that everyone of the human infectious diseases may give rise to the symptoms of the so-called puerperal fever in the lying-in woman; and, reasoning by analogy, one would expect the same from the bovine affection. Yet surely in that case there should always be numerous recorded instances. The lady's friends naturally expect a positive answer to the question, May the milk of cows thus affected produce these results? I can only answer provisionally, that I think it entirely probable. In that district, several miles from Manchester, where the case occurred, there is a wide prevalence of foot-and-mouth disease, and with the greatest care on the part of the farmers there would still be a source of extreme danger to the lying-in woman there.

As the matter now stands I would certainly advise that no milk should be used by the lying-in woman in such a district, certainly none that had not been subjected to boiling.

If any corroborative cases have been published I have missed or overlooked them.

I am, Sir, yours, &c.,

J. THORBURN, M.D.,

Professor of Obstetric Medicine, Victoria University.
Manchester, March 12th, 1883.

"THE OPINION OF A 'DENTAL SURGEON.'"

To the Editor of THE LANCET.

SIR,—I feel certain that any unbiassed person who read my first letter to you, elicited by an annotation in your journal which, unintentionally, seemed to class the qualified and unqualified in my speciality together, would see that it was animated by a desire to uphold the social and scientific position of a branch of surgery as much entitled to recognition as any other when legitimately and honourably practised. It is remarkable that those who profess to reply to it impute opinions to me which I have never held, much less expressed, whilst they corroborate my statements. Their resort to personalities is regrettable, as my communication referred to measures, not persons. Such weapons proclaim a weak cause, and never strengthen argument.

My contentions were:—First, that it was unjust to the whole medical profession that wholly unqualified persons should be permitted to call themselves surgeons, or even dental surgeons. Secondly, that the Dental Registration Bill had permitted individuals of the lowest type to register themselves as dentists when such an excellent opportunity presented itself of purifying the profession by purging it of persons not carrying on their business—I will not say their profession—in a reputable manner. How do my critics answer these propositions? Simply by assenting to them! The first writer commences by a totally irrelevant attack upon the Association of Surgeons Practising Dental Surgery, which was founded for a special purpose, and which, despite his assertions, is by no means effete, and then enters upon a prolix digression on matters to which I did not even allude. I never denied that if we wait long enough—*tout vient à qui sait attendre*,—benefit may result from the Act in the far future; but I maintained that proper means had not been taken by the promoters of the Bill to prevent the registration of those who are an opprobrium to any liberal profession, mentioning the fact that shops existed over the disgusting show cases of which the owners advertised themselves as "registered dental surgeon," or even "registered surgeon and dentist." Your three correspondents unanimously accept these assertions. The first writer says: "It is undeniable that there are undesirable registered dentists"; while he cannot deny the existence of the shops which have indubitably increased threefold since that "disastrous"—I never said "monstrous"—legislation which has so degraded the present status of dental surgery. Prior to the passing of the Act, their proprietors were outside the pale of professional respectability. Now they find a legal sanction. This correspondent assumes that I am opposed to the dental licentiatehip; whereas, had he read my letter, he would have seen that I expressly stated that "I did not allude to those who hold the dental licence of the College of Surgeons." And assuredly, had the Bill required unqualified practitioners to become licentiates, or had it only admitted, after careful selection, those who conducted their practices honourably to registration, there are few, certainly not myself, who would not have supported such healthy legislation. Thus,

the letter I am criticising, being based upon false premises, must result in false conclusions; indeed, it is hard to imagine the object with which it was written, inasmuch as, whilst it most inexcusably misrepresents my views, it supports my contention and confirms my propositions. The author of the second letter somewhat more courteously assumes my ignorance of the provisions of the Act, but admits that the "inferior practitioners" recognised by it have no right to assume "the title of surgeon or surgeon-dentist," whilst even Mr. Cox (of whose existence, if he will pardon me for saying so, I had never heard until I read his communication of to-day) confesses that he is "as much disgusted with the admission of an indiscriminate host as the 'professor' (*sic*) himself." I very much regret that inasmuch as he is so particular in emphasising my legitimate title I should have done him the injustice of depriving him of his, especially as he is in accord with me as to the impropriety of admitting unqualified empirics to equal privileges with those who are generally or specially qualified. Finally, with regard to the sentiments which render me too sensitive, perhaps, about the social position of my speciality in surgery, I leave their interpretation to my friends who know me, not to those with whom I am not acquainted.

The suggestion that those who sympathise with me assume pre-eminence on account of their possession of a medical diploma is ridiculous as it is uncalled for, though I frankly confess that I am ashamed to be associated, even in name, with many of those whom recent legislation has permitted to register themselves as "dental surgeons." Here a medical qualification does afford protection. My opponents seem to forget the trite motto "*Quot homines, tot sententiæ*." In upholding my own opinions I should never be so illiberal as to quarrel with them for having theirs, however much they might be opposed to mine.

I am, Sir, your obedient servant,

S. HAMILTON CARTWRIGHT,

Professor of Dental Surgery to King's College, and
Dental Surgeon to King's College Hospital.
Old Burlington-street, March 16th, 1883.

"THE FUNCTIONS OF THE SEMICIRCULAR CANALS."

To the Editor of THE LANCET.

SIR,—In your issue of February 17th last there appeared an interesting leader on the above subject, in which you drew attention to certain experiments of M. Vulpian. In a subsequent number of your journal there likewise appeared a letter from Mr. Dalby, very cogently arguing against the assumption of the semicircular canals being specially influenced in the experiments referred to, and relating certain facts commonly to be observed in aural practice. It is a frequent habit among physiological experimenters, and one introducing a very considerable element of fallacy in their conclusions, to regard animals as mere automata, and wholly to attribute to some local, it may be central, irritation or stimulus any and every peripheral manifestation, without taking sufficiently into consideration the element of intention or mind in the lower animal. It is not, however, to reiterate Mr. Dalby's objections that I presume to trespass on your valuable time and space, but to emphasise the importance you very justly attribute to the phenomenon of "sympathetic" irritation of the ear opposite to that operated upon, observed in one of M. Vulpian's experiments, and which is, I believe, not only explanatory in a measure of some pathological conditions, but also capable in some cases of therapeutic application, on the principle of what may be termed the establishment of equivibration.

Some time ago I suffered from right external otitis, for which I used a lotion of lead, glycerine, and rose-water, with the result of forming an amalgam of these substances on the right membrana tympani, and causing deafness, a feeling of capital asymmetry, or unequal sensation in the two halves of the head, the affected side being duller and heavier than the other, while a minor degree of nausea, dependent on these conditions, was likewise present. I was surprised to find that all my discomfort, except the deafness, could be removed by my plugging the sound ear with cotton-wool. This result was attributable either to the stimulation of the cutaneous nerves in the auditory canal, to the production of a certain amount of deafness in the unaffected ear, or to these conditions combined; in any case, in

my opinion, to the establishment of a greater degree of auditory and aural equivibration than existed prior to this manœuvre. It happened at the same time that I had under my care a case of well-marked auditory vertigo, coupled with attacks of severe vomiting, due to polypous occlusion of the left Eustachian tube, with well-marked depression of the corresponding membrana tympani; and which could be relieved by Eustachian catheterism, only to recur, notwithstanding the removal of as much as possible of the naso-pharyngeal polypous material. I directed this patient to plug his sound ear as firmly as possible with cotton-wool when he felt any symptoms of a vertiginous seizure, and the result, he assures me, has been to cut short or mitigate the attacks. I have likewise found it beneficial when vertigo has resulted from syringing an ear with perforated membrane, to direct the patient to stop the ear not operated upon with the finger. Moreover, the results of M. Vulpian's production of double otitis, in the conduct of the animals under these circumstances, appear to indicate a modification of the movements *en ménage*, &c., and the establishment in a measure of symmetrical equivibration, though conclusions from his results are open to fallacy, not only from the inequality of irritation in the two ears, but also from the element of mind or intelligence in the subject. To determine the exact value (that it has some I have no doubt) therapeutically of the establishment of equivibration, a larger number of facts must, of course, be collected, and I would respectfully commend the subject to those having frequent opportunities of testing it. That the symmetrical excitation of nerves may be of more extensive application I think probable, as I have found in a case of severe trifacial neuralgia that counter-irritation of branches of the companion nerve on the opposite side of the face has relieved pain, while excitation to the same degree of the nerve on the affected side has increased it. This case was, however, one of rheumatic tic douloureux, and was only effectually cured by salicylate of soda and alkalies.

I am, Sir, your obedient servant,
Green-lanes, N., March, 1883. ALEXANDER MORISON, M.D.

"THE ST. PANCRAS VACCINATION CASE."

To the Editor of THE LANCET.

SIR,—Seeing that the pathology of the St. Pancras vaccination case is at once obscure and matter of grave importance, you will probably welcome any item of observation bearing upon the matter; and, as the practitioner who from time to time saw the child up to its death, I may be permitted to refer to one or two points in the case not otherwise fully considered, certainly not before the magistrate; and here I may express my feeling that a police-court is about the worst place possible for prosecuting a pathological inquiry. This child when brought to me was in a deep stupor. It was reported as having been ill for several days, neither had the arm been doing well. There still remained to each the outer rim of the vaccine vesicle, the areolæ being confluent. The ulcerated surfaces had an ashy-grey sodden look, such as one sees on phagedænic wounds. These became cleaner and of a healthier redness after the poulticing, and the remains of the vaccine vesicles disappeared. One item not noted is that shortly before the child's death the mother noticed it tremble all over. There seemed nothing in all this to warrant a diagnosis of the cause of death. As to the origin of the ulceration of the arm, I believe external influences had little to do with it, and for these reasons. The weather was not extremely cold, the child was not more exposed than many children attending public vaccination stations, and its home was clean and warm, if barely furnished. As to feeding, the mother gave it the breast as long as it would suck, and the feeding on corn flour and arrowroot, so much enlarged upon before the magistrate and elsewhere, was of the most nominal kind.

At the inquest I ventured to suggest, in opposition to Dr. Ballard's theory of the rubbing off of the scab, that according to my experience ulceration of the vesicles more frequently arose from unhealthy constitutional conditions, although the mothers in their ignorance are always ready to say that "the arm must have been rubbed." To my mind Charlotte Williams had this appearance. Of some importance also in this regard is the statement given in evidence by the mother of the deceased child that before leaving the workhouse "it was always asleep." Would not this sug-

gest that meningitis had already commenced? Might not the vaccine vesicles have ulcerated in consequence of this constitutional disturbance? And might not purulent absorption afterwards induce suppuration to the already inflamed meninges? I am, Sir, yours truly,

Islington, March, 1882.

J. CHALMERS.

OVARIOTOMY STATISTICS.

To the Editor of THE LANCET.

SIR,—I have just seen Mr. Spencer Wells' communication in your columns, in which he characterises as false a statement made by me that he "had gone on for twenty years operating on hundreds of cases with a mortality of twenty-five per cent." The facts are that between February, 1858, and February, 1878, Mr. Wells operated 892 times; and, according to his own tables of these cases, 220 died, giving a mortality of 24.66. This is substantially a mortality of twenty-five per cent., but there are three cases which, in my opinion, ought to be included as deaths in these tables, and they would bring the mortality of Mr. Spencer Wells' twenty-five years' practice absolutely to twenty-five per cent.

I am, Sir, yours truly,

Birmingham, March 17th, 1883.

LAWSON TAIT.

ALCOHOL AND LUNG DISEASE.

To the Editor of THE LANCET.

SIR,—In your valuable and suggestive notice of the Harveian Society's "Alcohol" report, which I regret I did not see until to-day, you seem to credit the committee with the conclusion that alcohol rather antagonises lung disease. Allow me to explain that this is not so. Our inquiry showed, I think conclusively, that, excepting pneumonia and pleurisy, lung diseases carry off a smaller proportion of persons given to excess in alcohol than of the general population. But we go no further, and I have not the slightest doubt, as one of the committee, that alcohol only "protects" from death by lung disease those whom it carries off by other maladies. Section 36 of the report contains a recognition of this displacement of the mortality from the more common diseases, and in opening the discussion upon the report at the Society I pointed out more fully that the heavy demands of phthisis, bronchitis, &c., amounting to about 35 per cent. of the whole adult mortality, could not be satisfied after alcohol had exacted its tax in the shape of liver, kidney, and brain diseases. The positive effect of alcohol in producing or predisposing to lung disease, as to which I have personally no doubt, can only be brought out by other methods of inquiry, which did not come within the scheme of the committee.

I am, Sir, yours faithfully,

Greville-road, N.W., March 8th, 1883.

T. MORTON, M.D.

SCOTTISH NOTES.

(From our own Correspondent.)

EXTRA LECTURES AT ABERDEEN UNIVERSITY.

THE lectureships in connexion with Aberdeen University, of which I recently wrote, have now been arranged so far as the teaching of lunacy, public health, and ear and throat affections are concerned. Dr. Reid, joint-superintendent at Elmshill Asylum, Dr. Simpson, medical officer of health, and Dr. M. Booth, dispensary physician, are the lecturers chosen. These gentlemen have all access to material for practical instruction; their respective subjects have been rather crushed out of the curriculum lately, and the appointments will be looked upon as another step towards the full equipment of the university for its work.

PATHOLOGY AT ABERDEEN.

It is very satisfactory to state that, by the kindly suggestions of Dr. Struthers and the mutual consideration of the parties more intimately concerned, an agreement has been arrived at on what has interested many in the North as the Pathology Question at Aberdeen. It will be remembered that the Senatus of the university and Professor Hamilton, anxious for the fullest efficiency of the pathology