deaths from diphtheria showed an increase of three upon these in the previous week, and included 12 in Glasgow, 4 in Dundee, and 2 in Edinburgh. The fatal cases both of scarlet fever and whooping-cough, however, showed a further decline from recent weekly numbers; each of these two diseases caused 8 deaths in Glasgow. The 12 deaths referred to “fever” considerably exceeded the numbers in any of the four preceding weeks; 7 occurred in Glasgow, and 2 both in Leith and Perth. The deaths referred to acute diseases of lungs in the eight towns, which had been 100 and 108 in the two preceding weeks, further rose to 113 last week, and exceeded by 14 the number in the corresponding week of last year. No fewer than 88, or nearly 18 per cent., of the causes of the deaths registered in these Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 24.4 and 22.5 per 1000 in the two preceding weeks, was again 22.5 in the week ending the 28th ult. During the first four weeks of the current quarter the death-rate in the city averaged 22.3, against 19.8 in London and 17.3 in Edinburgh. The 150 deaths in Dublin last week corresponded with the number in the previous week, and included 5 which were referred to “fever,” 5 to diarrhoea, 3 to whooping-cough, and not one either to small-pox, measles, scarlet fever, or diphtheria. Thus the deaths from these principal zymotic diseases, which had steadily declined in the six preceding weeks from 28 to 8, rose again last week to 13; these were equal to an annual rate of 1.9 per 1000, the rate from the same diseases last week being equal to 2.7 in London and 2.0 in Edinburgh. “Fever,” to which no death had been attributed in the previous week, caused 5 deaths last week, a higher number than in any week since the first in September. The 5 deaths from diarrhoea, as well as the 3 from whooping-cough, also showed an increase upon recent weekly numbers. The deaths both of infants and of elderly persons showed a decline from those returned in the previous week, while those of children and adults aged between one and sixty years were more numerous.

THE SERVICES.

The Queen has approved of the retirement from the Service of Brigade-Surgeon William Henry Colvill, of the Bombay Army, and Surgeon-Major John Davies, of the Bombay Army.

BREVET.—Deputy Surgeon-General William Henry Adley, of the Bengal Army, to be Surgeon-General. Surgeon-Major George Edward Whitton, of the Madras Army, to be Brigade-Surgeon.

ARTILLERY VOLUNTEERS.—1st Cornwall (Duke of Cornwall's): Surgeon Henry Grenfell is granted the honorary rank of Surgeon-Major. Thomas St. Patrick Tuckey, Gent., M.B., to be Acting Surgeon.

RIFLE VOLUNTEERS.—1st Cheshire: Alexander Craigmile, Gent., M.D., to be Acting Surgeon. 1st Inverness-shire (Inverness Highland): James Murray, Gent., M.D., to be Acting Surgeon. 1st Kent: Charles Boyce, Gent., M.B., to be Acting Surgeon. 1st Midlothian (Leith): Acting Surgeon William Alexander Finlay resigns his appointment.

ADMIRALTY.—Fleet Surgeon John Breakey, M.D., has been promoted to the rank of Deputy Inspector-General of Hospitals and Fleets in Her Majesty's Fleet, with seniority of October 27th, 1882.

The following appointments have been made:—Deputy Inspector-General Thomas J. Breen, to the Chatham Division of Royal Marines, vice Bremner; Fleet Surgeon Charles Strickland, to the *Lord Warden*, vice Robertson; Fleet Surgeon Adam B. Messer, Surgeons Charles C. Godding and William G. K. Barnes, to the *Northampton*; Staff Surgeon James Bradley, to the *Valorous*, vice George B. Beale; Fleet Surgeon James N. J. O'Malley, to the *Minotaur*, vice Cooper; Fleet Surgeon Astley Cooper, to the *Agincourt*, vice O'Malley; John B. J. O'Meara, to be Surgeon and Agent at Sutton Bridge and Drove-end, vice Haines; Staff Surgeon Alfred G. Delmage, M.D., to the *Britannia*, vice Trevan; Staff Surgeon Robert Hay, M.D., to the *Constance*, vice Delmage; Surgeon Samuel C. Browne, to the *Indus*, vice Popham; Surgeon Charles H. Wheeler, M.D., to the *Indus*, additional for temporary service; Surgeon Edward

G. Swan, to the *Cambridge*, vice Peyton; Surgeon Arthur W. E. B. Barrett, to the *Duke of Wellington*, additional; Surgeon Charles W. Sharples, to the *Asia*, vice Bradley; Surgeon Robert W. Anderson, to the *Lord Warden*; Staff Surgeon John Shields to the *Tenedos*.

Correspondence.

“Audi alteram partem.”

“ON ABSORBENT DRESSINGS, ETC.”

To the Editor of THE LANCET.

SIR,—In your issue of October 28th Mr. Rogers-Tillstone has ventured some remarks on my paper on Absorbent Dressings, published in your valuable journal of October 21st. I am sorry to be compelled to trespass on your space with a reply, but, as his criticisms are not strictly accurate, must crave the insertion of a few remarks.

In reference to Case 1, red lotion was not used (dry?) to take the place of dry dressing, but as a stimulant and astringent to the granulating surface. Unfortunately, we do not always get union by first intention when antiseptics are not used. The boracic lint was applied dry when I used it, but in the first instance was applied by the house-surgeon. Undue pressure did not cause the ulcer on the surface of the stump, nor did the want of antiseptic dressings cause the erysipelas. The boy was not removed out of the ward on account of erysipelas. He was discharged with a very small portion unhealed; and on the house-surgeon visiting him at his own house he found it was not properly dressed; he was therefore readmitted into the children's ward, but owing to cleaning, &c., going on in the ward, it had to be closed, and the patients removed. A week after his removal to the other ward erysipelas showed itself in the sound leg, and spread afterwards to the stump; this was treated with a solution of iron. We should never have dreamt of applying antiseptics to the sound limb, in which the erysipelas appeared first; perhaps contact with a stump so treated would have prevented it, no matter what amount of infection might have been present.

Case 3, Mr. Rogers-Tillstone says, “recovered in spite of everything, for the sutures ulcerated out and were replaced by strips of plaster.” This is not accurate as to the sutures; perhaps one or two did cut their way through; but the acting house-surgeon, who put on the strips of plaster, informs me he removed most of the sutures, and I know that I took some out myself. No doubt the case did get well, and without antiseptic dressings. I rather fancy, if we had no *vis medicatrix nature*, carbolic acid would avail us little. I find, from notes supplied me, that the patient was operated on on May 18th. On the 22nd, four days after, the evening temperature had risen from 101.6° F. on the previous evening, to 103.8° F. The dressings were changed, and next morning the thermometer registered 98.2° F. morning, and 100.2° F. in the evening. About fourteen days after, I amputated through the hip-joint, and at the same time removed the arm four inches below the shoulder-joint, for a railway smash. I applied absorbent wool to the parts, but the man never rallied from the shock, and died a few hours afterwards. I did not know before reading Mr. Rogers-Tillstone's letter that this dry absorbent dressing had anything to do with the unfortunate result, or I should have reported the case with the others. If the man had lived long enough to have a change in the dressing, I should have included the case. The cases reported were to illustrate the advantages of an absorbent dressing, and not to record the number of operations. If carbolic spray would have enabled this man to rally from the shock, then I am certainly culpable.

With reference to Case 4, I sponged out the abscess cavity and the flaps with carbolic lotion, not for its antiseptic properties or with the idea of destroying germs, but for its astringent effects. It was in the operating theatre ready for use, but any astringent solution would have served my purpose. “From his cases we at least learn (?) what we knew before, and see once more that antiseptic dressings were followed by the best results in these cases. The fact that Mr. Berry only publishes his favourable cases takes materially from the value of his communication.” Strange logic this; what a man knew before surely he has

no need to learn (?) again. Has Mr. Rogers-Tillstone unlearned anything by reading the paper? I myself have failed to learn "that the antiseptic dressings were followed by the best results." Case 4 had been treated with abundance of carbolic spray and lotion, yet, after his re-amputation and dry dressings, he recovered without a bad symptom.

I do not know of one case that has turned out unfavourably through the plan of dressings adopted, and if Mr. Rogers-Tillstone will kindly give them I shall be as gratified as any of your readers; but a critic who speaks of "antiseptic breath" should at least see that his own words are aseptic. Mr. Rogers-Tillstone was an assistant to one of the staff (who is a general practitioner), and had abundance of time and opportunities, and often visited our infirmary. It is a pity he did not suggest to his principal, or to the house-surgeons who believe in the antiseptic treatment, the mistakes they were committing. I myself would have been willing to sit at the feet of Gamaliel and been taught.

I did not think it requisite to make any reference to the amount of pressure (firm and equable pressure); I expected any tyro would know this, or, if he did not, would consult Mr. Gamgee's little work on the Treatment of Wounds. The pressure must be something more than a loose bandage for the dressings, and something less than sufficient to cause gangrene in the part.

Mr. Rogers-Tillstone's description of the manner in which Listerism is carried out at our institution may be correct. All I can say is that I have seen some of my colleagues operate in an atmosphere of spray, which I have no desire to imitate. If as good results can be obtained by the plan of treatment I adopted in the cases reported, I shall be satisfied to continue, without interfering with the practice pursued by my colleagues.

Apologising for troubling you at this length,

I remain yours truly,

Wigan, Oct. 29th, 1882.

WM. BERRY.

"A SIMPLE OPERATION FOR VARICOCELE."

To the Editor of THE LANCET.

SIR,—If Dr. Campbell Black will refer again to my note which you published last week, he will find that, so far from giving a representation of a "granny" knot (a thing I never have employed), there is no knot whatever drawn. The mode of passing the loops above and below the vein is shown, but the knot is of course intended to be made *on each loop* in the ordinary way, and cut off short. The plan Dr. Black mentions is that advocated by Ricord, and one long adopted by many surgeons, but it is not practicable as a subcutaneous method, which is the chief point in what I wrote about.—I am, Sir, your obedient servant,

W. DUNNETT SPANTON.

Hanley, Staffordshire, Oct. 30th, 1882.

SCOTCH DIPLOMAS.

To the Editor of THE LANCET.

SIR,—The readers of THE LANCET must feel indebted to you for the summary of the Minutes of Evidence taken before the Royal Commission on Medical Acts.

As a Licentiate of the Faculty of Physicians and Surgeons, and therefore one of those gentlemen commiserated in your leaders of October 7th and 14th respectively, I beg to say that I feel happy, notwithstanding all the statements and hints thrown out against the Faculty. Many different factors, beyond the titles after one's name, constitute the attainment of professional success.

When I joined the medical classes, in the year 1857, "medical reform" was in the air, and anticipations of increasing strictness in future examinations were in every student's conversation. Since that time statesmen and medical reformers like Lord Palmerston and Professor Syme have passed away, with the cry for medical reform ringing, so to speak, in their ears. The agitation, *mutatis mutandis*, still continues.

Without endorsing the ideas of Herbert Spencer on free competition in medicine, I think that it is over-exacting to expect candidates to answer minute questions in general

education, chemistry, and botany, which thousands already in the profession could not answer, and even the examiners may know only by revision previous to the examinations. What the public require is not a closet philosopher, but a frank, active practitioner, who can speak and write grammatically, frame a good report, and be posted up in the practical details of his profession. It would be of no importance to a swooning puerperal patient that her medical attendant could square the circle, if he were ignorant of the best method to arrest hæmorrhage from the womb. The "well-educated" surgeon, referred to by the late Dr. John Brown in his essay on Nearness of the Noûs, was of no service, when, attending at a duel, he allowed a wounded officer to die, because he could not even temporarily arrest bleeding from the femoral artery.

Some of the witnesses before the Commission admit that the Faculty examinations are thoroughly practical, and yet the witnesses are not happy. If the Faculty pass a supposed incompetent man it is trumpeted everywhere; if the Faculty reject a large number of candidates—Oh! it is because all the candidates are inferior men. Were the insinuations about the licentiates of the Faculty well founded, or the alleged facts numerous, we might expect a proportion of the sick population to be found, in the language of the æsthetic Miss Tippins, "murdered in their beds" every year. On the contrary, in cases of medical immorality and mal-praxis during the last twenty years, Faculty licentiates are conspicuous by their absence. The working and results of an institution should be the test of its usefulness. It cannot be denied that the licentiates of the Faculty compete successfully in life with the diplomates of other corporations, and that the ordinary meetings of the Faculty of Physicians and Surgeons, its reading-room, and large consulting and lending library, and the examinations of candidates for its licence, tend to the advancement of medical education, and the continuance of men of light and leading in the West of Scotland. By impoverishing the provinces, centralization may have weak points in medical government, as well as in general politics.

You wax warm on the delicate reference to doctors for country districts; but it will surely be conceded that a general practitioner may be fairly educated for all the usual requirements of these districts, and not be a specialist on the eyes, the ears, or the feet. He may be thankful, moreover, for five shilling fees, where his big city brother, a University professor or infirmary teacher, would look askance at any sum less than a guinea. I am, Sir, yours respectfully,

October 27th, 1882.

W.

NEWCASTLE-ON-TYNE.

(From our own Correspondent.)

THE study of natural history has always, I might say, presented attractions for northern minds. I need in confirmation of this only mention the names of some of our local students, whose names are known far and wide, to naturalists—viz., the Hancocks, Alders, Bradys, Abbs, Matthey, and others. Owing to the generosity of Sir William and Lady Armstrong the Natural History Society have been enabled to alter the plans for the new museum here, so as to bring it more in accordance with the original designs of the architect. It was intended that there should be a corridor on the east and west sides of the building as it at present stands, but as this would entail an outlay of about £10,000, the Society were obliged to abandon that portion of the plans. It was felt that something should be done to give the exterior of the building a more attractive appearance, but the Society lacked the necessary funds. A short while ago, however, Sir William and Lady Armstrong made the handsome offer of the money necessary to build a corridor seventeen feet wide down the east side, and also a wing on each side of the south end. The corridor will be provided with large ornamental windows, and it will be a very handsome elevation. This extension will, doubtless, improve the appearance of the building considerably, which promises to be an ornament—in an architectural point of view—to the north end of our city. In the wings to be constructed will be cloak, microscopical, and other rooms. The corridor and two wings will mean an expenditure of over