Correspondence.

"Audi alteram partem."

THE RACING WORLD AND THE LONDON HOSPITALS.

To the Editor of THE LANCET.

SIR,—Knowing from personal experience the distressed condition of most of the London hospitals, I rejoiced, in common with many of my medical brethren, when, a few months ago, a proposal was made public that had been submitted to the stewards of the Jockey Club by Mr. Joseph Bond by which a permanent income might be secured to those institutions from the winnings on the race-course. That proposal in its widest sense contemplated an allocation of 10 per cent. upon all sums won as racing stakes throughout the kingdom, amounting in 1859 to an aggregate of £200,000, which would realize the large sum of £20,000 to be applied annually to the relief of the several hospitals both in London and the provinces. Mr. Bond, however, in his letter to the Jockey Club, narrowed his proposal in the first instance to the stakes annually run for at the summer meeting at Epsom, and notably to the two great metropolitan races with which we are all best acquainted—the "Derby" and "Oaks." The net amount of these two stakes he calculated at £5000, 10 per cent. upon which would produce £500; and this sum he proposed to divide amongst six of the metropolitan hospitals—namely, St. George's, St. Mary's, Charing-cross, King's College, the Royal Free Hospital, and the London Hospital; generously offering, by way of inauguration fee, to contribute from himself the sum of 1000 guineas (since increased to 1200) towards the permanent endowment of the institutions named, should the Jockey Club accede to his proposition; "for," as he wrote, "having brought the child to the font, it is only manly and right that I should deposit with him my humble tribute and best wishes for his future growth, expansion, and welfare."

To dwell upon the vast advantage to our metropolitan hospitals of the permanent subsidy proposed by Mr. Bond would be so completely a work of supererogation in a letter addressed to your columns, and intended chiefly for professional readers, that I shall refrain from urging that point. We all know too well, were it even only through the heart-rending appeals continually made in the public prints, the difficulties those institutions labour under, first to keep their working gear in order, and next to provide the necessary funds whenever any attempt is made to extend their usefulness. It is owing to this want of funds that the number of in-door patients is notoriously circumscribed; and although additional wards are sometimes built for their reception, these cannot be used consistently with the dictates of prudence, however much smiling Benevolence, that "hopeth all things," may counsel the opening of their portals. Hundreds of the sick poor are thus annually debarred from that relief which can only be perfectly administered to them when, as in-door patients, they are under continuous medical supervision; and thus also may it not be feared that the rising generation of practitioners, whose numbers are always on the increase, will have their future usefulness seriously impaired from the want of that clinical experience which our hospital wards can alone properly furnish?

You have yourself, Sir, admirably remarked, in your notice of Mr. Bond's proposition, that "to secure a steady income to meet the enormous demands upon the large metropolitan hospitals is an object of almost national concern. These institutions, apart from their immediate object of preserving the health and productive power of the labouring classes, are great schools of medicine, whence issue perennial supplies of practitioners, who carry the blessings of science to all corners of the earth." Should not every exertion, then, be used on the part of the medical profession to secure to our hospitals the benefits contemplated by Mr. Bond's scheme?—especially as you agree that the only objection to it falls to the ground upon its being ascertained that a sufficient provision exists for decayed jockeys themselves in the Bentinck Memorial Fund, as shown in the letter of "Amicus Curiae," recently published in your journal. If it be Mr. Bond's intention to renew his proposal to the Jockey Club, coupled with his promised donation of 1200 guineas from himself, then is it clearly our duty to stand by him manfully in his appeal to that corporation, and by some action on our part, perhaps by an address to the same body, setting forth the manifold benefits involved in the proposition, strive to assist him in carrying out his benevolent project. I

repeat that it will be shame on us, members of the profession, and especially those of our number who are officially connected with the six hospitals named, should we allow our generous lay friend to fight the battle single-handed, and then only to step forward with our congratulations, and "encumber him with help," should his exertions be crowned with success. To insure that success, however, much I believe may be done by ourselves, with which conviction, and hoping for communications upon the subject from medical friends,

I remain, Sir, yours obediently,

EDWIN CANTON, F.R.C.S.,
Surgeon to the Charing-cross Hospital.
Montague-place, Feb. 1861.

THE JUNIOR MEDICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I have a few remarks to make touching the constitution of the Junior Medical Society, as proposed by Mr. Ernest Hart.

In the letter he addressed to you last week, he takes especial pains to show how this new Society is to be kept from abolishing, or interfering with, the functions of the Students' Medical Societies which at present exist at the larger schools; and he goes on to show how he thinks it may be made the nurse and guardian of these sickly children.

Now, it has been suggested, and I think very reasonably, that the blaze and glitter of this new Society, and the renown to be achieved therein, will quite eclipse the feeble lights which now shed so little illumination around their respective "medical homes." For, doubtless, when a man thinks he has anything to say worth the saying he will reserve his eloquence for the largest audience he can find. But I do not share Mr. Hart's tender sympathies for these societies: if their vitality is so precarious, why not let them die? Is it not better to have one large society that does its work well, than a dozen small, languid, inefficient ones.

Mr. Hart's proposal that gentlemen should be admitted members of this new Society only on the condition of their being members of one of the existing medical societies is, I think, open to grave objection. I have the honour to belong to a school whose medical society is most efficient and flourishing; but many of the smaller schools have no medical societies at all, and the students of these schools, who would, doubtless, bring as much talent and information to the deliberations of the Junior Medical Society as those of the larger schools, would, by this regulation, be prevented from enrolling themselves amongst its members.

Now I trust that in establishing this Society we shall be actuated by no principles of exclusiveness; I trust it will be founded on the widest possible basis, and that it may be open to every medical student in this metropolis, irrespective of his being a member of any existing society.

Founded on such principles, I believe this Society will be a valuable and flourishing one. Valuable, because it will impress the student at the most impressionable period of his life with the necessity that exists, in the profession he has chosen, for individual research and observation. It will show him how inimical to any real progress it is to yield himself bigotedly to the influence of authority alone. It will teach him that in a science like medicine, which contains so little absolute truth, it is well to cultivate a reasonable scepticism; that valuable experience rests not with years only, but in habits of accurate observation and just reasoning, with which a man may be wise when he is young—without which he may be foolish when he is old. A Society calculated to do so much good must flourish. I hope, then, Sir, that access to the Junior Medical Society of London will be free and unrestricted.

I am, Sir, your obedient servant,

King's College, Feb. 11th, 1861. ISAAC BURNEY YEO.

THE MARSHALL HALL METHOD IN CASES OF DROWNING.

To the Editor of THE LANCET.

SIR,—Having perused the paper read before the Royal Medical and Chirurgical Society by Dr. Christian, and believing it, or rather Dr. Sibson's experiments, to imply that the Ready Method was not often successful, I beg to record the following case:—

A. P—, aged nineteen years, being out bathing, got out of his depth, and sank. He was pulled up, after being submerged from about seven to eight minutes. I arrived about

half an hour afterwards, and found him quite cold and apparently lifeless, although he had previously shown some signs of returning animation. No pulse; heart's action *hardly* perceptible by the stethoscope. A warming-pan had been applied to his feet, with blankets around his body. I immediately began the Marshall Hall Method, ably aided by Mr. James Forsyth, surgeon, and was rewarded by the patient beginning to breathe, which began to fail as we slackened our efforts, and *vice versa*. He now opened his eyes for a moment. We then raised him from the recumbent position; but he soon began to sink again, losing the small amount of heat he had gathered. We repeated the process with the same success. He now made an effort to rise, muttering something; and on again raising him, and applying warmth to the feet, giving him some brandy, he again became cold and livid, with pupils dilated as before. We were obliged to keep up the process for nearly an hour and a half before he could walk with assistance, when he recovered without any bad symptoms, except that he was perfectly oblivious to everything done on the day of the accident.

I am, Sir, yours very truly,

Eyemouth, Feb. 1861.

ROBT. INGLIS, M.D.

PROPOSED MEMORIAL TO DR. BALLY.

To the Editor of THE LANCET.

SIR,—Allow me, through your columns, to suggest that the proposed memorial to Dr. Bally should be one of *practical* value. Could not a scholarship be established, to be called the Bally Scholarship, open to all the schools, and tenable for so many years, the whole of which time to be devoted to the study of *clinical medicine*? Such a memorial would be beneficial to the whole medical profession, and would perpetuate Dr. Bally's name with his favourite study. I cannot but think that such a plan, if properly taken up, would be supported by the general public, as well as by our own profession. Would not Royalty also contribute to such an object? If this can be carried out, I myself will gladly contribute £5 towards it.

I remain, Sir, your obedient servant,

S. BARTHOLOMEI NOSOCOMII QUONDAM ALUMNUS.

Feb. 1861.

ARMY MEDICAL SCHOOL, FORT PITT.

MILITARY SURGERY.

PROFESSOR THOMAS LONGMORE, F.R.C.S.,

DEPUTY INSPECTOR GENERAL.

1. A battle is to be fought within twenty-four hours of a given time. Give a sketch of the surgical arrangements necessary for a division of the army, and more particularly describe the duties of the several medical officers of a regiment. Value 50.

2. A soldier has received a wound of the chest from a musket ball; the ball has entered a little above the right nipple, and is found lodging beneath the skin at some part of the vertebral margin of the scapula. Describe the principal lesions which may have been caused by the projectile in its passage, and the guiding symptoms of each. Value 75.

3. What injuries and what circumstances in warfare particularly lead to the development of pyæmia? Value 25.

4. An assistant-surgeon is ordered to go in medical charge of troops in a ship proceeding from Gravesend to Calcutta. What are his duties before, during, and at the end of the voyage? Value 50.

5. Describe the system of dieting ordered by the military regulations for military hospitals in time of peace. Mention the names of the several diets in the scale. State the composition of any one of them. Value 50.

PRACTICAL EXAMINATION.

Make an examination of the case of —. Twenty minutes are allowed for the examination. Written notes may be taken.

You are required to write concisely a history of the case, your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease (or injury) on the man's fitness for service as a soldier. Half an hour will be allowed for this description.

PATHOLOGY.

PROFESSOR W. AITKEN, M.D.

1. Describe the more immediate and subsequent effects of malaria on the human subject; the morbid conditions which are brought about upon the spleen, the liver, and the blood;

and the kind of influence exercised on the condition generally by a prolonged exposure to malaria. Mention the earlier symptoms which indicate the establishment of the pernicious influence, and give any one example demonstrating the persistent character of these influences, and how they showed themselves in the particular example you may cite. Value 75.

2. Describe the structure of the mature ovum of the tapeworm; state the part of the tapeworm colony in which the ovum reaches maturity; describe the stages of its subsequent development, and the dangers which may attend the existence of tapeworm colonies in the human subject. Value 60.

3. State what is known regarding the source and development of the dracunculus; describe the lesions in the human subject to which it may give rise; and state the regions of the world in which it is endemic. Value 55.

4. Describe the lesions of the intestine in cases of acute dysentery; and state the circumstances which are apt to render cases of dysentery complex, and the nature of the lesions which may then ensue. Mention the points in the morbid anatomy of dysentery regarding which more exact and extended information is desirable. Value 60.

PRACTICAL EXAMINATION.

1. Examine the ova from the segments of the tapeworm, and demonstrate the distinctive characters. (20.)

2. Demonstrate the elements of muscular tissue and of cartilage. State shortly the best mode of preparing muscular tissue for examination. (35.)

3. Demonstrate the villi of the intestine, and indicate the morbid state. (40.)

4. Demonstrate the lobules of the liver, and indicate the morbid state in the specimen. (40.)

5. Demonstrate the structures found in the cortical substance of the kidney, especially the epithelium, the tubes, the basement membrane, and the Malpighian bodies. (60.)

6. Demonstrate the mucous tubes of the stomach, and state the kind of medium in which epithelium is best examined. (20.)

7. Delineate (in outline only) any of the objects examined: (1) judging of the size by the eye alone; (2) using the camera and appending the scale which indicates the relative magnifying power used in the observation. (35.)

8. Determine the magnifying power of the lens in the large microscope on the table (1) with the long eye-piece, (2) with the short one. (60.)

9. Describe any of the lesions in any one of the specimens on the table. (35.)

HYGIENE.

PROFESSOR E. A. PARKES, M.D.

1. What is the mortality of the British soldier at home as compared with adults of the same age in civil life? To what causes is the mortality owing, and what measures would you suggest for prevention? Value 80.

2. If you were sent into a district to examine into the quantity and quality of the water of a certain spot, where it was proposed to encamp 10,000 men for a month, how would you proceed to get the information required? What arrangements would you adopt to purify the water if it contained organic matter from peaty or marshy soils? Value 70.

Note.—Do not enter into chemical details, but state generally your mode of procedure.

3. What effect have soil and configuration of ground on health? Value 40.

4. What are the chief sanitary duties to be carried out in a camp? Value 60.

PRACTICAL EXAMINATION.

1. *Water.*—Determine the amount of magnesia by the soap-test. Calculate as chloride.

2. *Vinegar.*—Estimate the amount of acetic acid. Is sulphuric acid present?

3. *Lime-juice.*—Estimate acid as hydrated tartaric acid. Examine for sulphuric acid.

4. Microscopic examination of the specimen [adulterated coffee.]

N.B.—It was proposed to have an oral examination for those candidates who failed to satisfy the examiners at the written and practical examinations, but it was not found necessary to hold one.

MEDICAL STUDENTS IN THE UNITED STATES.—According to late statistics, there are now in the whole of the United States of America 3937 medical students. The numbers in each State vary from 630 to 60.