surgeon know of a simple rupture if he has not carefully dissected the parts concerned in inguinal and femoral herniae? How many students are there now in our schools who have? Here is a case, urgent if any case can be, a case of strangulation: “Up, Sir, in the dead of the night, to your lonely cottage; without assistance, lighted by a half-crazed old woman holding a halfpenny dip, and do your best with your hernia know...? Well, it’s just one other case of malpractice.” “Few medical students,” you know, “expect to become competent surgeons in after life.” The above italicised sentence—will the reader believe me—frequent in the leading articles published in only last week in one of the London medical journals. Let us go on here to the people of England. Let the bone-setters hear it. Let the “quacks,” let the “sham oculists” understand it, and... wait till some big place that bolds forth its knowledge make the attempt to prove his case!—that some surgeon in one of these gunshot cases, or other wounds so frequent nowadays has juggled at the transverse process of the atlas, mistaking it for a bullet. This is no imaginary case, it is one that has been before our law courts. Am I wrong in my estimate of what the general practitioner—the backbone, be it remembered, of our profession—should be able to undertake? I quote from a letter in the British Medical Journal—published only last week. I am, Sirs, yours faithfully.

T. Cooke, F.R.C.S.

To the Editors of The Lancet.

Sirs.—Mr. Cooke has unquestionably done good service in drawing attention to the need for a proper table of the cases to which he has referred. It would be interesting and helpful if Dr. Hood would give us a proper table of the cases, a table such as would two death-rates as fair and reasonable as any such comparison is possible to be.” The responsibility of having to prescribe or withhold alcohol from patients suffering from enteric fever, etc., is one that falls only on so many practising to the old and practical, that no teacher, to my mind, can well excel in teaching both. I am, Sirs, yours faithfully.

A Former Teacher of Anatomy.

Diagnosis and Treatment of Typhoid Fever.”

To the Editors of The Lancet.

Sirs.—In an address by Dr. Hood upon the above subject, published in the Lancet, 11th April, it is stated that propositions are brought forward as to the use or disuse of alcohol in the treatment of enteric fever; and the statistics of the cases at the London Temperance Hospital are cited to prove Dr. Hood’s views in favour of the use of alcohol, the said statistics being cited as offering “a comparison of the two death-rates as fair and reasonable as any such comparison is possible to be.” The responsibility of having to prescribe or withhold alcohol from patients suffering from enteric fever, etc., is one that falls only on so many practising to the old and practical, that no teacher, to my mind, can well excel in teaching both. I am, Sirs, yours faithfully.

A Former Teacher of Anatomy.