do we ourselves not owe to its able advocacy! The recent Medical Act is one of the last of these; and though but an instalment of the good things we hope for, ungrateful indeed should we be to our political champions and the Legislature of our country if we neglected any means of making operative, for our own welfare and that of society at large, the power conferred upon us by that Act.

This, Sir, is one of the reasons which impelled the gentlemen of South Cheshire to initiate that movement which you so earnestly hope will be followed by all the legally-qualified practitioners of Great Britain and Ireland. It appeared to us that the machinery for the application of the admirably-intentioned object of the Act, which is to enable the public to distinguish between qualified and unqualified practitioners, was, from all we could learn from the clauses relating to registration, essentially defective.

The Act itself mentions the appointment of one registrar for each division of the United Kingdom, who may also hold the offices of secretary and treasurer. The registrar for England may, moreover, in addition to these offices, hold those of registrar-general, secretary-general, and treasurer-general. "Thus," as observed in your able Analysis of the Act (THE LANCET, Aug. 21st), "functions which may be separated into six distinct officers may be performed by one and the same person; although some of them are not very compatible." Coupling this multiplicity of functions to be discharged by one man with the enormous amount of work which must necessarily devolve upon him in his own special department,—viz., registering some 16,000 or 17,000 qualified practitioners of all ranks (having first verified their qualifications), and analysing the pretensions of some thousands of unqualified candidates for registration, the whole to be accomplished between the 1st of October and the 1st of January next, and the results presented to the public in the shape of an official Register,—it appeared to us a simple impossibility that one person, even if assisted by a respectable staff of clerks, which no doubt he would be, could perform in a satisfactory manner the herculean task assigned him, unless aided by the voluntary efforts of the profession.

Moreover, it was manifest to us that information obtained by mere independent returns from distant individuals to a central functionary would be one thing, and such returns verified, or pronounced false or suspicious, by a local committee of respectable medical men, to whom the qualification or non-qualification of every party practising in their respective localities must necessarily be well known, would be quite another. In the former case, it is very probable that many an impudent quack would slip into the Register amongst so great a crowd. The fear of punishment never yet deterred one of this brazen genus from seizing an advantage when presented, and the appearance of a quack's name in the first Register would be worth to him far more than anything he could be made either to pay or suffer for getting it there. That book would be literally his *varle mecum* for the rest of his life, and more available for his nefarious purposes than any diploma in the world. Future volumes could never supersede the Government record which made him a *Doctor by Act of Parliament*. The certain prevention, therefore, of such an evil commended itself to our judgment as being much better than the impossible cure; and a timely organization of the whole profession into local Medical Registration Societies appeared to us the only adequate and sure prophylactic.

But the good to be accomplished by these Societies will not be confined to the effective carrying out of the registration clauses of the new Act. They will draw us together in the bonds of a common interest. They will raise the standard of our ethics. The meeting of a registered practitioner with an unregistered impostor will become an impossibility. The conservation of human life will be enormously advanced, and the profession will assume its true dignity and importance in the state.

If it has fallen to our lot in South Cheshire to exhibit to our brethren the first specimen of this organization, we are assured that our example, appealing as it does to the professional instinct of every qualified practitioner in the land—an instinct of which, on all such vital questions, THE LANCET is the infallible exponent—will be so promptly and universally followed as to leave no single inch of ground unoccupied by its local association—no single quack unnotified to the registrar, and no qualified name, however humble, omitted from that honourable list of competent and authorized healers, which a wise Government presents to an intelligent people as the best safeguard of their health and lives.

Apologizing for having trespassed so much on your valuable space, I will only add, that *no time must be lost*, for under present circumstances it is an element of inestimable importance.

I have the honour to be, Sir,

Your obedient servant,

HENRY HOLMES, M.D., M.R.C.S.,

Originator of the Medical Registration Association
Over, South Cheshire, Sept. 1858. Movement.

ON THE FUNCTIONS OF THE CORPORA DENTATA CEREBELLI.

[LETTER FROM J. LOCKHART CLARKE, ESQ., F.R.S.]

To the Editor of THE LANCET.

SIR,—In his sixth lecture on the Nervous System, Dr. Brown-Séquard has referred to Mr. Dunn's case, in which loss of the muscular sense was accompanied by disease of one of the corpora dentata cerebelli, and has justly added that nothing can be inferred from the facts, inasmuch as movements have remained regular and been well guided in many cases where morbid alterations of structure have been found in the same locality.

Some months back I was present at the post-mortem examination in a highly interesting case, which, according to the account that I received of the symptoms, *does* go to prove that the muscular sense and the control and the co-ordination of muscular movements are *not* dependent on the integrity of the corpora dentata cerebelli. A man, in St. Thomas's Hospital, under the care of Dr. Barker, died, apparently, from an abscess behind the mastoid process of the left temporal bone. On examination, there appeared to be no communication through the bone and membranes with the cerebellum; but on cutting, through the lateral lobe of this organ, on the corresponding side, an abscess was discovered in the place of the corpus dentatum, which, on very careful examination, I found to be entirely destroyed, as I remarked at the time to Dr. Bristowe, who officiated on the occasion. Not having seen the man while alive, my disappointment was great on ascertaining that, through some accidental circumstance, no history of the case had been taken; but on finding Dr. Barker, and making many particular inquiries concerning the patient's symptoms, I learned that he had *no paralysis, no apparent loss of sensation or of voluntary control over muscular action, nor any other symptom indicating the existence of cerebral disease.*

This case, however, does not affect the opinion that other parts of the cerebellum may minister to the muscular sense—an opinion which I have been, for several years, inclined to entertain. In 1853 I stated, "That the cerebellum is in some way concerned in the regulation and co-ordination of muscular movement appears to follow from experiment and pathological investigation; but I think there is reason for believing that the *mode of action* usually assigned to it is unsatisfactory, and at variance with many facts." ("Philosophical Transactions," 1853, p. 347.) It is not improbable, also, that, like the cerebrum, it may minister to a variety of functions, of nearly the same kind, such as the sensations of vertigo, and of the different forms of locomotion, of falling, &c., which are closely related to the muscular sense, and instinctively excite so many com-

plex and co-ordinate movements; nor is it improbable that, independently of these sensations, or of the muscular sense, it may react upon impressions transmitted to it, as suggested by Dr. Carpenter, who, not only in his *last*, but in the *fourth*, edition, (1853,) of his "Human Physiology," distinctly announced it as probable that the cerebellum is subservient to the muscular sense.

That the corpora dentata have some particular function very different from that which belongs to the rest of the cerebellum, may be inferred from the great difference of their structure, which resembles that of the corpora dentata of the olivary bodies. Their convoluted laminae consist of small, oval, pyriform, triangular, or otherwise irregular cells, of which each gives off a number of processes continuous with fibres of the white substance; whereas in the grey substance of the cerebellum the cells are many times larger, and different in kind.

I am, Sir, respectfully yours,

Belgravia, Sept. 1858.

J. LOCKHART CLARKE, F.R.S.

ON

THE ADMINISTRATION OF CHLOROFORM.

To the Editor of THE LANCET.

SIR,—I regret exceedingly having to comment on another death from chloroform which has just occurred at Ewell. I have no doubt every precaution was taken, and that every restorative was had recourse to, after the accident. But I do consider the exhibition of chloroform on a sponge or napkin as most inadvisable after the many fatal cases there have been from that mode of administration. I have seen two letters in *The Times* this week, both of them suggesting caution and advice; but they do not strike at what I consider the root of the evil—the mode of administration. Chloroform has been in full use in this country for the last eleven years, and during the whole of that period Dr. Snow and myself have made use of an apparatus which bears his name, by which one can be certain of the very large dilution of this most potent vapour with common air, besides being able to moderate the rapidity of its introduction into the system to a nicety, thereby rendering it manageable and comparatively safe. In our joint experience, which I may confidently say is the largest of any two men in England, we have only met with three fatal cases from chloroform with this apparatus; and it will be found that almost all the deaths from chloroform have occurred when it has been given on a sponge or handkerchief. It would be a great misfortune to destroy the public confidence in so great a blessing by the reckless manner of its administration; and I think this is a favourable opportunity for expressing my conviction, based upon long experience in the use of Snow's apparatus, that this is the safest way of administering chloroform, and that by its more general adoption the casualties would be much diminished.

I am, Sir, your obedient servant,

Brook-street, September, 1858.

HENRY POTTER, M.R.C.S.

SMALL-POX SUPERVENING ON MEASLES, SCARLATINA, AND SYPHILITIC SCALY ERUPTION.

To the Editor of THE LANCET.

SIR,—In your number of August 28th I find a highly-interesting article from Dr. Brooke Gallwey, of the Royal Artillery, on a case of variola which supervened on measles, as also of one on scarlatina. He adduces these cases to show that the poison of variola may coexist in the system with that of measles and also with that of scarlatina; and that these facts negative the doctrine of Hunter, that no such poisons can co-exist: a doctrine fully subscribed to by Dr. Chambers and the schools since Hunter's time. The cases recorded by Dr. Gallwey go far to question the immutability of this supposed law, and are amply sufficient to create enquiry upon a subject so full of professional interest. To these cases I may add one which gives strength to the exception taken to the law; a case of variola supervening on a scaly syphilitic eruption in a young man well poisoned at the time with the syphilitic virus.

Gunner R. S—, Royal Artillery, aged twenty, was ad-

mitted to the Ordnance Hospital at Limerick on the 20th of July, 1855, with gonorrhœa, and was discharged, cured, on the 1st of August. On the 10th of the same month he returned with an ulcer on the glans, circular, with elevated edges and hard base. This sore was well burned, and he was cured of it on the 25th. A small chronic bubo remained in his left groin. On the 28th of October he returned to hospital with this bubo, soft and sluggish, but not open, and a scaly eruption (syphilitic psoriasis) over the forehead, shoulders, and body. I opened the bubo, which, with the eruption, proceeded tardily, from the poisonous state of the system, until the 1st December, on which day he had a shivering, followed by feverish symptoms, thirst, dry tongue, hot skin, quick pulse, and pain in the back. On the 4th the skin got quite red; elevated papules appeared on the face, neck, and breast, which daily extended. On the 9th the eruption was well developed in the true characters of distinct variola. The pustule ran through its stages, and the scabs fell on the 20th.

During the invasion and development of the variolous disease, it was as curious as it was interesting to observe the scaly eruption receding before its more active and formidable rival, like the process of a dissolving view. During the whole time the bubo remained open; and its granulations could not be got to assume a healthy action until the 5th of January, 1856.

From the 20th of December, when the scabs fell off, to the 8th of January, the skin was gradually improving from the effects of the variola, and the man's strength was increasing; however, on the latter day, a papular eruption, with a few small scaly patches, appeared on the forehead, and on the 12th it was well out on the body and legs. Iritic inflammation also seized upon the left eye. It was too evident that his old enemy, the syphilitic eruption, had again made its appearance, in a new form. He made little progress towards recovery till the 16th of February; but from this date he so rapidly progressed that he was discharged from the hospital, a convalescent, on the 1st of March, having been four months an inmate under these maladies.

This young man was admitted on the 28th of October. On the 10th of November, when the scaly eruption was fully out upon him, a lad was placed in the next bed, in whom severe small-pox developed itself, causing his removal to a detached building; and on the 1st of December, as detailed, S— showed the first symptoms of the small-pox infection. The lad's exposure appears to have been the origin of the malady in S—'s case. Both men bore marks of perfect vaccination, S— having the protective cicatrix deep and well defined in each arm.

I fully reported this interesting case at the time to Dr. Maclean, Inspector-General of Hospitals, Dublin, as I conceived it was unique in its character, and entirely subversive of Hunter's doctrine, that no two poisons could co-exist in the same individual at the same time.

The features of the foregoing case are very peculiar. In the first instance, the man had his blood poisoned by a gonorrhœa, subsequent to the cure of which, in ten days, he contracted the chancre. In two months he returns with a bubo and scaly eruption, and in this poisoned state of his system, having been exposed to the variolous infection, he is seized with the disease, which dissipates the scaly manifestation of the syphilitic poison. As the small-pox disappears he becomes covered with papular secondary disease; a few scales upon the forehead and characteristic iritis complicate the malady.

It is quite manifest that the venereal poison did not protect the system from the invasion of the variolous, or prevent or modify its development in this case; nor did the poison of the variola extinguish, though it may be said to have modified, the syphilitic poison. They evidently co-existed, the one remaining dormant, whilst the more virulent exhausted the stages of its career, to give place in turn to a member of the family, which originally occupied, but did not abandon the field of its operations.

Looking farther into this case, we might legitimately ask, did the scaly syphilitic disease, which evidently had its origin in the primary chancre, and which occurred so soon after the cure of the gonorrhœa, keep in abeyance its papular poison by virtue of the greater intensity of the former, (adopting Mr. Carmichael's views of these relationships,) until that scaly poison itself became modified by the variolous virus in such manner as to permit the introduction on the stage of the secondary papular poison of the original gonorrhœa?

Curious as is the history of this interesting case, an important fact in medical science is introduced by it to our notice, having a substantive analogy to principles deducible from the cases so ably laid before the profession by Dr. Gallwey, but pointing