

Wilson has been guilty of suppressing a passage which reveals the fact that the Army Sanitary Commission has throughout concurred with the Government of India in insisting on the necessity of protective measures.

Correspondence.

"Audi alteram partem."

"SECONDARY RASHES IN SCARLET FEVER."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of May 29th is an editorial notice of an article by Dr. J. O. Symes in which he attributes the nephritis, dermatitis, and other inflammatory changes of certain specific fevers to the elimination of the virus from the body. Perhaps I may be allowed to point out that in 1890 I advanced the theory that such organic lesions of skin, kidney, alimentary and respiratory tracts, and so on, were due to the excretion of an irritant from the blood. Further, I traced the analogy between specific bacteria (and their products), certain drugs, and such chemical tissue irritants as that of gout. The facts are published in a small book on Excretory Irritation lately issued.

I remain, Sirs, yours faithfully,

Temple, E.C., June 2nd, 1897. DAVID WALSH, M.D. Edin.

"URIC ACID IN THE BLOOD."

To the Editors of THE LANCET.

SIRS,—Dr. A. P. Luff has informed your readers¹ of the extreme delicacy of the murexide test. Nevertheless, there is an exact procedure necessary to secure infallible evidence of small quantities. For example, one large drop of solution of potassium urate containing 0.4 per 1000 of uric acid—i.e., about a thirtieth of a milligramme of uric acid—gives me one success and three failures, and yet my general procedure has been the same. So that if these experiments were applied to four different solutions I might have concluded uric acid to be absent in three of the solutions. "The Physiology of the Invertebrates," by A. B. Griffiths, contains a demonstrable history of uric acid in our fauna from the protozoa to the mollusca, yet this excellent work does not give us the exact data whereby we may obtain the infallible evidence so necessary to be had. One grain of ammonium chloride added to twenty minims of an alkaline solution of urate immediately precipitates the uric acid, except 1 per 28,000; five minims solution (1—4) of ammonium chloride also determines rapid deposition of urates in about half an hour. Applied to the blood I thought I could obtain morphological evidence of urates in the blood corpuscles by means of this alkaline ammonium chloride test. In the absence of uric acid from normal blood, as demonstrated by Dr. Luff, I would ask, What are these coloured microcytic or albocytic granules about a micro-millimetre in size obtained by this test used with a drop of blood from a pricked finger? In the "Manual of Pathological Anatomy" of Cornil and Ranvier, page 81 (translation), it is stated that "everywhere the deposit is primarily made in the cells." Again: "The primary appearance of uratic infiltration in the cells proves that the latter play an active part even in the phenomena of simple deposit, and differentiates this process from that of calcification, in which infiltration commences primarily in the ground substance." It has appeared to me that ammonia may be a factor in the commencement of urate deposition. Perhaps Dr. Luff will be good enough to formulate an exact procedure for the murexide test for workers.

I am, Sirs, yours faithfully,

JOHN BARKER SMITH, L.R.C.P. Lond.

Holmdene avenue, Herne Hill, S.E., May 25th, 1897.

"THE EXAMINATIONS FOR DENTISTS."

To the Editors of THE LANCET.

SIRS,—In the report of the proceedings of the General Medical Council on May 29th, which appears in THE LANCET of June 5th, I notice that Mr. Thomson objected to dental

students being questioned on parotid fistula, tongue-tie and its treatment, removal of the tongue, sebaceous cyst of the scalp, dermoid cyst, wound of the radial artery, gummata, and the stages of syphilis, and their treatment. Mr. Bryant, as representative of the Royal College of Surgeons of England, was asked whether he thought this an examination suitable for gentlemen who were seeking a qualification as dentists pure and simple, and he said that he would put the matter before the College. May I say, as a dentist and a teacher, that I should be sorry to see the subjects mentioned struck out of the examination? I should be very sorry to see dental surgeons trespassing on the domain of surgery, but dental students ought to be taught everything that may be of use to them in their daily work, and although the questions objected to may at first sight seem beyond the province of a dentist I think a good deal could be said in their favour. As regards parotid fistula, which is first on the list, one must remember that sinuses arising from diseased teeth, especially from wisdom teeth, are far from uncommon in the parotid region; and in the dental operation for the removal of impacted wisdom teeth the slip of an elevator, or the external pointing of a large abscess, may be followed by a salivary fistula, so it is just as well that a dental surgeon should know that there is such a thing as a salivary fistula in order that he might refer the case to a surgeon for treatment. With the same object in view I think it desirable that a dental surgeon should know anything that would help him to diagnose a dental or dentigerous cyst from any other kind of cyst, whether dermoid or sebaceous. It will do the dental surgeon no harm to know the difference between a tongue-tie and the adhesions between the mucous membrane of the lip and gum which not infrequently occur in the incisive region as the sequel of ulceration set up by denuded roots of teeth in children. Dental surgeons should also be well versed in all the means available for the arrest of hæmorrhage, and I think that a candidate who knows how to deal with the various forms of hæmorrhage that occur in the mouth might as readily apply the principles of arresting arterial hæmorrhage to the radial artery as to the facial. Be this as it may, I think it very desirable that particular attention should be given to syphilis in its various stages and its treatment. Primary chancre of the lip is uncommon, but the dental surgeon should recognise it, not only for his own sake, but for the protection of other patients whom he may be treating. Specific lesions of the secondary stage are often seen in the mouth, and as for tertiary syphilis dental surgeons are often required to restore artificially the destruction of the hard and soft palate that follows gummata and necrosis. Hereditary syphilis modifies the form of certain teeth, affects their arrangement, structure, and liability to caries. It is needless to refer to the connexion between inherited syphilis and cleft palate, or to add that much can be done by the dental surgeon in the treatment of cleft palate by artificial means.

Mr. Thomson objects to dental students being examined on removal of the tongue, but one should recollect that a large number of the operations required are for removal of epithelioma arising in the first instance from the irritation caused by a decayed tooth. The greater the knowledge of the dental surgeon about epithelioma and its treatment the smaller will be the number of tongues that require removal, and the more the dentist knows about the difficulties of the operation the less likely will he be to attempt it. There are other reasons for not restricting the examination questions to the teeth and their immediate surroundings, for, regarding the profession of dental surgery as a whole, we find that every year shows an improvement in the educational standard. Qualified men are taking the place of unqualified men, and many of us look forward to the time when the dental diploma will be taken after a registrable medical qualification, and then, indeed, will dental surgery be acknowledged a true specialty of surgery.

I am, Sirs, yours faithfully,

F. NEWLAND-PEDLEY, F.R.C.S. & L.D.S. Eng.

"RIGHT-HANDEDNESS."

To the Editors of THE LANCET.

SIRS,—I had not intended to reply further to Dr. Bastian, but Dr. Harry Campbell renders it necessary. In his last letter¹ Dr. Bastian said "The acquirement of language is a