SIR JOHN GRAY'S RETURNS FROM THE LICENSING BODIES.

(Concluded from p. 311.)

The University of Dublin gives a licence in Medicine, and one in Surgery. The fee for each is £25. They are not in much demand. In 1869 only two licences in Medicine were given, and not one in Surgery.

King and Queen's College of Physicians in Ireland.—This College gave, in the years 1865 to 1869, the following licences: 66, 78, 69, 100, 96. In the same years it admitted to the Fellowship, 2, 3, 3, 5, 1. The fee for the licence is £15 15s. The licence in Midwifery was granted to 47, 54, 60, 76, and 82 persons in the same five years. The fee for this licence is £3 3s. This College does not require of its candidates evidence of having acted in the capacity of dresser, clinical clerk, or pupil in actual charge of patients. The College thinks such regulations impracticable, and that "hospital teaching must be left to the conduct and discretion of the medical and surgical officers of the several hospitals." The College is rather singular in not enforcing bedside examinations; but it is very singular in the rebuke which it administers to those ignorant persons who consider that mode of examination indispensable. The clause on this subject in the returns must be given entire. "5. *There is no regulation enforcing demonstration of disease at the bedside of a patient. Bedside examination of disease can only be carried out, and even then to a very limited extent, in the least important cases—viz., chronic and non-painful cases.* It is injurious to the patient, and therefore unwarrantable in the most important cases—viz., in acute medical and surgical diseases, painful affections, serious accidents, and midwifery cases. The College has many times considered the expediency of adopting this mode of examination, as such examinations are frequently advocated by persons ignorant of their nature and of the difficulties which surround them, but have not as yet been able to devise any plan to carry out such bedside examination, so as to make it a satisfactory test, or a substitute for searching *viva voce* examination."

The Royal College of Surgeons in Ireland gave its licence or letters testimonial in 1865 and the following four years to 89, 104, 77, 109, 99. The amount of the fee for the letters testimonial is £26 5s. In the same years there were admitted to the Fellowship 11, 16, 7, 4, and 3. The diploma in Midwifery was given to 9, 11, 7, 4, and 11. The fee for the Fellowship (if a licentiate) is £31 10s.; to a licentiate on the country list, £21; to non-licentiates, £42. For the diploma in Midwifery, £2 2s. Evidence is required of three years' hospital attendance, and four years' medical study. Candidates for the Fellowship must "have been engaged six years in the acquisition of professional knowledge." As to the dresserships, the College assumes the necessary evidence. "The Council considers that all candidates that present themselves for examination are registered as dressers in the hospital they attended, and to have had the care of cases under the directions of the surgeons on duty; and this rule has always been the practice in this College. *Candidates are not examined clinically, but by a resolution passed by the Council on the 17th of February, 1870, "candidates for the letters testimonial of this College will be examined at the bedside of the patient after January, 1871."*

The Apothecaries' Hall of Ireland in the years 1865 to 1869 inclusive gave its licence to 23, 35, 26, 25, and 20. The fee for the licence is the modest sum of 10s. Four years study, eighteen months' attendance on a medical hospital, and nine months' on a surgical one, are required. No special rule has been laid down as to the work to be done by the student in hospital. "Demonstrations at the bedside (kind not stated) were adopted on the 20th March, 1868, and have been in operation since the 14th of October, 1869."

Returns from the University of Durham, in this important document, are conspicuous by their absence.

THE Bank of Ireland have generously subscribed the sum of £250 to the International Society for Aid to the Sick and Wounded in War of both nations.

Correspondence.

"Audi alteram partem."

THE TRIAL FOR MURDER AT BARSHAM.

To the Editor of THE LANCET.

SIR,—Through the kindness of Mr. Image, of Bury St. Edmunds, I have had an opportunity of examining the parts of the woman, Anna Maria Chenery, for the wilful murder of whom (in an attempt to procure abortion), Jacob Ling was tried at Bury St. Edmunds on the 5th inst. You have already (LANCET, August 20th) given the details of the case and commented thereon. Everyone must agree with you that, in a case, not of opinion, but of fact, it is a lamentable condition of things that there should appear grounds for the proverbial professional difference of opinion made so much of, if not against the interests of justice, at least against the honour and dignity of the profession itself. This feeling is not diminished on inquiring into the real facts of the present case.

Mr. Crowfoot, who made the post-mortem examination, was so satisfied as to the nature and causes of the wounds, that, quite naturally, he did not think it necessary to call in the services of an expert. Understanding, however, that some doubts were likely to be expressed as to the validity of his diagnosis, he called in the aid of Mr. Image, of Bury St. Edmunds, whose experience and skill in medico-legal cases ought to render his opinion of the greatest value.

Mr. Image entirely agreed with Mr. Crowfoot as to the nature and causes of the wounds. Mr. Adams, of Bungay, however, who had also seen the parts, came to an entirely different conclusion. In the *Bury and Norwich Post*, August 9th, he is reported to have said: "I have had great experience, and have devoted great attention to anatomy. I did not see the dead body of the woman, but I saw the portions which have been preserved. I saw the wounds upon them. That on the right side was an irregular zigzag slit. Upon opening the wound I discovered a burst varix, leaving a sac or pouch large enough to put in a large horse-bean. A varicose vein most undoubtedly had existed there. I do not think that this sac could be caused by the stick produced . . . I examined the wound on the left side, which was a superficial wound, merely a peeling off of the mucous membrane. In that spot the membrane is thinner than the thinnest tissue-paper. The wound might be caused by a finger nail."

The following is the result of my examination. A lacerated wound, an inch and a quarter in length, extended from the upper margin of the orifice of the vagina upwards and inwards along the vestibular margin of the right nymphæ. The edges, though irregular, could be more or less completely approximated. They were perfectly healthy, and showed no trace of anything resembling varicose ulceration or infiltration of tissues. The wound was deepest at its lower angle, where it measured nearly half an inch. On opening the lips of the wound, it was found that it had penetrated deeply into the bulbous vestibuli. The open mouths of several large vessels of the erectile plexus of the bulbous were distinctly visible in the interior of the wound. The upper end of the wound formed a short pouch or cul-de-sac, owing to the depth exceeding the superficial extent of the wound. A fine probe passed into the cul-de-sac was arrested in every direction. There was no trace of any enlarged vein in or near, or leading away from, the wound. On microscopical examination of the inner surface of the wound, I found it composed of the usual fibrous and elastic tissue of erectile structures. It did not in any degree resemble the inner surface of a distended vein.

The whole appearance of the wound favoured the supposition that it was caused by a forcible thrust from below upwards of some such instrument as a stick, which became arrested in the cul-de-sac above mentioned.

Internal to this large wound and immediately external to the orifice of the urethra was a small longitudinal wound running in the same direction as the large one. It was quite superficial, and did not measure more than a quarter of an inch.

Below the inferior extremity of the large wound there was extensive abrasion of the mucous membrane, immediately to the right of the orifice of the vagina.

Judging from the direction of the small flaps of mucous membrane which still remained, it would appear to have been caused by the forcible thrust of some instrument from below upwards and outwards.

About the middle of the inner surface of the left nympha a small triangular flap of mucous and submucous tissue was detached. The sides measured about a quarter of an inch in length. The apex of the flap was directed downwards and inwards. Its appearance coincided with the abrasion of the skin caused when the hand is knocked forcibly against the corner of a piece of furniture. It would correspond to a forcible thrust from below upwards and outwards with the corner of a stick. It was not like a nail-scratch.

From the above description of the wounds, apart from other circumstances in the case, it will be seen that the statement of Mr. Adams, that the cause of the woman's death was the spontaneous rupture of a varicose vein, cannot but be characterised as a hypothesis in the highest degree wild and extravagant.

I am, Sir, your obedient servant,

DAVID FERRIER, M.A., M.D.,

Lecturer on Physiology on the Middlesex Medical School.

August 27th, 1870.

THE CARBOLIC-ACID VAPORISER AS A DISINFECTANT.

To the Editor of THE LANCET.

SIR,—In the hospitals abroad, now so crowded with wounded soldiers, there must be great opportunities for testing the various antiseptic methods of surgery. Carbolic acid doubtless will be in great request, and will be largely consumed, and my object in writing these few lines is, if it be not an entirely superfluous matter, to put in a word for the carbolic-acid vaporiser, invented by Messrs. Savory and Moore, and described and figured some months ago in the medical journals.

I may remind the reader that in this vaporiser the carbolic acid drops from a cotton wick on to a plate, which is kept hot by a sponge spirit-lamp below. Each drop as it falls is entirely volatilised into the air, so that there is no waste of the acid.

The machine, in shape like a flour-dredge, is so portable that it can be easily carried, with its lamp burning, to any part of the ward where it may be desirable to place it, and its action may be stopped any minute by removing the lamp or withdrawing the cotton-wick from the tube down which drops the acid.

I have had opportunity of testing the powers of the instrument lately in a case of fetid abscess of the lung. When the patient coughed, the room was scarcely bearable from the fetor. The use of the carbolic-acid vaporiser, however, for a few minutes completely annihilated the smell, and its persistent use from time to time I believe did much to promote the recovery of the patient.

I am, Sir, your obedient servant,

JOHN C. THOROWGOOD, M.D. Lond.

Welbeck-street, W., Aug. 27th, 1870.

THE SICK AND WOUNDED.

To the Editor of THE LANCET.

SIR,—The cry for surgical help becomes daily more and more urgent, while the supply of experienced surgeons must of necessity be very limited. But the usefulness of the surgeon can be greatly enhanced by the aid of efficient hospital dressers. Dr. Mayo writes that it is useless to send out women; the work is too severe for them. Why not send out a staff of dressers from our hospitals?

On the 1st of October the medical schools of the United Kingdom will reopen, and hundreds of pupils will flock to the various hospitals. The third-year's men are, or ought to be, fully competent to act as first-class dressers, and even to relieve the surgeon of minor operations. And I feel sure that very many of these would volunteer, if their services in the field were allowed to count as hospital practice, so as

not to interfere with the period for passing their examinations.

The feasibility of such a scheme must rest with those in authority at the colleges and hospitals. If it is thought desirable—and I first submit it to you for your approval or rejection—a short resolution sanctioning it would be necessary.

Money, of course, would be required, as most of these young men have to make their way in the world. But surely this would be forthcoming. The medical profession has not yet made any movement as a body, and I would suggest that a special fund should be raised, to be called the "Medical Dressers' Aid Fund." The profession counts its sick practitioners by the thousands. The value of *one fee*, be it great or small, would be sufficient to send a small battalion of dressers to each camp.

Should you consider the project of sufficient value to give it publicity, I shall be happy to offer my services to organise and to carry it out.

I am, Sir, your obedient servant,

W. H. M., M.D., F.G.S.

Ham Common, August 29th, 1870.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

"HELP for the Wounded" is just now, to the honour of our countrymen, the cry of almost every town and hamlet in the kingdom. The humane principles of the Geneva Convention are winning universal assent, and, to give them practical effect, money is going out to France and Germany in big lumps. The people of Birmingham have taken a foremost place amongst the knights of the Red Cross. Only the other day the Mayor summoned a meeting of influential inhabitants, and the subscription list started by them has touched £1200, and is steadily going up; while another local fund exceeds £1100. The latter deserves special mention. Soon after the war began, the Germans residing in Birmingham started a subscription amongst themselves to relieve the wounded, *friends or foes*, in the German hospitals. They lost no time in sending over money, but official reports accompanied the letters of thanks, conveying the impossibility of buying many of the things most needed on or near the scene of action. The unprecedented demand has exhausted the Continental supplies of surgical appliances and medical comforts. At this crisis the executive of the German Society sought Mr. Sampson Gamgee's advice, and under his direction a most useful assortment is being sent out; amongst other things, 100 bags, each containing 100 surgical bandages of various widths and material,—calico, flannel, lint, and Churton's stocking; 60 bags containing 10 perfectly cleansed fine sponges, for operations; 100 lb. of chloroform, in 20 cases, each containing 10 $\frac{1}{2}$ lb. bottles, packed in jewellers' cotton-wool; 50 lb. of tincture of perchloride of iron, similarly subdivided; 100 cases each containing 2 pairs of scissors, 2 artery forceps, 3 tourniquets, 36 suture needles, 2 reels each of metallic and silk suture; 10 cases, each containing 2 bullet extractors, 2 pairs of bone forceps, 2 probes, 2 spring and 2 bow forceps, and 4 scalpels; 8 amputating cases, and 8 trephine ditto; 500 bottles of Preston salts in 25 cases of 20 each; 2000 yards of the best adhesive plaster, in 20 wooden boxes, each containing 10 tin cases with ten yards each; 3200 water pillows; 110 oz. of quinine, in 11 boxes, each containing 10 one-ounce bottles; 30 small boxes, each containing a small minim measure, a hypodermic syringe, and a solution of morphia, much stronger than that usually employed, so that each syringeful will be equivalent to two centigrammes of muriate of morphia (about $\frac{1}{3}$ gr.) The subdivision on the decimal system is intended to facilitate immediate distribution to a variety of centres where the wounded are congregated. The contents of every parcel are written on labels in English, German, and French; and inside every lid is pasted, in French and German, the following address: "The people of Birmingham; for the wounded of both armies, in sincere sympathy for their suffering.—F. Leonardt, Secretary, German Club, 12, Easy-row, Birmingham."

Birmingham, Aug. 1870.