with that Board. This letter contains a dozen short but highly important questions, which, as they all relate to the personal knowledge of the medical men themselves, can be answered at once, without reference to books or records of any sort. Indeed, five minutes, or less, from each individual thus addressed, will furnish the Society with information of the most valuable kind, not to be obtained by any other means with which we are acquainted.

We subjoin a copy of these questions, and express an earnest hope that for 3500 letters so circulated, the Society will receive 3500 answers, carefully and accurately drawn out.

- "1. If vaccinated, at what age?
2. Ditto, the number of cicatrices?
3. Ditto, the special character of ditto?
4. Ditto, have you been much exposed to small-pox?
5. Ditto, have you taken small-pox, and when?
6. Ditto, and taken small-pox, was it mild or severe?
7. If inoculated, at what age?
8. Ditto, have you taken small-pox, and when?
9. Ditto, and taken small-pox, was it mild or severe?
10. Ditto, have you taken cow-pox accidentally or experimentally?
11. If neither vaccinated nor inoculated, have you taken small-pox?
12. What is your opinion of the efficacy of vaccination as a protection against small-pox?"

THE RIGHTS OF NAVAL ASSISTANT-SURGEONS.

To the Editor of THE LANCET.

SIR,—I beg for a small space in *THE LANCET*, to direct the attention of the medical practitioners of Great Britain and Ireland to the incompleteness of the relief afforded to naval assistant-surgeons by the Admiralty order of July 17, 1850; and to beseech them to make this subject a matter of importance in treating with candidates for a seat in the House of Commons.

The assistant-surgeons have, from the commencement of the struggle to the present moment, consistently and energetically maintained their right to the ward-room or lieutenant's mess, with its attendant privileges of a cabin and a servant—a right which is founded on the following grounds, as recapitulated in the memorable "Exposition of the case of the Assistant-Surgeons of the Royal Navy."

They are, 1st. An Order in Council of 1805, conferring upon them the same rank as that of their brethren in the army, which is that of lieutenant in the army.

2nd. The obviously inferred recommendations of the select committee, &c., last year [in 1848], when they stated the causes which were considered by Sir William Burnett to lead to the great scarcity of candidates for the situation of naval assistant-surgeons.

3rd. The rank of the assistant-surgeon being equal to that of the first-lieutenant of marines, consequently superior to that of second-lieutenant of marines, both of whom are ward-room officers.

4th. Their status in society on shore, by virtue of their profession and education, and their having attained the age of manhood.

5th. Assistant-surgeons being the only officers who, having completed their education and acquired their profession before entering the service, are denied the ward-room; the chaplains and naval instructors both becoming ward-room officers the moment they join the service.

6th. The claims put forward by the assistant-surgeons, when they ask to be placed in a position that will enable them to benefit to the best of their power the seamen of the royal navy, and, through them, the country generally.

As the case now stands, a medical gentleman leaves College, and goes to the cockpit, where he must undergo a probationary period of three years, and where he endures, *if he can*, the life of a big school-boy. He is subsequently removed to the ward-room, or lieutenant's mess, provided that he passes the required examination; and he obtains, "when the accommodation and space on board will admit," a cabin, and a servant (at the caprice of the commander).

In consequence of discretionary power being left to commanding officers and captains (the opponents of the claims of naval medical officers), "the accommodation and space on board" are rarely discovered to be sufficient to afford a cabin to the

assistant-surgeon, although there be two or three cabins vacant, or in the occupation of stewards, the captain's cook, band-master, or master-at-arms.

An instance occurred in a steamer, of a captain declaring that there was not space to erect a cabin, and subsequently directing a cabin to be built for an additional lieutenant. This is an example of the truthfulness of the opponents of the assistant-surgeons' claims. An attempt has also been made to displace assistant-surgeons that may be occupying cabins, whenever supernumerary lieutenants may be placed on board—a practice strictly forbidden by the Sovereign, but occasionally followed by naval captains.

I now call upon every medical man possessing any political influence, to use it in behalf of the medical officers of the royal navy. Let parliamentary candidates pledge themselves to support Captain Boldero in his demand for the immediate entry to the ward-room mess (with the privileges of a cabin and servant,) for every medical man on his *admission* to the royal navy.

I am, Sir, your obedient servant,
FREDERICK JAMES BROWN, M.D., Lond. and Edin.
Late Assistant Surgeon R.N.

Chatham, April, 1852.

SIMULTANEOUS DISPLACEMENT OF BOTH HUMERI.

To the Editor of THE LANCET.

SIR,—In *THE LANCET* of last week, April 10, 1852, a case of simultaneous dislocation of both humeri is reported by W. H. Smith, Esq., and it appears that that, and one by Mr. Skey, in his work on Operative Surgery, are the only ones that have been recorded. Such a case has fallen to my share to attend, and should you deem it worthy to add mine to the list, you will oblige

Your obedient servant,

ROBERT THOMPSON, Surgeon.

Brandon, Suffolk, April, 1852.

My attendance was requested at an inn in this town upon Mr. Samuel Pratt, a butcher, who resided in a neighbouring parish. I found he had been thrown from his cart, and, as he described it, fell head downwards, pitching upon his hands. He was suffering great pain, with arms fixed, and an attendant supporting each arm, his hands being quite numbed, being a remarkably short, thick, muscular man. I at first felt some hesitation in deciding the nature of the injury—this attributable to my never having at that time heard of a like case. I eventually decided the injury was dislocation, and reduced them both in the ordinary manner. After bandaging him up, I had him conveyed home; and calling upon him the following day, he told me he had been visited by his family surgeon, to whom he described the injury, who, owing to the unusual case, did not believe such could have taken place, but, as you are aware, the patient must receive credence for his belief. The peculiar jerk, when the bones pass into their socket, with an instant relief to his sufferings, made such an impression upon his mind, that nothing could convince him to the contrary. His case ended in due time with the perfect use of both arms.

GALVANIC CHAINS.—We find in a Belgian medical journal the following curious case related by M. Henrotay, a military surgeon. It runs as follows:—Geerairts, thirty-eight years of age, keeper of ordnance stores at the camp of Beverloo, in Belgium, was in the habit of wearing, on account of old rheumatic pains, a galvanic chain, which was fastened to his chest. Being, the last summer, close to a spot which was struck with lightning, he was suddenly seized with a fit of dyspnoea, which lasted full a quarter of an hour. As he was no worse for that attack, he soon forgot the circumstance, when on the 1st of May, 1851, whilst reading the paper in his room, the window of which was open, he was aroused by a violent clap of thunder. Immediately upon this, the man had vertigo, he staggered about, was obliged to hold by the furniture, and was all at once completely deprived of sight. He had at the time the galvanic chain around his neck. When seen by the surgeon, there was great anxiety in the patient's countenance, the eyes were open and almost motionless, the pupils dilated and hardly acting, &c. The man complained of severe headache and giddiness, the pulse was slow, feeble, and compressible, and a bellows murmur was heard in the cardiac region. The patient was very thirsty, and there was nausea, anorexia, and slight pain on pressure in the epigastrium. Leeches were applied behind the ears, sinapisms to the legs, and low diet enforced. As there was no improvement two days after the accident, a large blister was put on the nape of the neck, some amelioration took place, and sight was quite restored on the sixth day.