

week's training this autumn. Although it is intended that the movement should not be confined to medical students, it is hoped that the hospital companies will prove valuable training schools for army and volunteer medical officers.

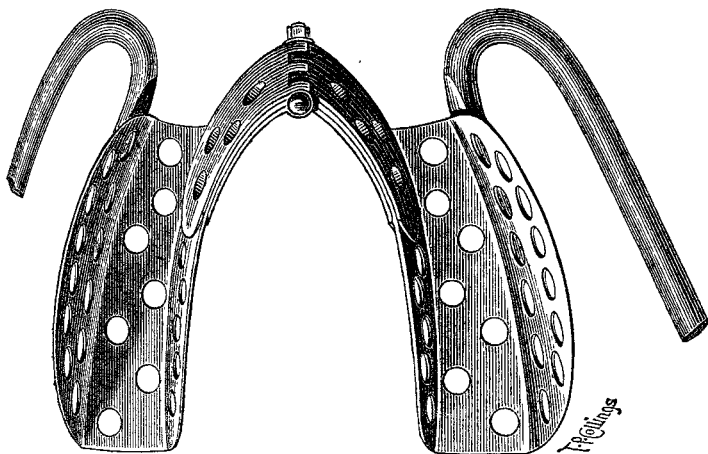
I am, Sir, yours obediently,

DAVID COLLINGWOOD,
Demonstrator of Anat. Univ. Coll.,
Assist. Surg. (*pro tem.*) to the N.C. Bearer Company.
University College, Gower-street, W.C., March 31st, 1884.

A SPLINT FOR FRACTURED LOWER JAW.

To the Editor of THE LANCET.

SIR,—My object has been to try to make a splint for the treatment of fractured lower jaw which can be applied at once, in all cases, without having to take a plaster cast of the jaw. A semicircular trough is made of sheet metal (I prefer steel), so as loosely to fit a medium-sized jaw. The front of this trough is cut away until only the lingual surface remains; at the centre of this surface there is a hinge, that the splint may be opened or shut, to make it fit different sized jaws. The pin of the hinge will take out, and will fix the hinge in any position. The body of the splint is pierced all over with holes, in order to hold the



gutta-percha to the metal, and arms are attached to hold it firmly in place when worn, which arms can be taken off. To use the splint, make it the right size for the jaw that is to be treated, then fix the hinge. Line the inside of the metal with softened gutta-percha, press this on to the jaw so as to get an impression of the teeth in the gutta-percha. When this gutta-percha is hard, separate it from the metal, and divide it at the line of each fracture of the jaw; reunite these pieces in their right relative positions. Thus an impression of the jaw, as it was before the injury, is obtained. Replace this in the metal, and cover the whole of the outside of the splint with a sheet of soft gutta-percha. Trim the whole up as small as possible with a hot knife. When the splint is now put into the mouth, the portions of the jaw are forced into their normal position. The splint is held firm by a bandage passing round the arms of the splint and under the chin.

I am, Sir, yours truly,

CHARLES E. TRUMAN, M.R.C.S.
Old Burlington-street, W., March, 1884.

THE PROPOSED NEW LONDON DEGREES.

To the Editor of THE LANCET.

SIR,—Allow me to correct an error in your report of the meeting of the Fellows and Members of the Royal College of Surgeons. The resolution which I had the honour to propose relative to the amalgamation of the two Colleges was not rejected as therein stated, but was carried, twelve voting for the resolution and six against it. Few of the Fellows and Members present were prepared to give an opinion off hand on a proposal so novel to most of them. Had it been known that I was about to bring the subject forward, I have every reason to believe that a large number would have been prepared to support me. The result of the meeting is that this resolution, amongst others, will be taken into serious consideration by the Council of the Royal College of Surgeons.

It now remains for the licentiates of the Royal College of Physicians, whom the question still more immediately concerns, to take up the matter, and to urge its consideration by the executive of that College.

I am, Sir, yours faithfully,

WM. HICKMAN, M.B. Lond., &c.
Dorset Square, N.W., March 29th, 1884.

To the Editor of THE LANCET.

SIR,—The movement advocated by Dr. Hickman, in the able speech at the College of Surgeons reported on page 586 of your last week's issue, commends itself to all who have at heart the welfare of the metropolitan schools of medicine. It seems to me, indeed, that without some such provision as the establishment of a degree-conferring institution in London, with a standard much less exacting than that of the so-called University, it is impossible but that the number of students' entries should decline from year to year. Independently of the formidable competition of the university schools of Scotland and Ireland, the principal provincial schools of England are one by one obtaining university privileges, and must ere long effect a prejudicial influence upon the attraction which the prestige of the London schools has hitherto exerted. Already Newcastle and Manchester can, with the aid of Durham and Victoria Universities, turn out their own medical graduates, Liverpool and Leeds will shortly follow suit, and probably the time is not far distant when the aspirations of Birmingham and Bristol for university privileges will be gratified. The metropolis alone, unrivalled in its wealth of clinical material, and of necessity the headquarters of medical talent, will be debarred from offering to its students (unless more than ordinary mortals) a medical title attractive to the youthful mind and appreciated by the public. The New Medical Act, if passed in its present form, will indeed permit the London student to pass the examination of the "Medical Board" and become a registered practitioner; but will the student of the future care for the empty dignity of a licentiate of a College of Physicians, or even of membership of a College of Surgeons, when by timely migration to a provincial school—to say nothing of the Scotch and Irish universities—he may attain, at no greater expenditure of time and money, the practically more valuable title of M.D.?

Trusting that the eminent teachers of London and its medical corporations may give to this important matter the consideration which it deserves, before it is too late,

I beg to subscribe myself your obedient servant,

March 31st, 1884.

OLIM LONDINENSIS.

FOREIGN BODY IN THE EAR; EXPULSION THROUGH THE NOSE.

To the Editor of THE LANCET.

SIR,—The following case appears to me worthy of being placed on record:—

J. McK—, farmer, came to me complaining that on the previous day, whilst loading hay, a grass seed got into his left ear. It resisted all attempts made by himself and others to extract it. On examination, which was difficult, owing to the pain it caused, I saw the extremity of a grass seed fibre deep down in the external auditory canal. As the seed had entered root first, I came to the conclusion that any attempt to extract it with the forceps would only cause further irritation of the passage, and end in failure, owing to the barbed nature of the fibres and of the seed itself. I therefore, at his request, put him under chloroform, and syringed out the ear frequently and forcibly with tepid water, getting away several pieces of fibre. On careful examination with the ear speculum I found that there was no appearance of any further foreign body, and also that the membrana tympani was absent. On questioning the patient, he told me that he had been deaf on that side for many years, but was not aware of any cause for it. Thinking that I had removed the cause of his trouble, I sent him home, advising him to put a little oil and laudanum into the auditory passage to allay irritation. A few days afterwards he told me that about forty-eight hours subsequent to his visit he discharged a large portion of a grass seed from his left nostril! As he is a thoroughly trustworthy individual, I cannot doubt his