and in which the Lord Chief Baron of the Exchequer said, "If a man is registered he may call himself what he pleases," was not applicable to the matter before the College. That had to do with the Medical Act, and it was a proceeding under the 40th section of that Act, in reference to the assumption of medical titles implying that the holder was registered under the Act. If registration gave individuals the privilege of calling themselves what they liked, then licentiates of the College might call themselves fellows and members without let or hindrance. He asked what kind of doctor does a non-graduate person think he would be called. It is proposed to call him by a name which, to everyone who uses it, means a "doctor of medicine," and yet he is not to be allowed to put M.D. after his name. For over three hundred years it never occurred to the College to call a man a "doctor" unless he were one. But in 1838 an excuse for such a step was found in the establishment, about that time, of the University of London, which began to confer degrees. Twenty years after the College changed its mind, and again in 1864. The step proposed to the College was a great responsibility. It would be a similar principle if the Commander-in-Chief were to call everyone a colonel. The College was the highest authority in medical ethics, and it was asked to do a thing which was equivocal, and it was a questionable act for the College; the College would be assuming to do what it had no legal right to do—to give a man the title of M.D.

Dr. RISDON BENNETT moved an amendment, as he did not agree with the Report of the Committee. He felt strongly that it would be undesirable to adopt the proposal before the College. The suggestion to give the courtesy title would be opposed to the traditions of the College, and be injurious to the profession at large. At the same time he felt strongly the difficulty the College was in in consequence of its past action, and was very anxious, if possible, not to do injustice to those who came up to the College after the bye-law of 1838 was in operation. He moved—"That no Fellow, Member, or Licentiate of the College be authorised or entitled by virtue of any diploma or licence of this College to append to his name the title or initial letters 'M.D.,' or any letters indicating that he is a graduate in medicine of a university, unless he has obtained a degree in medicine from a university legally entitled to confer such medical degree."

This was seconded by Dr. HARE.

Sir WILLIAM GULL spoke against the Report of the Committee; and in reference to the difficulty of knowing what to style non-graduate fellows or members, said that the schedule of the Medical Act gave the necessary solution. The College components were fellows, members, licentiates, and extra-licentiates. The spirit of the Medical Act was that people should know who they were employing, and the status of the members of the profession was defined in the schedule. The College was asked to agree to equivocation. It was asked to do an act of courtesy; but it must not be done to themselves. It should be done to some other body, such as the College of Physicians of Edinburgh. The proposed reform would also do very great injustice to real M.D.s.

Dr. STEWART and others took the same view, urging that sham titles ought not to be given by the College, and that if members and fellows were to be all dubbed doctors, licentiates were likewise entitled to the same thing.

Dr. SIBSON referred to the unfairness which would be done to the universities, and the probability that instead of encouraging a university education in those who came up to the College for the membership, it would have the contrary effect, and so lower the standard of education. During the last twelve years or so the proportion of those who had and who had not graduated at a university before coming to the College for membership was, we understood him to say, 165 to 23. If the proposal of the Committee on Titles were adopted, it would be of little consequence whether a man had a university degree or not, and so the desire of the College that its members and fellows should have received a university education would probably be very imperfectly fulfilled.

Before Dr. Bennett's proposition was put, it was pointed out to the College that it did not explain how non-graduate members and fellows were to be addressed by or received officially at the College; and it was then suggested by several fellows that they should be addressed by their

Christian and surnames with the addition of "F.R.C.P.," "M.R.C.P.," "L.R.C.P.," &c.

On Dr. Bennett's amendment being put, it was carried *nem. con.*, and subsequently, as a substantive motion. The feeling of the College was unmistakable; only one Fellow really spoke in favour of the Report.

Correspondence.

"Audi alteram partem."

ON PUNCTURE OF THE TESTIS IN ACUTE ORCHITIS.

To the Editor of THE LANCET.

SIR,—It is not my intention to renew the discussion on the vexed question of the treatment of orchitis by puncture of the testis, as the evidence already afforded in the pages of THE LANCET is amply sufficient to prove what I have been contending for—that it is, as Mr. Macnamara truly states, "a most valuable aid to the cure of many such cases."

I feel bound, however, before withdrawing from the scene, to enter my strong protest against the use of the term "splitting up the testicle," as applied to this operation. I always in my own written description of it employed the word "puncture." In adopting the treatment I only make a "puncture," strictly so-called, and in speaking of it to pupils I tell them to practise a "puncture."

In order that there may be no mistake about this, I will here state that the blade of the instrument used by myself is from the fifth to the sixth part of an inch in breadth; that I pass the instrument quickly into the front of the swollen organ to the depth of half or three-quarters of an inch, and that I immediately withdraw the blade, without enlarging the opening either upwards or downwards.

Veracity and fairness are highly important qualities in the conduction of any argument or discussion, and how far they have been adhered to by the use of the term "splitting up the testicle," as applied to my treatment by "puncture," I must leave to the judgment of your readers, and I would venture to refer the author of this term to Johnson's Dictionary, where the distinction between the two verbs "split" and "puncture" can be readily ascertained.

One word as to the letter of Mr. Borlase Childs. My old friend has, with praiseworthy energy, issued forth truncheon in hand to demolish me with one blow, and thus bring some aid to his discomfited comrade; but his efforts have been attended with more vehemence than effect, for he admits that he has had no experience of the treatment discussed, and what we require for the solution to the difficulty is not a homily on the virtues of "white mixture and colchicum," or of tincture of henbane as employed by our mutual and respected friend Mr. Gay, but practical evidence on the merits of "puncture" of the testis in acute orchitis by those who have used it more or less extensively.

I am, Sir, yours obediently,

Wimpole-street, January 31st, 1876.

HENRY SMITH.

To the Editor of THE LANCET.

SIR,—Mr. Henry Smith's paper having brought up the treatment of orchitis, will you permit me to observe that I have found an evaporating lotion, composed of equal parts of lotio plumbi and rectified spirit, give speedy relief, after leeches, fomentations, and poultices have apparently failed.

I am, Sir, yours very faithfully,

Leeds, Jan. 31st, 1876.

PHILIP FOSTER.

PARALYSIS ON THE SIDE OF A LESION IN THE BRAIN.

To the Editor of THE LANCET.

SIR,—I think the following case is another illustration of the correctness of Dr. Brown-Séquard's opinions, as explained in your columns of January 1st:—

B——, aged forty-nine, married, painter. Father died at

seventy-three, thirty-six hours after first fit. Mother paralysed after second fit; lived twelve years hemiplegic; never spoke after occurrence of paralysis; died at seventy-two.

November 20th, 1875.—Patient had very severe pain in head, followed by sero-purulent discharge from right ear. Pain gradually diminished, and ceased after two or three days, discharge continuing.

26th.—Got out of bed at 1 P.M. to relieve bowels; afterwards had dinner. At 2 P.M. his wife found him unable to speak, though she thought he understood what she said to him. Soon afterwards raised left hand to head, and grasped left leg. Then had severe convulsions, set his teeth, and threw his arms about, especially the left, for about a quarter of an hour. When seen about 3 P.M. the right pupil was insensible to light; mouth drawn to left side. When asked to put out tongue, only opened mouth wide. Paralysis of right arm and leg. Resisted any attempt to open left eye. Left hand raised to forehead; left leg drawn up. Pulse 60, strong; skin cool and moist.

27th.—Takes milk and beef-tea freely; swallows well; has passed urine in bed.

Dec. 1st.—Can say "No, no." Retention of urine. No. 12 catheter passed; about a pint and a half of urine drawn off.

2nd.—No distension of bladder; passes urine in bed.

5th.—Respiration 60; pulse 140; temperature 103.7°. Congestion of right lung; paralysis of both sides of body.

6th.—Death. No autopsy.

Of course it is possible that in the above case there may have been disease of both sides of the brain. Judging, however, from the discharge from the right ear, and its relation in point of time to the pain in head and paralysis, and considering the case in connexion with those of Dr. Brown-Séquard, it seems probable that the brain-lesion was on the right side, at first on the surface, and causing paralysis of the same side of the body, and afterwards extending more deeply, and causing paralysis of the opposite side.

I am, Sir, yours obediently,

THOMAS WAKEFIELD, B.A., M.R.C.S.E.

Nottingham-place, W., Jan. 10th, 1876.

THE DENTAL PROFESSION.

To the Editor of THE LANCET.

SIR,—My attention has been directed to a notice which appears in your journal of to-day, of a meeting of some surgeons practising dental surgery, and at which it was unanimously constituted a Society. There is one paragraph in that notice which, as it reads to me, may be possibly misunderstood, for, worded as it is, an idea might be conveyed that the possessors of the L.D.S. diploma, or certificate of competency granted by the Royal College of Surgeons, are classed equally with those persons who possess no qualification whatever. This, I can safely say, was not the intention of any one of those present on the occasion referred to; and, moreover, I feel satisfied that the writer only alluded to spurious degrees, and never intended to cast a slur on a measure which at the time was urgently needed, and which, in its results, has proved highly beneficial as regards the education of those who have passed the ordeal and entered the ranks of dental practitioners. Considering the state of the profession and the violence of opinions existing at the time, the promoters of the scheme, after much earnest consideration, came to the conclusion that its fulfilment offered the only path by which educational improvement and unanimity could then be reached. Whether the standard of qualification is not now capable of still further improvement is another question. As regards the new society itself, a few words will suffice here—the honour, character, social status, and advancement of the dental branch of the profession are the sole objects in view.

I am, Sir, your obedient servant,

January 25th, 1876.

ONE OF THEM.

DR. GRAILY HEWITT has been elected an honorary member of the Obstetrical Society of Philadelphia.

BIRMINGHAM.

(From our own Correspondent.)

THE Corporation are endeavouring to improve the sanitary condition of the town by every means in their power, and their last move is to form a Drainage Commission for the district draining into the River Tame and its tributaries, under the provisions of the Public Health Act of 1875. This will comprise an area of not less than 145,000 acres and an estimated population of three quarters of a million. Should this scheme be adopted, we shall probably hear no more of the injunctions from the Court of Chancery, which have of late been so frequent. Other places have helped to contaminate the streams in question, but Birmingham has hitherto been held solely responsible for the evil results. Another step recently taken is that the Town Council is about to co-operate with other bodies in an endeavour to obtain legislative enactment, making it compulsory on medical men and others to give notice to the sanitary officers of the existence of contagious or infectious diseases. This may appear to some a rather arbitrary measure, but it is probably justified by the fact that we have only just got rid of an epidemic of small-pox, which might with timely precaution have been stamped out, and that last year scarlet fever caused 263 deaths, or 2.72 of the whole death-rate of the borough. Had proper isolation of such cases, or their removal to the infectious wards of the Borough Hospital, been insisted on, the mortality would probably have been much less, both from these and from other of the exanthemata.

The advantages offered by the Borough Hospital are not, it is to be regretted, sufficiently appreciated by the public, but time is wanted to make the institution generally known, and then no doubt it will be more utilised than it now is. The Board of Guardians, in view of their responsibilities, have decided on building two extra wards for infectious cases. That body has recently shown a paltry parsimonious spirit in dealing with Mr. Bartleet, one of the surgeons of the General Hospital, who had been called upon to amputate the leg of a pauper by one of the parochial surgeons. That gentleman's very moderate charge of five guineas for the operation and twenty subsequent visits, was cut down to three guineas, although no adequate reason could be alleged for such contemptible cheese-paring. It is to be hoped that Mr. Bartleet will enforce his claim, which is by their action admitted by the guardians, in the County Court.

"Hospital Sunday" was this year for the Queen's Hospital, and the net receipts, after various deductions for expenses and donations of a special character, were £5436, or £230 in excess of any previous collection.

The Wolverhampton and South Staffordshire Hospital almost at the same date received from a similar source a clear sum of £1599. The movement begun here has evidently taken deep root, and is bringing forth a handsome and ever increasing harvest.

The Children's Hospital presented a goodly report at the annual meeting. An increase was noticed in the income and in the number of patients. It was decided to erect a new waiting hall for the out-patients, so that cases might be examined immediately on arriving, and, if suffering from infectious diseases, be at once isolated; to build a new detached infection department, containing two fever wards of ten beds each; one diphtheritic croup ward, containing four cots, and a quarantine or reception ward with four cots; and lastly, to effect a diminution in the number of the beds in the present wards with a view of improving the sanitary condition of the hospital.

A new Homœopathic Hospital has been built and opened, and great jubilation thereat has taken place among the followers of that system. It has already cost upwards of £12,000, and £5000 more is required to complete it.

The Birmingham Lying-in Charity seems to be in less favour than formerly. The report shows that 826 cases were attended to last year, as against 1010 in the previous year, and that in addition the subscription list is falling off. May not the result be attributed to the patients disliking the present system by which they are now attended