Mr. Syme should consider himself fortunate in having had the opportunity of correcting an impression, well or ill-founded, that all his fatal cases are not published. Mr. Syme is Professor of Clinical Surgery in an important university, and every surgeon in the kingdom should know the exact amount of reliance to be placed on Mr. Syme's recommendations, as based upon the result of his own practice, whether in hospital or in private.

I think it right also for every gentleman to understand, that if he should be drawn into a correspondence with Mr. Syme, this surgeon is quite capable of publishing any letter without obtaining, or even asking for, the permission of the writer before doing so.

I am, Sir, your obedient servant,

Upper Grosvenor-street, Jan. 31st, 1859.

T. SPENCER WELLS.

* * In a letter to us referring to the correspondence inserted in THE LANCET of last week, Mr. Syme writes:—"I consider the letter of Mr. Spencer Wells is in no respect a privileged communication, and shall feel obliged by your publishing it." Mr. Spencer Wells, it must be remembered, was addressed in his capacity of Editor of a public journal. His letter to Mr. Syme was not marked "private." Indeed, it appears to us not a little absurd on the part of an Editor who had not hesitated to publish an injurious imputation on a professional man, based on a case occurring in private practice—without, be it remembered, taking the trouble to ascertain the truth or falsity of that imputation,—to make it a grievance that Mr. Syme should publish what justification the Editor had to offer for his conduct. The distinction between public and private practice is a broad and sacred one. The position of an hospital surgeon would be far from enviable if it were held that his private practice was no more secure from criticism than his public practice. Does any journalist think himself at liberty to rip up the domestic life of a statesman, because he happens to have a public career as well? What a physician or surgeon does or says in his capacity of hospital teacher, he does and says under the eyes of the world. If public observation controls him for the public good, it also *protects* him for his own. Public observation, while it supplies the legitimate elements for public discussion and criticism, at the same time secures the proper checks against misconception and misconstruction of the practitioner's conduct. Herein lies the wide distinction between the right of criticism as to public practice and the non-existence of that right as regards private practice. In the latter case, when we criticise, we are never sure that our information as to the facts is correct; and the particular instance before us shows how deeply a man may be wronged when criticism is hazarded in the absence of precise information. In this case, Mr. Syme declares that the operation represented, or suggested, as having been the cause of death, was not performed at all!—ED. L.

THE DIPHTHERIA EPIDEMIC.

(LETTER FROM DR. W. F. WADE.)

To the Editor of THE LANCET.

SIR,—Dr. Ranking, in his excellent "Lecture on Diphtheria," and Dr. Rogers, in a note to yourself, have each alluded to my "Observations on Diphtheritis" in terms which are calculated to mislead your readers as to the nature of my views.

I. Dr. Ranking says, "Before quitting the symptomatology of diphtheria, I may remark that a late writer* has made the observation that the urine is frequently albuminous in severe cases." This is true as far as it goes; but I have further observed and stated, that it is not only in what would be commonly termed severe cases, but in apparently slight ones also, that albuminuria, attended with other indications of impaired renal elimination, presents itself.

This disease has been frequently termed "mysterious." The chief mystery which struck me on my first acquaintance with it was the fact, since so amply and terribly illustrated, that many cases of seemingly the most trivial character, prove unexpectedly fatal. I determined, on the first opportunity, to seek from morbid anatomy some explanation of this anomaly.

* Observations on Diphtheria, by Dr. Wade.

The very first post-mortem examination revealed important organic changes (in the kidney more especially) which I had not been led to anticipate; following up this clue, I tested the urine carefully and systematically during life, and found that indications of impairment of the renal functions were constantly precursory of an unfavourable termination. These are the "cases in which the patient, to all appearance free from risk, is suddenly seized with croupy breathing, and is in a few hours beyond hope" (Dr. Ranking).

It is self-evident that this gives to albuminuria in diphtheria a much more important significance than if it were confined to "severe cases."

II. Dr. W. R. Rogers, in a letter which appeared in your journal of the 22nd ult., says, "I may add that the leptothrix buccalis mentioned by Dr. Wade is constantly to be found in the buccal mucus of healthy persons, if properly searched for."

Of this fact I was perfectly aware, and I have in no way supported the pathological views of Dr. Laycock, although, from the above extract, especially if taken in conjunction with the context, it might be inferred that I was disposed to do so.

I embrace this opportunity to impress most earnestly upon practitioners the extreme necessity of making (morning and evening) an examination of the urine in cases of diphtheria, whatever their degree of severity. If albuminuria be present, the prognosis should be carefully guarded, though not necessarily of the most unfavourable character.

I remain, &c.,

WILLOUGHBY F. WADE, M.B.,

Physician to the Birmingham Dispensary.

Feb. 1859.

THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—Referring to the leader in your journal of Saturday last, I quite agree with your estimation of the clause contained in the draft charter of the College of Physicians, whereby it is proposed that the Council of that College should become the licensing body for the practitioners in medicine, in lieu of the Apothecaries' Company. Where would be the objection to the title granted being "Member of the College of Physicians?" and, if deemed desirable, let the charter give the power to the Council to grant the degree of M.D., to distinguish the consulting physician from the general practitioner.

It does seem to me so desirable that we should rid ourselves of the designation of Apothecary, and of all connexion with the trading Company at Blackfriars, that I would even suggest the propriety of a public meeting, from which a delegation could be appointed to confer with the Council of the College of Physicians upon a point of so much importance to the profession. I would not deprive the Apothecaries' Company of their privilege of granting diplomas, but I would that their examination and diploma should serve their legitimate object,—viz., that of protecting the public against the dispensing of prescriptions by parties ignorant of the properties of the deadly poisons they are dealing with. I would urge upon Government the necessity of obliging every man who keeps a retail chemist's shop—nay, more, every man who stands behind the counter—to pass an examination, and to possess a diploma certifying to his competency for the responsible position he holds. And who so fit to grant an apothecary's licence as the Apothecaries' Company?

I am, Sir, yours obediently,

NEMO.

Feb. 1859.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I have hitherto abstained from addressing you on the new Scheme of the President of the Poor-law Commissioners, on the subject of Poor-law medical reform; but, having given it due consideration, I have come to the conclusion that scarcely any part of it would, in my opinion, be satisfactory to the medical officers or beneficial to the poor.

I have for many years filled the office of medical officer, and can therefore speak from experience; and, with deference, would respectfully submit the following propositions for the consideration of the medical officers:—

1. I would recommend that the present arrangement of the districts should continue; for I believe there are but very few instances of the poor having suffered from their size or extent.
2. That the appointments be permanent, unless annulled through the misconduct of the medical officer.
3. That an average of the number of cases for the last three