durated testicle. He had pain in the right lumbar region, which was attributed to the supposed hernia; this pain had at intervals annoyed him for several years, during which time its true source had escaped detection. Previous to his call upon me he had noticed an enlargement in his right side, which had slowly increased in size, and which, in connection with resulting symptoms, was the occasion of his seeking aid. He was slightly jaundiced, with loss of appetite and tenderness of the hepatic region, the latter much aggravated by turning while in a recumbent position. The patient was not confined to his bed, but was conscious of a progressive debility and steady increase of the symptoms described. At the lower border of the ribs upon the right side, and evidently attached to the inferior surface of the liver, was found a tumor about the size of an orange; it was tense at times, at other times more yielding and slightly tender under manipulation. At this time Dr. Fletcher, of Lisbon, Iowa, a relative of the patient, was called to visit Mr. C. as consultant; whereupon it was agreed that our patient was suffering from a hepatic growth, and, aside from counter irritants and strict quiet being enjoined, little else was advised, and a specific diagnosis was reserved. Under these conditions our patient slowly improved, the tumor seemed to partially subside, and he resumed his official duties until January, 1882, when, after unusual exposure and exertion in the arrest of a criminal, the lumbar pains returned. The tumor again became prominent, and, in an aggravated form, all the former symptoms reappeared. The symptoms were all reasonably attributable to pressure of the growth upon adjacent parts. No rigors pointing to abscess, no cancerous cachexia, the long duration of the disease also excluding the theory of malignant disease or obstructed gall bladder. Hydatid disease was diagnosed as the probable difficulty, and early puncture the only recourse.

Dr. Fletcher was again requested to see the patient, who, with my friend Dr. N. Bryant, of this city, met me in the case. To verify the diagnosis, it was determined to obtain a specimen of the contents of the tumor by using an ordinary hypodermic needle. The growth extended nearly to the umbilicus, and to steady it, Dr. F. firmly compressed its area, and upon introducing the needle, the barrel of the instrument at once filled with a clear, spring-like fluid. Immediately upon the withdrawal of the needle, the patient complained of an acute pain above the pubes, some distance below the location of the tumor. The pain rapidly increased in intensity, in spite of an anodyne and fomentations. It becoming evident that our patient was suffering from no ordinary complication, rupture of the cyst was suspected, whereupon an examination fully verified the apprehension, as the tumor had wholly disappeared. To abbreviate the history of the case during the next four hours, it needs only to be stated that during this time the patient seemed any moment likely to succumb from shock; deep lividity of surface; pinched features; extremities cold; pulse absent. During a period of five hours, he received four grains of morp. sulphas hypodermically, also two injections of tinct. opii of ʒj each. No

approach to narcosis apparent. Warmth and fomentations were of course employed. The abdomen was tense and hard, but not swollen. After four hours, the terrific pain began to yield, the natural color returned, and the pulse improved. The specimen of fluid obtained from the cyst contained no albumen, and was beyond question hydatid. Its bland, unirritating character favored its rapid absorption by the peritoneal sac, thus helping to save our patient. There is unbroken uniformity in the testimony of authorities as to the invariable fatality of rupture of such a cyst into the peritoneal sac. Gross says unconditionally, that it is fatal. May not the rapid antidotal effect of opium as secured by its heroic hypodermic use, account for success, when, were we to use it per ore, the time required for its effect would prove a fatal delay? Perhaps we do not fully appreciate this advantage of hypodermic medication. Some local tenderness over the former region of the tumor continued for a time, as the result of inflammation in the torn sac. The attendant symptoms rapidly subsided, and now, about one year from the date of the accident, Mr. C. is free from any sign of the trouble, and enjoys a state of health unprecedented in excellence for many long years.

N. C. MARKHAM, M.D.

INDEPENDENCE, IOWA.

BITES OF SERPENTS.

In the article on the Medical and Surgical Practice of the Aborigines of America, contributed by F. Andros, M.D., and published in your issue of Aug. 4, it is stated that some tribes apply the bruised wild onion for the stings of bees and wasps. I am not aware that any similar practice has been recommended in the literature of our profession, though the juice of the common onion is an excellent application for this purpose. It should be thoroughly applied to the wound immediately after the sting has been received. It acts as a very perfect antidote to the poison, prevents swelling and speedily relieves the pain. No treatment for the bite of the rattlesnake could be better than the Indian practice of sucking the wound; and this involves no danger to the operator, for the venom is innocuous when taken into the stomach. The Indians probably acted wisely in omitting to use internal remedies, for it is not likely that the poison can be neutralized by antidotes administered through the digestive system. Brainard demonstrated the antidotal powers of iodine when mixed with the venom of serpents, but he injected the antidote, with a hypodermic syringe, among the tissues where the poison had been received. The local effects of the poison of the prairie rattlesnake, or massasauga, seem to me to be in excess of the constitutional ones. I have seen a bite on the finger cause great swelling to the entire arm, attended with a discoloration that suggested gangrene, and yet it did not produce sufficient constitutional effects to cause apprehension. In one case, I gave great relief to a patient by a free incision into the parts where the poison was received, though two hours had elapsed after the injury before I saw the case. The bite was on the foot, and a

bandage had been placed tightly around the limb just below the knee immediately after it was received. The patient suffered great pain in the extremity, but this was immediately relieved by the out-flowing blood, and little constitutional disturbance followed. In the early settlement of the prairies of Illinois, to be bitten by a massasauga was not an uncommon accident, but I never knew such a case to terminate fatally. Methods of treatment that have been approved by the experience of unlettered people, should of be held as entirely beneath the notice of the profession, for in their blind experiments they may sometimes hit on what is valuable for the relief of the sick.

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MEDICAL EDUCATION AND MEDICAL DEGREES IN ENGLAND.

MR. EDITOR:

I thought it might be interesting to many of your readers to learn something about English medical qualifications. I have met quite a number of medical gentlemen and students in this country who were under the impression that every medical man there was an M.D., and when told that only about five per cent. possessed that degree, were greatly surprised. The qualifications granted there are of two kinds, viz.: degrees and diplomas; the former is only conferred by a university, while the latter is conferred by an examining board called a college. No medical school in Great Britain can give any degree or diploma. The examinations for a degree and diploma are about the same, the former requiring a higher standard and a higher literary qualification; some universities demanding a literary degree or a corresponding examination, while the colleges are satisfied with a literary qualification corresponding to the matriculation examination of the good literary colleges in this country. The literary requirements must be passed before the commencement of medical study. Then the student is registered by the General Medical Council, and no one can go up for his final examination for a degree or a diploma unless four years have elapsed since he was registered.

The degrees granted are M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery); M.D.M.S. (Doctor of Medicine and Master in Surgery). The Scottish universities give the M.S. or M.Ch. later (Chirurgia), with the M.B. It takes from one to five years in the different universities before an M.B. can go up for the M.D.

The diplomas are granted by the different examining boards or colleges. These are divided into surgical and medical, viz.: The Royal College of Surgeons of England (London); ditto Edinburgh; ditto Dublin, and Faculty of Physicians and Surgeons, of Glasgow. These colleges give the title of Licentiate, with the exception of London, which is a Member. They also give the title of Fellow by a further examination, in London and Dublin (which is a very severe examination), and by election in Edinburgh and Glasgow.

The colleges of physicians are the Royal College

of Physicians of London; ditto Edinburgh; the King and Queen's College of Physicians, Ireland (Dublin); the Apothecaries Society, or Hall, of London and Dublin. All these colleges give the title of Licentiate, and by a further examination the title of Member, and further still, Fellow, which is a very high and honorable distinction. The two Apothecaries Halls give only the title of Licentiate, which gives the same privileges as the Licentiate of the other colleges (medical).

Some years ago the favorite qualifications used to be M.R.C.S. England and L.S.A. or L.A.H.

A man before he is fully qualified must have a surgical and medical degree or diploma.

One may study in any medical school in Great Britain or at any recognized foreign medical school, and go up for examination before any of the colleges mentioned.

The degrees granted by the University of London are considered the highest (this is only an examining institution); it is undoubtedly the hardest medical examination in the world. *Mr. Editor*, I cannot see why every medical man in this country should be an M.D. any more than every lawyer or minister an LL.D. or D.D. The M.D. degrees take precedence of all other degrees in England.

I might mention also that there is another degree-dispenser in England (Buchanan style), viz.: His Grace the Archbishop of Canterbury; he can give any degree he likes to whom he pleases, and in the English Medical Register is to be seen quite a number of M.D.'s Lambeth; they are all granted by his Lordship, without any examination. In your first number I find a resolution passed by the Chicago Medical Society recommending a State Board of Examiners, before whom every candidate for registration in Illinois has to appear, whether a graduate or not, and their work deserves high commendation. I would respectfully recommend the Ontario Medical Regulations and Laws as a model worthy of imitation. Success to the National Medical Journal.

A STUDENT.

[Just as the JOURNAL goes to press we have received the following interesting translation of M. Pasteur's letter, from a friend.—ED.]

The French government has authorized Prof. Pasteur to organize a commission to investigate the causes, character, and treatment of cholera in Egypt, and has made an appropriation of 50,000 francs for that purpose.

The French Commission left Paris August 8, and arrived in Alexandria on the 16th. The members of the French mission are: The chairman, *Dr. Strauss*, physician to the hospitals of Paris, general secretary of the Biological Society; *M. Roux*, *M. Thuillier*, and *Nocard*, professor of the veterinary school of Alfort.

The "*Temps*" publishes the following

LETTER OF MONSIEUR PASTEUR,

in reply to the many inquiries addressed to him in regard to the instructions he has given to the *French Commission on Cholera in Egypt*:

"I have indicated to the members of the French