

gested that the spaces in which the arms of the College are placed should be used for this purpose, but it was thought it might interfere with the light of the offices, and then illness prevented Sir E. Wilson trying to carry it out. Many of the Fellows and Members have relics of John Hunter, which they would gladly present to the College if they could be certain they would be carefully preserved in a special museum. We might hope to obtain the valuable aid of Mr. Stone, who has a large share in his possession, and whose absence from Lincoln's-inn-fields so many old members deplore. Our elder sister, the College of Physicians, would no doubt then dedicate a room to Harvey. May I, through your journal, call the attention of the Committee to the above proposition?

I am, Sir, yours obediently,

Oct. 19th, 1885.

A SENIOR FELLOW.

THE TITLE OF "DOCTOR" FOR LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—Will you permit me to correct a gross misstatement in the letter of Mr. Shirley Deakin which appeared in your last issue.

Mr. Deakin says: "At Bethlem Hospital, I believe, it was recently the rule that a M.D. Q.U.I. who might have obtained his degree with less than three years' study, was eligible for an appointment on the staff." Now, I think a gentleman who dabbles in the great question of the day (medical education) should at least have an idea of the working of the schools and universities which he so freely criticises. Allow me, Sir, to inform Mr. Deakin that to the last day of the existence of the Queen's University it was impossible for any man to obtain the degree of M.D. or any other medical qualification whatever until he had passed at least "four winter sessions of six months each and three summer sessions of three months each" in study. I am astonished that a gentleman in the Indian Medical Service, where Queen's University men have not infrequently turned up first on the list, should make so wild a statement.

Again, your correspondent says: "It is simply monstrous that all our lunacy and hospital physicians' appointments are practically handed over to Scotch and Irish students." Here I would just point out to Mr. Deakin that of the sixty-five superintendents in the county and borough asylums of England and Wales, ten have English university degrees and twenty-six are not graduates of any British university, so that there are but twenty-nine Irish and Scotch graduates out of the sixty-five.

When making sweeping statements one cannot be too careful.

I am, Sir, yours faithfully,

Oct. 17th, 1885.

S. A. K. STRAHAN, M.D. Q.U.I.

To the Editor of THE LANCET.

SIR,—With regard to the much-needed and long-talked-of reform which has your able advocacy this week—the conferring of a degree by the London Colleges on London students,—may I make a suggestion which occurred to me on reading Mr. Shirley Deakin's letter, and which might do something towards reconciling the opponents of the scheme to it. It is simply this—Let the examination for the M.R.C.P. be assimilated to that for the M.D. in the Universities, but let it be made more real and *bonâ fide* than in some of them; let the degree follow this examination, and (as in the Universities) let a two years' interval between it and the conjoint or qualifying examination be necessary; and let, also, the present regulations for the M.R.C.P., in so far as they proscribe practising in partnership and dispensing for one's own patients, be rescinded. By the adoption of these suggestions, the opponents of the scheme could not complain of the country being flooded with newly fledged M.D.s, while the legitimate aspirations of London students would be capable of fulfilment by those of them who are willing to take the necessary extra trouble. It would also be open to the existing holders of the M.R.C.S. Eng. and L.R.C.P. Lond. to become candidates for the degree, which might be styled "M.D. of the English Colleges," and shortly "M.D. Eng." By thus avoiding the granting an M.D. after a qualifying examination only, I venture to think that a prominent objection to the scheme may be overcome.

I am, Sir, yours truly,

Oct. 19th, 1885.

W. G. DICKINSON.

"DRUNK OR DYING?"

To the Editor of THE LANCET.

SIR,—From time to time, always much too frequently, the questions of "Drunk or dying?" "Drunk or injured?" rise up from various sections of the public; now from the police cell, now from the hospital receiving room; and unfortunately with the question is also a scarcely concealed implication of error—or worse, of inhumanity—on the part of those whose duty placed them as custodians of the injured, of the partially or wholly incapable. The sound of wails like these are always distressing, and specially to the members of our profession, whose first object, even at great personal risk, is to render helpful service to all in bodily distress, alike to the rich or poor, whether suffering through their own fault or by accident. It behoves us therefore not to treat such frequent cries as coming from the ignorant and unthinking, but to inquire whether there may not be some kind of ground for the popular idea of culpability, and in any case to endeavour to remove the opportunities for blame. It may be in the recollection of many of your readers that from the police cell the greater number of complaints came, and "policeman's diagnosis" was the satirical epithet. So numerous were the cases of serious mistake, that it was insisted the police medical officer should be called to all serious cases, whether from apparent drunkenness or from other causes. Complaints seldom come from this quarter now, though they will from time to time do so, for the same reason that they must ever arise from the hospital receiving room, till every hospital adopts a plan removing every cause from which such complaints can spring.

There appear to me two reasons which serve to explain these murmurs.

1. The general opinion that the alcoholically intoxicated—drunken—person is in no danger, and all that need be done is to put him into a quiet place till the effects have passed off.

2. That it is always easy to distinguish between alcoholic intoxications and the effects of injuries, &c. It was this idea which led policemen into error, experienced as they felt themselves in varieties of drunkenness; and this it is which, when held by them, leads members of our profession into mistakes, not so easily excused by the public as the results of ignorance.

But, first, it is impossible in many cases to distinguish between the symptoms of intoxication by alcoholic drinks and other poisons and those of injuries to the head and the shock of accidents; secondly, cases of severe alcoholic intoxication are by no means free from danger to life; and, thirdly, in blows on the head and serious concussions of the body, either in the sober or inebriated state, symptoms of hæmorrhage, &c., do not occur directly, at any rate not till reaction sets in. Therefore, the following simple rules should be made for all hospitals and places for the first reception of such cases:—(a) That every such case brought in requiring supervision or assistance should be detained for twenty-four hours at least; (b) that every case coming in unattended, but stated to have been the subject of severe injury to the head or trunk, should, if possible, be taken in for the same period, but if he refuse to enter, then he should be sent to his home with an attendant.

For the reception of such cases that could not be warded without disturbing other patients, a small ward ought to be provided. From inquiries made, four beds would probably be a sufficient number, as almost every case would next day either be warded or dismissed. This plan has been already adopted in some hospitals, and with great success. I would urge its universal adoption by all hospitals and receiving places for accidents. Till then, the authorities of these places will continue to throw on those who have the reception of these cases a responsibility which no one should undertake in our present knowledge, and which may place them in a false position with the public, who, failing to see the true state of the position, would accuse them of cruelty, avoidable ignorance, and carelessness. As far as I can gather, the methods of dealing with those requiring care in the London streets is as follows. A wandering, destitute person is taken to the workhouse infirmary of the district in which he is found. All accidents are required to be taken to the nearest hospital. But sometimes the injured person or his friends insist on his being taken home. Generally, the police are urgent to take an "accident" to the hospital, in spite of the protesta-

tions on his or his friends' part. If the injured man is also stupefied by drink or other causes, he would likewise be taken straight to the hospital. If those in charge at the hospital do not consider the case sufficiently grave for admission, the person would be taken by the police to the workhouse, or, on refusal there, which is very rare, to the police station, where the doctor would see him. He would then generally remain in the cell under observation. If a person was apparently only drunk, he would be taken by the police to the station, but immediately examined by the doctor, who would, if he was found without injury, order him to be taken to the infirmary. I am informed that neither hospitals nor infirmaries care much for such cases. On inquiring what the police consider "very drunk," I am told "requiring assistance to get along." It is in cases where there is a tendency to stupefaction rather than excitement that a policeman would seek the hospital or his medical officer. In hospitals where no special ward has been set apart for this class of casualties, the tendency naturally is to avoid disturbing other patients by taking the case into the general wards, particularly if there is much excitement. But in those hospitals where a ward has been arranged out of hearing of the other patients, cases of drunkenness and injury, as well as those of severe intoxication, would be admitted at once, and thus the effects of imperfect diagnosis be entirely done away with.

It will be seen, from what has already been said, that as affairs are at present managed there are many methods of dealing with the drunk and injured, and that a person in a state of stupidity might be moved about from place to place, the danger of which can readily be perceived in cases of latent fractures—as of skull, spine, ribs, and pelvis, or deep-seated injuries to liver, kidneys, &c. The retention of all cases of partial or complete incapability in the hospital ward, as an established rule, would obviate all the disadvantages hitherto felt; and I might, in conclusion, point out the very great assistance such a measure would be to the student, increasing his powers of diagnosis in these very important states, occurring as they do so constantly in private and public practice. I am, Sir, yours truly,

George-street, Hanover-square, Oct. 1885. J. BRAXTON HICKS.

REGULAR INTERMITTENT ALBUMINURIA.

To the Editor of THE LANCET.

SIR,—Having recently had under my observation a case of intermittent albuminuria, I read with much interest the account of the case observed by Falkenheim given on p. 682 of your issue of the 10th inst. The following notes regarding the case referred to may be considered worthy of insertion.

As in Falkenheim's case, my patient had suffered from malaria, but had no splenic enlargement. When the case first came under my observation the urine was more or less albuminous during the twenty-four hours, with two intermissions, one about 3 A.M. and another about 3 P.M., the urine passed at these times being perfectly non-albuminous. The urine containing most albumen was generally secreted about 9 A.M. and 9 P.M. This cycle was kept up pretty regularly. But as I noticed that the non-albuminous urine was always pale in colour, of low specific gravity (under 1008), and faintly acid, while the albuminous urine was amber-coloured, of higher specific gravity (running up to 1020), and more acid, I tried the effect of diluents, and found that if at any period of the twenty-four hours the urine was sufficiently diluted by the patient drinking water, &c., the urine secreted was non-albuminous. When diluents were given in quantity sufficient only to lessen the amount of albumen in the urine, and to reduce its specific gravity to about 1012, the quantity of albumen contained in this urine was less than what was found in a mixture prepared by adding water to urine of the specific gravity of 1018 until the specific gravity of the product was reduced to 1008. I have not tried whether or not limiting the amount of fluid for a few hours before the periods when the non-albuminous urine was secreted would render the urine albuminous.

On several occasions I was surprised to find a pale urine of higher specific gravity than a higher coloured urine, both samples being passed within four hours; and also to find that the higher coloured urine contained more albumen than the paler denser urine. Another fact worth noting is that the patient seems to know the colour and amount of albumen in his urine while it is still in his bladder. As would be expected, decubitus *per se* has no influence on the amount of albumen in the urine in this case. Occasionally I observed that certain mental influences, or allowing the surface of the body to get suddenly reduced in temperature, were followed by the immediate secretion of copious watery, non-albuminous urine, sometimes of as low a specific gravity as 1002. The albuminuria in this case is probably due to a combination of two causes: first, an altered condition of the blood from malaria; secondly, an altered condition of some part of the renal structure from pressure by microscopic calculi.

I am, Sir, yours faithfully,

Llandudno, Oct. 13th, 1885.

JAMES CRAIG, M.B., &c.

"VICARIOUS MENSTRUATION."

To the Editor of THE LANCET.

SIR,—That vicarious menstruation in those females in whom from malformation the normal process is impossible is not necessary to the attainment of exceptional good health, the following case will show.

A married woman, twenty-eight years of age, consulted me a few days ago. She said that she had never had a day's illness in her life, nor had ever been before to a doctor, but that every month she experienced a fulness of the breasts, and had done so since the age of sixteen years. She had been married seven years. Her husband was a dairyman. She worked hard in the same calling, and she was a ruddy, healthy-looking woman. On examination I found a vagina about an inch in depth, and though it was possible to push the folds up another inch, there was no trace of a womb or its appendages to be felt. I particularly asked the patient if she had ever seen any discharge of blood or any similar liquid from any part of her body, and she said that she had not.

I have never seen a case that I could call a true case of vicarious menstruation, and do not believe in it. Assuming that the process is due to reflex action, and the organ that exhibits the manifestation is absent, I do not see why another part of the body should answer to the stimulus any more than it should in a case where the optic or auditory nerve is perfect, but the eye or ear destroyed or absent. It is true the cases are not physiologically parallel, but they are near enough to illustrate my meaning.

I am, Sir, yours truly,

Sherborne, Oct. 11th, 1885.

N. E. DAVIES.

BIRMINGHAM.

(From our own Correspondent.)

QUEEN'S COLLEGE.

THE annual meeting of the Governors of this College was held on the 20th inst. The report as regards the medical department was looked upon as being exceedingly satisfactory. It is impossible, however, to disguise the fact that the colour is somewhat blurred by the association with the theological department. A heavy debt and hampered progress lead to the thought, how far such an alliance is beneficial to the development and growth of the medical side of the College, and analysis shows that the "satisfactory" part of the report is not an unmixed pleasure when the payments of an expelled offspring have to be coupled with those of the more vigorous and thriving brother. Some discussion has arisen as to the admission of female medical students to the College. An ingenuous attempt was made to throw the responsibility of the decision upon the Clinical Board. At a meeting of the latter body, however, a resolution was carried declaring that hospital practice should be open to women, and that, as far as Queen's College was concerned, the question must be settled by their own authorities. It appears that some female students of Mason College are anxious to extend their curriculum into that of medicine, and have applied for permission to seek their laurels in this direction at Queen's College, the request causing a flutter among the opposite sex, which will probably lead to complications in the future.

EXTRAORDINARY SELF-MUTILATION.

A patient is at present in the General Hospital, suffering from delirium tremens, who in a paroxysm of his