

and 100 in the previous two weeks, rose again last week to 123, and were within 1 of the number in the corresponding week of last year. The causes of 74, or 13 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 33.0, 25.0, and 27.3 per 1000 in the preceding three weeks, declined to 24.4 in the week ending May 1st. During the first four weeks of the current quarter the death-rate in the city averaged 27.4 per 1000; the mean rate during the same period did not exceed 19.1 in London and 18.8 in Edinburgh. The 165 deaths in Dublin last week showed a decline of 20 from the number in the previous week, and included 13 which were referred to the principal zymotic diseases, against 16 and 8 in the previous two weeks; 5 resulted from whooping-cough, 2 from scarlet fever, 2 from "fever" (typhus, enteric, or simple), 2 from diarrhoea, 1 from measles, 1 from diphtheria, and not one from small-pox. These 13 deaths were equal to an annual rate of 1.9 per 1000, the rates from the same diseases being 2.4 in London and 3.7 in Edinburgh. The fatal cases of whooping-cough, which had been 11, 5, and 4, in the three preceding weeks, were again 5 last week. The deaths from "fever" showed a decline from recent weekly numbers. Six inquest cases and 4 deaths from violence were registered; and 50, or nearly a third of the deaths, were recorded in public institutions. The deaths of infants were fewer than those returned in any previous week of this year, and those of elderly persons also showed a decline. The causes of 19, or nearly 12 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

FOREIGN GRADUATES AND THE MEDICAL BILL.

To the Editor of THE LANCET.

SIR,—Before the proposed Medical Bill becomes law will you not raise your always liberal voice on behalf of foreign graduates? It is proposed to admit to the Register only foreign degrees which grant the right to practise in their respective countries. This will be a great injustice to all holders of German, Dutch, Swiss, and Brussels degrees, which are quite as honourable as those of America, France, Austria, and Italy, although they do not grant a licence to practise, the State Boards performing this function in Holland, Germany, and Switzerland. The precaution of admitting to the Register only such degrees as are licences to practise may be a useful one for future purposes, but it must be a serious injustice to those who have obtained foreign degrees in the past. To admit an American M.D. to the Register and to refuse a Berlin M.D. will be to bring social obloquy upon the holder of the latter, perhaps even amounting to professional ruin, for the unthinking public will naturally believe that the State recognises the one and stamps the other as inadequate. Surely the least the Government can do is to register all existing foreign degrees properly acquired by already registered practitioners. This is not granting the licence to practise to men holding such degrees, for their British diplomas give them already that privilege; it is merely protecting them from grave injustice, annoyance, and serious professional loss.

I am, Sir, yours truly,

Sheffield, May 4th, 1886.

H. J. HARDWICKE, M.D.

TWO CASES OF SPINA BIFIDA.

To the Editor of THE LANCET.

SIR,—In the number of the *Dublin Medical Journal* for March last, I find this remark regarding spina bifida: "As a prognosis is nearly all a surgeon can offer to many spina bifida patients, &c." Perhaps it is too much to expect that by this time, after repeated notices in the journals and the issue of the report of the London Clinical Society, all surgeons ought to be aware that the great majority of such can now be

saved both from a fatal prognosis and termination, so far as the malformation itself is concerned. Permit me, then, to mention that since the beginning of this year two cases have been sent to me by other medical men, both of which have been successfully treated. The first of these, a lumbar case aged four weeks, was operated on on Feb. 12th, and required only one injection of the iodo-glycerine fluid. The second, aged three weeks, was injected on March 16th, again on March 30th, and again on April 16th. This is a sacral case. In each the tumour is now shrivelled and flat, and the children are now safe from the risk of death due to the deformity. Further details of these cases may be given along with many others, at an early date.

I am, Sir, yours &c.,

Glasgow, May 3rd, 1886.

JAMES MORTON.

SYNCOPE IN ADOLESCENTS.

To the Editor of THE LANCET.

SIR,—Can you afford me a little space to call attention to a clinical fact of some moment, which is not sufficiently known, or, if known, not sufficiently acted upon in the interests of science and for the welfare of our patients.

An adolescent was sent to me with the statement that he had nearly fainted on three different days, but he did not become insensible. He came with the request that I would ascertain the cause of his faintness. Cases of the kind have happened to me under similar circumstances so many times, and their relief at first has been so unsatisfactory and difficult, that my experience may be of value to others, for I have established a fact. I have already incidentally referred to this fact in a former communication, but not so clearly or with such certainty as I wish to do now.

When such cases come under my investigation, I immediately and invariably examine the urine, instead of the heart, and generally find it loaded with albumen. It is therefore highly important that the urine should be examined and the kidneys treated by nitro-glycerine, rather than the heart auscultated and tonics prescribed, "because of the patient's extreme debility and feeble action of his heart, &c." as is usually the case. I have sometimes found, on examination of the heart and pulse, that, besides the marked albuminuria, there exists a heaving heart and somewhat rigid arteries—conditions incidental, I believe, in adolescents, more to the "age of puberty" than to the state of the kidneys. But often, as in a case at present under my care, the heart is really feeble and the pulse totally devoid of the signs of a kidney pulse; and had it not now been my invariable rule to examine the urine in preference to the heart, I should doubtless have prescribed a tonic regimen, to the detriment of my patient. The treatment for the two conditions is so opposite that I do not hesitate thus to call special attention to it: a feeble heart and pulse being relieved by tonics, good food, and stimulants; while congested kidneys are alone cured by a hot bath, nitro-glycerine, an aperient, and milk only as a diet. With such treatment this syncope of adolescents is usually cured in a few hours, and with daily prudence for some time there will be no return of syncope or albumen, and the patient will express himself as vigorous again.

I am, Sir, yours obediently,

CLEMENT DUKES, M.D. Lond., &c.,

Rugby.

Physician to Rugby School.

THE USE OF COCAINE IN SURGERY.

To the Editor of THE LANCET.

SIR,—If you are not tired of publishing notes of the various merits of cocaine, the following may perhaps be of interest.

I recently had occasion to stitch up a ruptured perineum some weeks after labour. The first step was the insertion between the edges of the tear of a pledget of cotton-wool soaked in a 20 per cent. solution of cocaine. This was at 12.30 P.M. I then proceeded to get the operating table in order and arrange my instruments, which took twenty minutes. At 12.53 P.M. the patient took up her position in the lithotomy attitude, and I was able to inject two minims of the same solution into either side of the rent painlessly. Leaving that to take effect, I occupied myself with other matters, such as threading needles, &c. At 1 P.M. I was able to pare the edges and insert deep sutures without any pain. The operation took