last year by 4. The causes of 55, or 9 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 31.3 and 30.0 per 1000 in the preceding two weeks, rose to 34.1 in the week ending April 16th. During the first quarter of this year the death-rate in the city averaged 30.9 per 1000, the mean rate during the same period being but 17.8 in London and 19.4 in Edinburgh. The 231 deaths in Dublin last week showed an increase of 28 upon the number returned in the preceding week; they included 7 which were referred to measles, 6 to "fever" (typhus, enteric, or simple), 4 to scarlet fever, 4 to whooping-cough, 1 to diarrhoea, and not one either to small-pox or diphtheria. Thus 22 deaths resulted from these principal zymotic diseases, against 18 and 15 in the preceding two weeks; they were equal to an annual rate of 3.3 per 1000, the rates from the same diseases being 2.2 in London and 3.6 in Edinburgh. The fatal cases of measles exceeded the number returned in any previous week of this year, and the deaths from "fever," scarlet fever, and whooping-cough showed an increase upon those in the previous week. The deaths both of infants and of elderly persons also showed an increase upon the numbers in the previous week. Eight inquest cases and 9 deaths from violence were registered; and 78, or a third, of the deaths occurred in public institutions. The causes of 37, or 16 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

Deputy Surgeon-General W. Cattell has been appointed Principal Medical Officer at Cork.

Deputy Surgeon-General Sir J. A. Hanbury, K.C.B., embarked on the 21st inst. for Gibraltar, to take over the duties of Principal Medical Officer.

Surgeon General Simpson, Sanitary Commissioner with the Government of India and head of the Indian Medical Service in Bengal, comes home shortly in anticipation of his retirement from the service next autumn.

INDIA OFFICE.—The Queen has approved of the following admissions to the Indian Medical Service:—To be Surgeons (dated September 30th, 1886): Bengal—Robert Joseph Macnamara, M.D., Herbert Wilson Pilgrim, George Brooke French, Francis Wyville Thomson, Edwin Harold Brown, Charles Norman Bensley, Selby Herriot Henderson, David Wilson Scotland, Charles Robert Mortimer Green, James Henderson Sellick, Edward Christian Hare, Frank Cecil Clarkson, John Gregory Jordan, John Digby Marsh Swinburne, Herbert Mackinlay Morris, Allan Rupert Postance Russell, James Morwood, M.D., and Edmund Alexander William Hall. Madras—Gilbert Capel Hall, Richard Henderson Castor, Frederick Geo. Maidment, Marie Joseph Toby Joinville Blancard, and Ignatius Purcell Doyle. Bombay—Blenman Buhot Grayfoot and Thomas Edward Dyson.

The following Officers, whose admission to the Indian Medical Service (Bengal) has already been notified, should have been placed in the following order:—William Grant Thorold, Patrick Hehir, Lionel John Pisani, Basanta Kumar Basu, Narendra Prasanna Sinha, Wm. Rice Edwards, Charles Mactaggart, John Fenton Evans, George James Hamilton Bell, Joseph Thomas Daly, Henry Fooks, Ernest Hudson, Arthur Cecil Deare, Arthur William Dawson, William Henry Banner Robinson, and Henry Anderson Sheppard.

ADMIRALTY.—Staff Surgeon Robert George Bird has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet (dated April 11th, 1887).

The following appointments have been made:—Surgeon Thomas Nunan, to the *Wasp* (to date from 21st inst.); Mr. James P. Smith, to be Surgeon and Agent at Ullapool; and Mr. T. E. Mellerick to be Surgeon and Agent at Waterville.

RIFLE VOLUNTEERS.—5th Durham: Surgeon and Honorary Surgeon-Major P. Brown resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement (dated April 16th, 1887).—2nd Shropshire: George Hollies, Gent., to be Acting Surgeon (dated April 16th, 1887).

Correspondence.

"Audi alteram partem."

PUNCTURE BY TROCAR OF THE TYMPANITIC ABDOMEN IN PUERPERAL CASES.

To the Editors of THE LANCET.

SIRS,—May I be allowed to correct an error into which Dr. W. O. Priestley has inadvertently fallen, through my fault, in his note on the above subject in your issue of April 9th. After remarking that Major Franklin had said that he recollected some suggestion of mine concerning tapping in such cases, he adds, "and Dr. Hicks tells me that though he had suggested it as applicable under certain circumstances, he had not himself employed it." At the time Dr. Priestley spoke to me on this subject I did not remember that the last of four published cases which I had myself done was after a case of Cæsarean section. This case occurred in 1867. The report was read before the Obstetrical Society of London in 1868, and published in vol. x., 1869. In one of your contemporaries of that year the matter was discussed by others as well as myself, cases being narrated, and questions of priority raised showing that a number of quite independent practitioners had been relieving tympany by trocar; but it appeared that it had been employed in France earlier than here. It was afterwards discussed in the Clinical Society and published in its Transactions. I believe that with care this operation might be had recourse to more frequently than hitherto in cases of severe distension, where the depression caused by the generally accompanying peritonitis is much intensified by the pressure on the sympathetic system. In any case, I can answer for an enormous relief to the sufferings of the patient, and in some cessation of the constipation resulting from the over-distension of the bowels by the gaseous contents.

I am, Sirs, yours truly,

J. BRAXTON HICKS.

George-street, Hanover-square, April 18th, 1887.

To the Editors of THE LANCET.

SIRS,—In 1875, while house-physician at St. Bartholomew's, a case of scirrhus of the rectum was under my care. The patient suffered acutely from distension due to flatus. I therefore asked the house-surgeon to puncture the colon. His refusal may be taken as indicating that this little operation was not fashionable in those days. Hence this short illustrative note. I at once inserted a fine exploring trocar. While the gas was issuing from the cannula, the patient loudly proclaimed the relief attending its exit. One may fairly presume that the puerperal cases are not unfavourable to the performance of this simple but effectual operation; but surely the necessity for its employment seldom occurs.

I am, Sirs, yours faithfully,

April 20th, 1887.

T. H. SAWTELL, M.D. Lond.

THE MARGARET-STREET INFIRMARY APPOINTMENTS.

To the Editors of THE LANCET.

SIRS,—Will you allow me, as one of those who have accepted vacant posts in the above institution, to submit, with all respect, that in your implied censure (in the annotation this week) of any who are not "avowed homœopathsists" for accepting such vacancies you seem to take up an untenable position? The presence of homœopathsists on the staff is either prejudicial to the interests of the patients or it is not. If the former, then the action of medical men—not avowed homœopathsists—in joining the staff deserves your approbation, since by diluting homœopathic influence and diminishing homœopathic practice, they would tend, *ex hypothesi*, to augment the advantages and lessen the risks of the patients. If, on the other hand, homœopathsists do not imperil the welfare of the patients, there is no justification for your condemnation of those who choose to serve in the same charity as they. You may hold that I have not stated the real point at issue, and maintain that it is professional honour which is at stake, in which case it appears to me you would exalt the importance of boycotting certain

members of the profession above the needs of those for whose benefit the charity exists. Doctors are made for man, not man for doctors. Supposing every member of the profession who is not a homœopathist, avowed or otherwise, had abstained from applying for the vacant post, one of two things must have happened—either the vacancies would have been filled by homœopathists or not filled at all. I have dealt above with the question of a homœopathic staff as affecting the patients; and as regards the other alternative of the posts being left vacant, it comes to this: that the leading journal of a so-called noble profession—a profession which is supposed to embody some of the grandest instincts of humanity—by implication advocates that patients should be left destitute of advice until certain offending brothers, guilty of the unpardonable sin of differing from the majority respecting therapeutic doctrine, shall be excommunicated. The interests of the poor are to be sacrificed in order that professional prejudice may be satisfied. For myself, I do not profess kinship with either “path.” I believe it my inalienable right to pursue any path (in my efforts to relieve the sick) which may, in my judgment, offer the fairest promise of success; and I think members of a charitable—a progressive, liberal, and scientific—profession, whose views are notoriously in a chronic state of change, should generously accord to others the same liberty of opinion they claim for themselves. Of this I feel assured: the public—and particularly the poor who may avail themselves of this charity—well know how to appreciate the moral courage of those who, at the risk of being branded as homœopathists, and boycotted accordingly, consider it an honour to serve the needy, though it be in the Margaret-street Infirmary. Even if exposed to contamination therein, we shall have the satisfaction of continuing, with enlarged opportunities, our quest for what is still undetermined—the truth about therapeutics.

I am, Sirs, yours obediently,

JOHN BECKETT.

Brook-street, Grosvenor-square, W., April 18th, 1887.

To the Editors of THE LANCET.

SIRS,—Permit me to state, in reply to the, no doubt unintentional, *suggestio falsi* contained in your paragraph anent the Margaret-street Infirmary, that I am *not* a homœopath, or any other kind of “path,” either “avowed” or covert; and in order that there may be no misunderstanding, I mean that I do not adopt the dogma of *similia similibus curantur*, or any other dogma, as my rule of practice, but aim as nearly as may be at a rational empiricism, ignoring no source of information claiming to be backed by clinical experience. My opinion on matters therapeutic cannot be more lucidly stated than you have yourselves expressed it in your leading article of to-day: “The ordinary practitioner differs from the homœopathic in being free to use any drug which he knows to be of use in the case, and that in any quantity experience shows to be best.” I accord *in toto* with the positive side of this statement, though as regards the negative side I have yet to learn that homœopathic practitioners repudiate that freedom. Having, I need scarcely say, expected some antagonistic remarks on the matter, I was prepared to make the above statement, but being fully aware of the vast amount of prejudice which exists, I had determined to keep silence on the ethical side of the question. However, the moderation of your leading article, when dealing with the subject of homœopathy, induces me—whether judiciously or not remains to be seen—to depart from that determination, and to offer a few remarks. Considering your admission that homœopathy *has* done some service to medicine; considering the fact that I am frankly compelled to admit the debt I owe (I will not say to homœopathy, but at any rate) to individual homœopathic practitioners for the introduction to certain drugs, particularly in my own special department of practice (e.g., the tinctures of *apis mellifica* and of *æsculus hippocastanum*), as well as for the extended sphere of utility of others (e.g., bichromate of potash), of all of which I shall by-and-by have something to say, founded not upon any dogma but upon clinical experience; and considering that for the survival of one or two principles of therapeutic action—e.g., the value of minute subdivision in developing therapeutic power in comparatively inert substances (of which a dark example

remains to us in the *hydrargyrum c. cretâ* of the B.P.)—medicine is, I believe, mainly indebted to homœopaths, I fail to see the logical consistency of maintaining in public relations a position of exclusiveness, especially on the surgical side, which is being, to my absolute knowledge, tacitly shelved every day in private practice by numbers of my professional brethren holding positions on the staff of hospitals connected with the great medical schools. Remembering, as I do, the outcry and prejudice aroused by the utterances of Dr. Bristowe and Mr. Jonathan Hutchinson at the British Medical Association's meeting at Ryde, I do not anticipate that these remarks will have any weight with those from whom I have the misfortune to differ. But perhaps they may serve, at any rate, to show that in medical as in other politics it is possible for two parties to arrive at diametrically opposite conclusions in perfect sincerity and good faith. With apologies for occupying your valuable space to such an extent with personal and therefore uninteresting matter,

I remain, yours faithfully,

Welbeck-street, W., April 16th, 1887.

KENNETH MILLICAN.

SCOTTISH DIPLOMAS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of April 2nd we have your leader and Mr. Berkeley Hill's remarks as to Scotch and Irish qualifications, which are blackballed, in comparison with the “London diplomas” of L.R.C.P. and M.R.C.S., a subject not new to your paper, especially the “Scotch” part of the question. It is, I think, a great pity that gentlemen in the position of Mr. Berkeley Hill in the profession should deal in such statements, supported by him by no argument, good, bad, or indifferent. If you or he can find holes in the Scotch system of examination, in its results, in its methods or the degree of competency it insists on, in the breadth and completeness of the test for any Scotch diploma at all, why do you not do so? Why does not Mr. Berkeley Hill do so? Any person who likes to observe or inquire into the truth of this matter will simply find that all such statements are the result of a warped judgment—I might justly add, in very many cases of jealousy. The English public respects Scotch diplomas. That is a truth that will stand probing, and the success of men holding them as an integral part of the medical profession is notorious and above cavil. And why? The reason is not far to seek if Englishmen could put aside their “green spectacles,” and I will state it briefly. The “evolution” of the English medical man is only now, in 1887, reaching a point that it had reached in Scotland centuries ago. In medical education and examination the Scotch system always did, and does yet, involve a complete curriculum, a complete examination, and a complete qualification. In England, as is well known, such has not been and is not the case yet, or until very recently. It is to become law in June, 1887; and I say it fearlessly that England is only now attaining a point of efficiency in matters of medical qualification that was attained in Scotland 250 years ago. This is true of medical education and examination. It is likewise true of the general education of the respective nations of Scotland and England. Scotland has led the van in advance by hundreds of years. I will prove what I say if you or your readers choose to contravert it; meantime, I must not encroach on your valuable space further.

I am, Sirs, yours faithfully,

Birmingham, April 16th, 1887. JAMES GILROY, L.F.P.S.GLAS.

A DOCTOR'S INCOME.

To the Editors of THE LANCET.

SIRS,—Various articles have been appearing in THE LANCET lately in regard to the position of the profession and the pressure on the general practitioners produced by the depression of trade, by the competition of hospitals, and so on. As we general practitioners have no voice but through the medical press, may I ask space for a rather long letter? The differences which separate consulting physicians and surgeons on the one hand, and family doctors on the other, are as wide and deep as those between barrister and solicitor. The general public do not know this. They imagine that any clever ambitious lad who can find the funds to squeeze into the profession somehow may rise to be Sir Somebody Something with an income of £15,000 a