should be recollected that doubts have been entertained, and are no longer concealed, as to the expediency of confiding to the corporations the power of licensing for general practice. The members of these bodies are, for the most part, engaged in general practice, of which the duties must be much opposed to the study of those sciences and arts which constitute the foundation of medical skill, and therefore must be the subjects of examination. The three corporations of Scotland, who at present give licences for the practice of physic and surgery, and co-operate for the double qualification, employ between forty and fifty of their fellows as examiners, who, however respectable, can hardly be expected to keep pace with the progress of science, except by reading, as occasion may require; and this is well known to be a bad preparation for the purpose. The colleges, therefore, should be inclined to hail with satisfaction the prospect of relief from a duty for which the pecuniary advantage is its only recommendation. But the loss that might thus be sustained would, I believe, be replaced much more largely and honourably in another way. It has always seemed to me that the most legitimate source of income for a college was from the admission of fellows. Now, the so-called licentiates of the new system would naturally desire a higher title, and hence be led to associate themselves with bodies of physicians or surgeons, especially if by doing so they acquired a right to be so designated. When the Medical Act came into operation, there was a determined effort on the part of the corporations to obtain such a classification as would produce the effect just suggested; and this was successfully opposed by the universities, but, under the new state of things, might be conceded without any impropriety. The colleges thus, so far from suffering pecuniary loss, would in all probability greatly benefit by the change proposed.

As to the universities, it has been long and vehemently maintained that licensing for general practice is quite unworthy of their position in the scientific world; and there can be no doubt that, if relieved from it, they could confer degrees of a much higher academic character. They might also throw overboard their unmeaning Mastership of Surgery. With regard to teaching, the professors would occupy the most favourable position for success; while the students, no longer trammelled by the slavish desire to propitiate their examiners, would be left free to choose the sources from which there was the best prospect of obtaining information, and no longer be coerced into the sacrifice of time and money for carrying their bodies to lectures from which their minds were absent.

The public, lastly, would benefit through the security afforded by their protection from the incompetency which appears at present to insinuate itself into the ranks of the profession. All the objects that can be reasonably desired would thus admit of being accomplished without injury to any of the parties at present engaged in medical education; while there would no longer be left any room for the jealousies and dissensions which have been such a fruitful theme of ridicule and sarcasm.

The titles of medical men would thus be—

- Doctor, from a University degree;
- Physician, from the Fellowship of a College;
- Surgeon, from the Fellowship of a College;
- Medical Licentiate, from a certificate of the General Examining Board.

I am, Sir, yours &c.,

Edinburgh, 10th Jan., 1870.

JAMES SYME.

To the Editor of THE LANCET.

SIR,—The attention of the Council of this College has been directed to a letter from Mr. Syme, which appeared in the last number of THE LANCET. I am instructed by the Council to say that Mr. Syme's statements in reference to this College are altogether erroneous.

I am, Sir, your most obedient servant,

D. R. HALDANE, Hon. Sec.

Physicians' Hall, Edinburgh, 11th January, 1870.

FURROWS ON THE NAILS AFTER ILLNESS.

To the Editor of THE LANCET.

SIR,—I have read with great interest the papers in your journal, by Dr. Wilks, concerning furrows on the nails after illness; inasmuch as about ten years ago, while I was

a student, my attention was directed to the subject by a relative who had lately had an attack of scarlatina. In this case there well-marked furrows on all the finger-nails, at equal distances from the matrix.

I have since then looked for these marks on the nails after attacks of scarlatina, and in no instance have I failed to find them in a greater or less degree. I cannot but think that their presence or absence may occasionally assist in diagnosis, as in the following case.

A child of three years old was brought to the hospital suffering from general anasarca, which had come on three or four days previously. The mother strongly denied that the child had had scarlatina or measles, although the former was prevalent in the neighbourhood. She admitted that about a month before the child had been hot and feverish for a few days. There was no sign of desquamation, but there were distinct furrows on all the finger nails; and from this fact, taken in conjunction with the previous attack of fever, and that scarlatina was about at the time, I concluded that it had been a case of simple scarlatina, in which the eruption was so slight as to be overlooked, and followed by the dropsy. I have noticed these furrows after attacks of other diseases, as typhoid fever, but never so well marked as after scarlatina.

I remain, Sir, faithfully yours,

Windsor, Jan. 15th, 1870.

THOS. FAIRBANK, M.D.

TREATMENT OF UTERINE HÆMORRHAGE AFTER LABOUR.

To the Editor of THE LANCET.

SIR,—Mr. Broke Gallwey's letter in your last number on the above subject raises a very important question in practice. He cites a striking case in which flooding was arrested by the forcible injection of cold water into the cavity of the uterus, and recommends this practice as a "ready method," safe and effective.

I do not doubt that this is one of the most effective means of applying cold, but I submit that it should be used with caution. In the first place, there is reason to fear that the forcible injection of fluid into the uterus, under any circumstances, is not free from danger. Secondly, cold can only control hæmorrhage by exciting contraction of the uterus. This, of course, postulates the existence of sufficient nerve-power to respond to the excitation. If this be present, the shock will induce contraction, and the bleeding will stop so long as that contraction continues. But the very condition of the case—hæmorrhage from inertia—implies that the nerve-force is at a very low ebb. Hence it may be expected that the uterus will relax again, and that the hæmorrhage will return. This is precisely what happened in Mr. Gallwey's case. He had to repeat his injection "again and again." That success rewarded his perseverance in this instance must not be hastily taken as proof of the general value of his treatment. It is a familiar fact that women make surprising recoveries from the most desperate state of exhaustion after various modes of treatment. But I submit that the great object should be to prevent women from drifting into this extreme exhaustion by saving their blood in the early stages. When a woman is once advanced on the road to collapse, not only is there no certainty in the action of ordinary hæmostatics, but there is the double anxiety lest she may not rally from the collapse, or, if she escapes this first peril, lest she may sink further on from some one of the many consequences of anæmia. We must, therefore, take effective measures before collapse creeps on. We must use means that are efficient whilst there is time.

Another objection to the persistent use of cold is this: If it fail to cause contraction of the uterus, and therefore fail to stop the bleeding, it does not therefore fail to cause shock. It therefore does positive harm, by hastening the descent into collapse.

Hence it is that I have been led to submit as a rule in practice, if cold in any of its various modes of application, do not succeed at once in arresting hæmorrhage, to pass promptly to the surer agency of perchloride of iron. Even this may be used too late, although it will arrest hæmorrhage even after contractility is lost.

Mr. Gallwey asks what is the strength of the solution which I recommend. The solution of the perchloride of iron of the British Pharmacopœia may be used; but, as more convenient to carry, we may dilute 4 ounces of the strong solution of perchloride of iron with 12 ounces of water, which comes to the same thing. Even a weaker solution is effective. It should be injected *very gently*, so that the fluid shall trickle down over the inner surface of the uterus. It coagulates the blood in the mouths of the vessels, and corrugates the inner surface of the uterus. I have discussed with care the whole subject of hæmorrhage in labour in my book on "Obstetric Operations," just published. May I refer to this source for further particulars?

I am, Sir, your obedient servant,

ROBERT BARNES.

Grosvenor-street, Grosvenor-square. Jan. 13th, 1870.

LUNATIC ASYLUM FOR THE MIDDLE CLASSES.

To the Editor of THE LANCET.

SIR,—THE LANCET in 1867 pointed out to the public the want of asylum accommodation for the lower middle classes of the insane. On that suggestion, we have provided such accommodation in connexion with our high class asylum, at a cost of £5000, which is now open for the reception of patients, at rates of board as low as 15s. per week. You are welcome to make this known to the public. It is our intention to continue to extend the premises, so as to be able to receive all comers. Our privileged exercising grounds extend to six square miles.

I am, Sir, your obedient servant,

Sutton Ham, 7th Jan., 1870.

WILLIAM HYSLOP.

* * One of the most urgent wants of the present time is asylum accommodation for the poorer members of the middle class—those who are poor, but not poor enough to be paupers. It is very needful that the prices do not exceed much the charge at the county asylums, if such an establishment is to carry out its professed aim.—ED. L.

Foreign Medical Intelligence.

(FROM OUR SPECIAL CORRESPONDENT.)

Interesting statistical details in connexion with the Poor-law institutions and nosocomial establishments of France.—The new French Minister of Public Instruction.—The free universities of Spain.—Vaccine and Epidemiological Committees of the Paris Academy of Medicine.—Les soirées scientifiques of La Sorbonne.—Hydrate of chloral in Spain.

In the portion of the French Blue-book reserved for the Home Department is a most important chapter, full of interesting statistical details, on the present condition of the poor-law institutions and nosocomial establishments of France. Among the most important measures recently taken in connexion with these institutions, is the enlargement and completion of the two huge convalescent asylums, the one for females, at the Vesinet, and the other, for male patients, at Vincennes. These institutions are really most beautifully laid out and arranged. They are situate at a short distance from Paris, in a most healthy part of the country, are admirably furnished, and combine every means of medical care and recreation which may conduce to the well-being and speedy recovery of the convalescents. In 1869, as many as 12,000 male patients, coming from the various Paris hospitals, were admitted into the Asylum of Vincennes, and as many as 7000 females into that of Vesinet. During the last year there has been great progress in the number and working of the various charitable societies, whether connected with the Assistance Publique or not. Thus, the institution of the maternal societies provided for 18,000 families, whilst that of the *crèches*, or infant asylums, admitted upwards of 2352 children. At the same time, the service of gratuitous medical attendance, which now exists in only fifty-one of

the French departments, is said to have furnished one million visits or consultations. The most marked advancement in this direction, however, regards the number of Friendly Societies, which during the last nine months have increased from 6088 to 6199, and now number upwards of 800,000 members. The report on the various nosocomial establishments is of peculiar interest, inasmuch as it sums up the results of an investigation recently conducted by the Council of Inspectors-General of the Hospitals and Asylums, and contains all the accounts and budgets of 1400 nosocomial institutions. It therefore constitutes a most valuable document, from which may be gathered, not only the most instructive and precise details on the financial condition of the French hospitals and hospices, but also much valuable information on their origin, their government, and their economical administration, as well as on the improvements which have been realised since 1852. Thus it is stated that out of 1557 institutions of the kind existing in France at the date of January 1st, 1869, 1224 had been founded before 1790; 161 from 1790 to 1852; and 172 during the Second Empire. This last figure, therefore, represents more than half of the total number founded since the time of the French Revolution. Voluntary contribution has followed the same progression. From 1815 to 1852—namely, in the space of thirty-seven years—the amount of voluntary contributions formed a sum of 82 millions of francs, affording a proportion of 2,216,000 francs a year. Since 1852, the annual proportion of gifts and bequests has reached the large sum of five millions of francs. It is also shown that the administration of the Assistance Publique is in a flourishing financial condition, since its revenues exceed its expenses by four millions of francs. The report also states, unfortunately, a considerable increase in the number of lunatics inhabiting the various asylums of France. Thus the whole number of lunatics shows an increase of 477 from 1868 to 1869. The total is 24,529, and indicates a proportion of one lunatic for 1500 inhabitants.

A report is current in Paris that M. Legris, the new Minister of Public Instruction, intends to introduce, or at least to propose, the liberty of teaching throughout the country. This would apply to medicine as well as to other branches of knowledge.

The Spanish are availing themselves extensively of the system of free teaching inaugurated by the new Government. At the present moment there are as many as fifteen free universities at full work in Spain. Not only such large cities as Barcelona, Madrid, Seville, Salamanca, &c., have their free universities, but many other localities of less importance, such as Caceres, Oñate, Vitoria, Avila, Burgos, &c. There is even a free university at Teneriffe, in the Canaries. A free School of Pharmacy is also about to be opened at Cadiz.

It may be of interest to your readers to mention that the following committees have just been appointed at the Paris Academy of Medicine:—Vaccine Committee: MM. Blache and Jacquemier. Epidemiological Committee: MM. Fauvel and Séé. Mineral Waters Committee: MM. Kergaradec and Poggiale.

During his recent administration, M. Duruy, the ex-Minister of Public Instruction, showed considerable zeal in promoting the adoption in France of free courses of lectures, scientific and literary. The trial was unsuccessful in some places, and successful in others. Thus, while it failed completely at the Faculty, where several of the vice-professors attempted to organise a series of lectures on subjects connected with the history of medicine, it was attended by the greatest success at the Sorbonne. There the scientific lectures, under the title of "Les Soirées Scientifiques de la Sorbonne," have become quite *recherchées*.

Drs. Delgado Judo and Santiago Casas, of Madrid, have been carrying on some experiments with hydrate of chloral, and state that they have obtained with the hypnotic most surprising results in the case of a lady belonging to the highest circle of Madrid, and who for several years had been suffering severely from want of sleep, caused by a disease of the uterus. They intend to publish a full account of the case.

SANITARY AND METEOROLOGICAL BULLETIN OF THE CONTINENT.

Diseases of the respiratory organs prevail almost everywhere. In France, there is an epidemic of variola in all the larger cities, Paris, Lyons, Marseilles, &c.; but, whilst