

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At an ordinary meeting of the Council of the Royal College of Surgeons held on Thursday last the adoption of the report of the Nomination Committee comprised the principal business.

The Committee, in pursuance of the clause of the regulations adopted by the Council on June 9th last, by which it is provided that "the regulation limiting the period of office for any examinership to five consecutive years may, upon special recommendation by the Nomination Committee and the approval of the Council, be suspended," specially recommended that the regulation in question be suspended in favour of Mr. Thomas Pickering Pick, who had held the office of Examiner in Anatomy for the past five years. This was accordingly done after some discussion, and the following nine Fellows were elected as the members of the Board of Examiners in Anatomy and Physiology for the Membership and Fellowship of the College for the ensuing year:—For Anatomy: Messrs. Walter Rivington, John Langton, T. P. Pick, and E. Bellamy. For Physiology: Messrs. Henry Power, Morratt Baker, B. T. Lowne, Jeremiah McCarthy, and Gerald Yeo.

Correspondence.

"Audi alteram partem."

SPECIAL PRACTICE AND SPECIALISMS.

To the Editor of THE LANCET.

SIR,—It has been an unfortunate circumstance for our profession that the "pure" physicians and surgeons, as they were once called, should have failed to recognise in time the fact that the increase of knowledge, generally and professionally, demanded proportionately more work from them than was possible to be done; more work in learning, more in teaching, and more in practice. Failing to perceive this, they endeavoured each in their own department with all their power to keep abreast of the advance around them. But there were some in the profession who saw that in the attempt to compass all they missed much in regard to physiology, to pathology, and to treatment. These others, by concentrating their attention on portions of the body, found that much had been missed, and that, therefore, much was yet to be learnt. Bringing their increased knowledge of a special organ or association of organs to the treatment of their disarrangements or diseases, they were naturally more precise, and therefore more successful; and also as a natural result they became more popular. The "pure" foreseeing that in paying much attention to one organ there would be a natural tendency to forget the rest of the body, unless carefully guarded against, very properly did not fail to point this out. But this dread of what was called in its bad sense "specialism" was tinged with some acerbity, the very natural consequence of an effect which self-interest could quickly perceive. It was a mixture of these two feelings which led the older "pures" to exclaim (and not without violence) against special practice, and to cause them to treat all special practitioners as "specialists" within their worse meaning of the term. And this has not yet quite passed away, much to the disadvantage of all, for the change was inevitable; had its necessity been recognised early, irritation on one side and a sense of injury on the other might have been spared. Besides, this dread and sometimes acrid action on the part of the "pures" tended to intensify the very error they attacked, and in this way. The division of work was inevitable (this is now virtually acknowledged). Those who engaged in the special departments did it either from a liking for the particular work, or from an anxiety to distinguish themselves in some way. They found the openings into pure medicine and surgery few, and the waiting long; or, anxious for more precision and less discursiveness, they embraced opportunities as they occurred or carved out ways for themselves. But they soon

found themselves under a kind of ban, looked down upon, and if not actually shunned by the "pure," yet placed in a position which led to no steps upward in professional advance, and subject not infrequently to accusations, if not of actual dishonesty, yet of something very like it. Was it a wonder that one here and there might have been seen, who, finding no reward within the profession, sought to recoup himself by money making; or, driven in a manner outside the profession, felt less influenced by those rules which, binding us together, very properly guide our conduct to one another? I say from my own knowledge that this partial exclusion of those who follow special practice has reacted upon the special departments very detrimentally, and many a young man who had ambition and talent, has declined appointments to them, simply because he saw no chance of gaining through their portal positions of high professional standing; and thus these departments are deprived of those who would have been ornaments of their department and of their profession. I ask, Is this wise? is it fair? It may be said that this is a thing of the past. Hardly so; when the late discourse on specialism, upon which you have already made observations, evidently confuses *special practice*, *specialisms*, and what one answerer has called *scoundrelism*, together. Special practice is a necessity. It may become too exclusive, and then we have specialism in its faulty sense; but we have no right to attach to this an immoral sense (which belongs to few), and to it no more than to the surgeon or physician; and I would fain believe to our profession, as a body, less than any other class, though we cannot claim any absolute exemption from the weakness or vice of human nature.

But surely the specialists can as easily retort on the "pure," and tell him that with all his large general knowledge he has failed to recognise the existence of local disorders; that he has thereupon denied the existence, or at any rate the influence of these disorders, which are almost self-evident to the special practitioner; what right, therefore, it may be asked, has he to accuse the specialist of unnecessary interference when he does not know what is the condition, and therefore cannot judge the necessity for treatment?

But why should the two be mutually recriminating? Might it not rather be asked of pure medicine and surgery, why has it not gathered up all the knowledge acquired by so many special workers, and out of these gleanings, great or small, given us all a grander view and less limited therapeutics than is possible working by itself? May it not also be asked, if special practice must be, why place those who follow it in a kind of outside circle? and why by this and other scarcely kindly methods prevent the best men from adding lustre and breadth to specialism?

There is one more point to which I wish to allude. Dr. Russell Reynolds wishes that those who follow special practice were not so exclusive, and saw more of other cases, and more of other sex than that which frequented their rooms. Exactly so; but is it not a well-known fact that anyone who ventures to go outside his particular line is instantly exclaimed against, and not in a very gentle way? The profession is itself to blame for that excessive specialism, which is so detrimental to practice. I am speaking principally of London. Nowhere else is this "separatism" or "exclusivism" so strongly kept up; in no medical centres in the world has this feeling lingered so long as in our colleges.

Thus, in two ways we have had the errors of specialism intensified by the heads of the profession; and although a change for the better has taken place, yet a far more liberal treatment must be adopted before the faults of specialism cease to exist.

I have been only speaking of faults; I make no remarks on the vices, because I leave it to the general body to say whether the recent portraits be true of special practitioners in particular or of consultants in general.

I am, Sir, your obedient servant,
George-st., Hanover-sq., Nov. 1881. J. BRAXTON HICKS.

PARADOXICAL TEMPERATURES.

To the Editor of THE LANCET.

SIR,—When you consider that it was at Dr. Mahomed's suggestion that I first wrote to you, is it not rather unfair that he should be so sarcastic in his reply? I simply wished to put before the profession a plain statement of facts, in order that they might not be deceived by Dr. Mahomed's prejudicial opinions. He says he finds no account of the high surface

temperature in the report. If that is so, in that point I admit I am at fault, and it only shows how careful one ought to be in recording on paper every observation made. Then he brings as evidence the fact that Dr. Moxon, Dr. Taylor, and Dr. Goodhart did not believe in the temperatures. Well, I assert that my opinion and that of the other ward-clerks must be far more valuable than any one of these, for the simple reason that we were in the wards all day long and had every opportunity of watching the case, whereas the visiting physicians would only see the case twice or three times a week, and then only for a short time. Now, we know that the temperature of the skin over a superficial abscess is considerably raised and is easily appreciable. Why, then, should not the same effect be produced by an abscess deeper down—e.g., the large cavity which existed in the left apex of this patient's lung? It is possible to make a mistake about a low temperature, but a high one is a fact which must be either admitted or explained away, and Dr. Mahomed can do neither; so further comment is needless.

I am, Sir, your obedient servant,

W. H. E. NEWMHAM, B.A. (Cantab.), M.R.C.S.
Guy's Hospital, Dec. 1881.

PROFESSOR VIRCHOW'S TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—Permit me to acknowledge the receipt, during the past week, of the following contributions to the above fund:—

Dr. Grainger Stewart, Edinburgh	... £5	0	0
Dr. Philip Frank, Cannes	2	0
Dr. Saundby, Birmingham	0	10
W. Bowman, Esq., London	5	5

I am, Sir, your obedient servant,
Old Burlington-street, Dec. 1st, 1881. J. S. BRISTOWE.

THE ASSAULT ON THE DOUBLE QUALIFICATION OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—The numerous readers of your journal who, like myself, have the honour of holding the double qualification of Edinburgh, can well afford to treat the letter of "Common Sense" on the above subject with contempt, when we recollect the fact that our diplomas are signed by a staff of examiners second to none in the universe. Such names as T. Grainger Stewart, Balfour, Spence, Lister, Duncan, Littlejohn, Haldane, P. H. Watson, Annandale, Bell, Alex. Wood, Keiller, and a host of other such well-known names, are surely honourable passports to practice, and place those they certify in a position to smile at the empty braying of individuals of the "Common Sense" ilk.

I remain, Sir, yours truly,

WM. BENNETT, L.R.C.P.E., L.R.C.S.E.
Chester-le-Street, December 5th, 1881.

GLASGOW.

(From our own Correspondent.)

THE matriculations for the present session in the University of Glasgow number 2316, 624 being in the Faculty of Medicine; Arts and Medicine, 25. The total number of matriculations last year was 2304. Last session the matriculations in Medicine were 557, and in the previous year 539. There is here, therefore, material evidence that the tide of prosperity is still flowing at the University Medical School. It is not so easy to say whether the above-noted increase is of a natural and healthy kind, or due to external circumstances, such as the conjoint board agitation, and "the prospect of some organic change in the increased cost of medical education and qualification." Some statistics recently published by Dr. Geo. Buchanan, regarding the attendance at the various medical schools of the city during the last seventy years, seem to indicate that variation in numbers attending a school is dependent mainly on such circumstances as the prospect of a demand for sur-

geons in view of a war impending, or a panic in prospect of new regulations, &c.

With the other medical schools (the Andersonian, the Royal Infirmary, and the Western School) matters seem to be going equally well. At the Royal Infirmary many changes have taken place: thus Dr. J. Wallace Anderson takes the lectureship in the Practice of Medicine, Dr. W. Macewen that in Surgery, and Mr. Glaister that in Medical Jurisprudence. The Western School has opened this session with quite a comprehensive prospectus, no fewer than four new lecturers having been added to the staff of teachers: Dr. J. M. Milne, in Chemistry; Mr. A. E. Maylard, lately of Guy's Hospital, in Anatomy; Dr. A. Carmichael, in Materia Medica; and Dr. E. Duncan, in Medical Jurisprudence and Public Health. One in every five of the medical men of the city is a teacher of students, either clinically or as a curriculum lecturer.

Dr. D. Newman has just been appointed to the lectureship in Pathology at the Royal Infirmary, rendered vacant by the lamented death of Dr. D. Foulis. Dr. W. J. Fleming has been appointed Dispensary Surgeon to the same institution.

Professor M. Charteris has been elected Honorary President of the Andersonian College Medical Society. This is a well-merited compliment.

The ambulance movement appears to be taking root here. The effective displays of some of our local volunteer ambulance corps, and the services they rendered at the recent review in Edinburgh, together with the appeal made by Dr. G. Buchanan, in his "Combe Trust" lecture, seem to have set the question fairly going again. It is now announced, and certainly not too soon, that our police are to have a regular course of ambulance instruction.

The annual meeting of the Maternity Hospital was held last week. The medical report stated that, during the year the number of indoor cases was 273, outdoor cases 974; in all, 1247. The number of children born in hospital was 274, 5 being cases of twins. The hospital had been taken advantage of by several poor women, who were found to be dying on admission; this, with the unusual number of cases demanding operative interference, raises the number of deaths to 10, or 3.6 per cent., a higher rate than usual. That the new hospital is well adapted for its purposes was shown by the marked absence of epidemic disease, and by the fact that the average number of days which patients required to remain in the institution fell from twelve last year to ten and one-third this year. The financial statement was, on the whole, a highly favourable one.

IRELAND.

(From our own Correspondent.)

THE nomination of Dr. Lyons, M.P. for Dublin, to the seat in the General Medical Council for Ireland, vacated by the decease of Dr. McClintock, is a source of general satisfaction. Dr. Lyons, who is a lecturer on medicine in the Catholic University Medical School, and connected with the Richmond Hospital, is a very distinguished physician, a man of considerable ability, and one whose experience and tact will be of great benefit to the profession in the General Council. Dr. Lyons is a graduate in medicine of the University of Dublin, a member of the Senate of the Royal University of Ireland, and an ex-president of the College of Physicians.

The first meeting of the forty-fourth annual session of the Dublin Obstetrical Society was held recently at the College of Physicians. The President, in his opening address, referred to the death of Dr. McClintock and others, whose loss they all must deeply regret. He further alluded to the proposal for amalgamating the various medical societies of Dublin, and stated his belief that the plan was an objectionable one, and would not produce the same results as flowed from the separate action of each society.

Mr. Wheeler at a late meeting of the Surgical Society of Ireland detailed the treatment of a case of acute tetanus by nerve-stretching, which was successful. The patient was a girl aged eight, who last October received a lacerated wound of the hand, and when tetanic spasms took place various remedies were administered: such as chloral, bromide of potassium, Indian hemp, ice to spine, &c., but without effect. The median nerve in the forearm, having been exposed, was