ordinary titles which others had justifiably obtained, had been allowed to practise as though he were a regularly educated and licensed surgeon or physician, but henceforth no one would be permitted to practise medicine unless he could produce ample testimony that he possessed a proper qualification. The Act did not go so far as the profession had a right to expect, but still it was a step in the right direction.

On the motion of Mr. NICHOLS, seconded by Mr. Dix, it was then resolved—"That an Association be formed of the Medical Practitioners in Norwich and the adjoining districts—to be called the Norfolk and Norwich United Medical Registration Association.

Dr. COPEMAN, in moving the next resolution, stated what he apprehended would be the effect of the Act—that it would be a death blow to those who practised without diplomas at all, and to those who depended solely on diplomas which had been purchased; and care must be taken that none of these got on the register by a side-wind. He moved "That the object of this Association be to render every assistance to the medical registrar, and to supply him with information respecting the qualification of medical men practising in this town and neighbourhood."

This motion was seconded by Mr. TUNALEY and agreed to.

Mr. CADGE proposed "That a subscription of 2*s.* 6*d.* be paid by each member of the Association for the purpose of defraying the necessary expenses." He thought they should look the evil full in the face and not merely endeavour to prevent but even be prepared to prosecute illegal practitioners. If they did this a larger subscription might be necessary.

Some gentleman having observed that he thought the prosecution would be conducted by the Government or by the Registrar, the motion was unanimously adopted.

On the motion of Mr. CROSSE the following resolution was passed:—"That a committee be now formed to institute inquiries, receive information, and otherwise carry out the objects of the Association—to consist of the following gentlemen, with power to add to their number—five to form a quorum:—Dr. Ranking, Dr. Copeman, Dr. Webb, of Lowestoft; Mr. John Godwin Johnson, Mr. Nichols, Mr. Firth, Mr. William Cadge, Mr. Worthington, of Lowestoft; Mr. Crowfoot, of Beccles; Dr. Cotton, of Lynn; Dr. Rudge, of Fakenham; Mr. Banks, of Holt; Mr. C. C. Aldred, of Yarmouth; Mr. D. Dalrymple, Mr. Gibson, Mr. Rose, of Swaffham; Mr. Ward, of Diss; Mr. Smith, of Aylsham; Mr. Meade, of North Walsham; Mr. Cooper, of Cromer; Mr. Tunaley, of Wymondham; Mr. Garneys, of Bungay; Mr. Hastings, of Dereham; Mr. Miller, of Eye; and Mr. Bailey, of Thetford."

Mr. BRAME, of Lowestoft, said that they had a deal of quackery in that town, and only yesterday he had received a letter from Germany stating that a rush was being made on the Colleges and Universities there for diplomas for gentlemen who possessed no English qualification. He thought these Colleges and Universities ought to be written to and cautioned as to how they dispensed their diplomas.

Dr. RANKING said that the mere possession of a Giessen, or any other foreign diploma would be of no use unless satisfactory proof could be given that it had been obtained by actual examination.

It was resolved "That any three members of the Association shall be at liberty to call a meeting through the secretaries, when such meeting shall, by such members, be deemed necessary."

Dr. Ranking was then elected president; Mr. Worthington and Mr. Tunaley, vice presidents; and Mr. Crosse and Dr. Eade, secretary and treasurer.

Mr. DAY asked whether any qualified practitioner would be entitled to be received as a member of the Association simply by paying half-a-crown.

Mr. NICHOLS thought that all who had been invited to that meeting should be accepted on those terms, but that with respect to all others, they should be proposed and seconded and their names put to the vote. There were some men who, though duly qualified, were practising, he would not call it merely the quackery, but the knavery of homœopathy, and with such men he would never associate.

It was then agreed, on the motion of Dr. Eade, that all who had been invited to the meeting should be received as members of the Association on payment of 2s. 6d.

Mr. DAY proposed "That any member of the profession wishing to become a member of the Association shall hereafter be proposed, seconded, and ballotted for—the objection of one-fourth of the members present to be fatal to his reception."

Mr. MORGAN said, that politically, he was an advocate for the ballot, but he thought that a body of gentlemen such as they professed to be, should have the manliness and straightforwardness to exclude any objectionable applicants openly; and he would move as an amendment, "That the voting be open."

Dr. RANKING expressed an opinion that the best way would be not to mince the matter, but to resolve that no man should be admitted who practised the homœopathic quackery.

A gentleman asked whether, if they excluded homœopathic practitioners, they should not also exclude all who met them, and thus give them the countenance of their assistance.

Dr. RANKING replied that that was opening a great question which it was scarcely for that meeting to decide. Undoubtedly they must limit the Association to those legally-qualified men who practised legitimately, to the exclusion of quacks of every kind; but certainly those who countenanced quackery in any way were scarcely fit to associate with.

Mr. Morgan's motion was then put and negatived by a large majority, and Mr. Day's motion was declared carried.

A vote of thanks to Dr. Ranking for presiding brought the proceedings to a close.

Correspondence.

"Audi alteram partem."

DIPHTHERIA.

[LETTER FROM J. STEPHENS, ESQ., M.R.C.S.]

To the Editor of THE LANCET.

SIR,—I cannot understand on what grounds your correspondent, Mr. Cammack, bases his opinion that diphtheria is a "distinctly *herpetic*" disease. It is true that the exudation characteristic of that disease frequently commences on the tonsils in isolated spots, which speedily coalesce and form a continuous membrane; but I have not been able to detect any vesicles on these spots preceding the formation of the crusts. I imagine that the false membrane is formed in the same way as in croup, and I should as soon call croup a distinctly herpetic disease as diphtheria. I do not even consider the formation of the false membrane as an absolutely essential part of the disease, having repeatedly seen cases, during the prevalence of the epidemic, where there has been no visible inflammatory exudation; yet there has been dysphagia, the internal throat being swollen and claret-coloured, and the constitutional depression as great as when the membrane has been exuded, and the subsequent recovery of strength equally gradual and protracted.

Herpes and aphthæ, when they occur in a case of diphtheria, may be in some cases simply dependent on, and symptomatic of, the inflamed state of the contiguous structures, such as is often seen even where there is much more remote and trifling gastro-pulmonary irritation; and in other cases have the character of a critical eruption, such as frequently occurs in the course of other epidemic diseases.

I believe diphtheria to be a disease, *sui generis*, of an *infectious* and *contagious* character, and usually appearing in an epidemic form; the poison which constitutes the materies morbi being chiefly eliminated by the mucous membrane of the pharynx, &c., just as other blood-poisons are eliminated by the skin, kidneys, or bowels. If it have particular analogy with any other disease, I should say it is with scarlatina; but I believe each to be dependent upon a specific and distinct poison.

As regards the history of the disease, it appears to have been recognised in England long before the outbreak of the present epidemic. Drs. Bright and Addison, in their "Practice of Medicine," published in 1839, describe, under the name of Diphthérite, or Cynanche Membranacea, a disease which I think, in some of the forms delineated, is identical with the present one. The description is, however, so mixed up with that of scarlatinal and other sore throats, as to render it scarcely a distinct recognition of the diphthérite as a separate disease, though is stated that it is occasionally of an idiopathic character, and "sometimes appears to be connected with an epidemic influence."

Dr. Semple, in the report you give of his remarks before the Medical Society, on cases of diphtheria occurring at Bagshot, states that he was "struck with the circumstance that the

locality was not one where one might expect, *à priori*, a malignant and fatal form of disease to prevail;" "nor did it seem to occur in the ill-fed or puny." I have found that although *locality* has little or no influence, bad food and clothing, overcrowding, with its comcomitants dirt and bad air, have a marked influence in inviting the inroad of the disease, and rendering it of more malignant type. As proof of the latter position, and also of the infectious nature of the disease, I give the following details:—In a dry and open district, forming a plateau of some 600 feet elevation, three families were about the same time attacked with diphtheria; the houses were about half a mile from each other, forming the angles of a triangle. Two of these houses were occupied by respectable and affluent people, who were consequently well fed and well clothed, the houses being large, well drained, and well ventilated; altogether, one would say that they were about the least likely places in the world for the development of disease of low type. The third house, equally well situated, consisted of two very small rooms, occupied by a family of seven; there was a dungheap before the door, on which every kind of filth was thrown, a choked drain under the house, and the seven inmates had to subsist on some ten shillings a week. I need not complete the picture, as the squalor and wretchedness of the hovel and its denizens can be more easily imagined than described. Here, five were attacked with diphtheria, of whom three died, and one still suffers from paralysis; and in the other two houses, although five were attacked in one and four in the other, they all recovered speedily and perfectly.

The pest-house above described, and in which the disease first broke out, was situated at the convergence of roads leading from each of the others, inmates of which were constantly passing the door, the one first attacked in one of these houses having done so daily previous to the contraction of the disease. But I will give a much stronger proof of the infectious nature of diphtheria. A man, living nearly five miles off, was passing the house on his road home from market, and, hearing that the people had bad throats, called, and employed himself during the few minutes he stood in the down-stair room in ridiculing the father for making such a fuss about a sore-throat, (this was before any death had occurred,) saying, with an oath, that "if he got it he would not send for a doctor for such a trifle." This was reported to me the next morning, and you may imagine my surprise at being sent for the succeeding one to see this boasting individual, and to find that he was labouring under unmistakable diphtheria. Further, there was previously no diphtheria nearer his house than the one where he made the unfortunate call; but after this importation, it took his house as a fresh centre. In explanation of the above case, I presume the doctrine of infection will suit most of your readers much better than that of especial visitation for the punishment of profanity, especially as it would scarcely be just to punish a whole parish for the sin of one of its inhabitants.

As regards treatment, and this is the really important matter, I perfectly agree with Mr. Cammack, except that I have not in any case seen the necessity for the rapid exhibition of mercury, it being always understood that precautions are to be taken to prevent the spread of the disease by infection or contagion. Of course, the same general management, diet, medicines, &c., are required as in other diseases of adynamic type; so beef-tea, wine, cinchona, ammonia, the chlorates of potass and soda, are our chief reliances, and will remain so, with modifications in particular instances, unless the disease assumes a more sthenic form, or an antidote is discovered to the diphtheritic poison, neither of which are we led to expect by the history of allied diseases. The topical treatment seems to have resolved itself by common consent into the application of strong caustics to the inflamed mucous membrane, to check inflammation and deposition, and to change its action. I have used the solid nitrate of silver, taking care to scrape away the exudation, so that it may act fully on the diseased structures beneath. As regards counter-irritation, I have to remark that two years ago, when I first encountered the disease, I ordered blisters, mustard poultices, or irritating liniments in every severe case; but I have so often seen sloughy ill-conditioned sores as the result, and in one case death from phagedænic gangrene, that I have discontinued the practice, or, at the utmost, order a mustard poultice, early removed.

Lest I should unnecessarily occupy your space, which I fear I have already done, I will merely mention, in conclusion, that in one case I tried tracheotomy, but with scarcely any relief, the trachea appearing to be choked with false membrane.

I am, Sir, your obedient servant,

JOSEPH STEPHENS, M.R.C.S.E., &c.

Grampound, Cornwall, November, 1858.

[LETTER FROM DR. BELLYSE.]

To the Editor of THE LANCET.

SIR,—I have perused with very great interest the instructive details of this disease which have appeared from time to time in your valuable journal, more especially those recently contributed by Dr. Semple and Mr. Cammack. Any light that can be thrown upon this malady, with respect either to its pathology or treatment, cannot at the present time fail to be most valuable, as in many districts the disease is evidently on the increase.

It is, doubtless, of an adynamic character, and consequently the treatment of acute inflammation is, as a general rule, altogether inadmissible, and even worse than injurious. Many cases have within the last ten months come under my own care, and the plan of treatment I have adopted is similar to that recommended by the two gentlemen whose names I have mentioned, and which varies little from that laid down by Dr. Watson in his valuable "Lectures on the Practice of Physic."

The remedies I have employed, and found most successful, are, with certain modifications, as follow:—Locally: The application of a strong solution of caustic, in some cases hydrochloric acid; gargles composed of alum and sage-tea, or weak solutions of nitric or hydrochloric acids, and frequently washing out the mouth and fauces with warm water or warm sage-tea, to remove the viscid mucus, in many cases, so copiously secreted. Internally: In the first place, I give a dose of chloride of mercury, or mercury-with-chalk, according to the age &c. of the patient; a mixture composed of chlorate of potass or soda, and cinchona in some form, or the mineral acids, or the tincture of sesquichloride of iron. The system to be supported by the administration of beef-tea, strong broth, calf's-feet jelly, with wine, arrowroot, &c.

This plan of treatment, faithfully carried out, I have found most successful, having lost only one patient, a boy of ten years old, brother to the girl, the notes of whose case I am about to lay before you. He was ill for nearly three weeks; had so far recovered as to be able to walk about, and the day he died I met him walking some little distance from his own home to a farm-house for some new milk, which I had recommended him to take. I was summoned to him about ten o'clock the same evening, and found him sinking from exhaustion. He had been suddenly seized with violent pain in the bowels about an hour previously; but although he was relieved by fomentations, &c., he died shortly after my arrival at the house. His parents would not allow a post-mortem examination, so that the exact cause of death could not be ascertained.

Two other children of the same family, aged respectively two and four years, had severe attacks of the disease, but recovered. An elder sister was next attacked, and, as the characteristics of her case offer some peculiarities, I am induced to request you to give them publicity through the medium of your journal. The following are the particulars:—

M. B——, aged fifteen, was attacked, on the 9th of June last, with symptoms of diphtheria of more than ordinary severity. She complained of great pain and stiffness of the neck. On examination I found no external swelling, but the uvula and tonsils were much inflamed and swollen, agglutinated together by a large, thick slough extending to the posterior fauces, and anteriorly to the palate, affecting chiefly the left side. There was great general debility, quick irritable pulse, and the whole surface was covered with a cold, clammy perspiration. On the separation of the slough, about the eighth day, the appearance of the subjacent ulcer was healthy, and granulating gradually; but at this time complete aphonia came on, and there was a considerable accession of the pain and stiffness of the neck, attended with a constant flow of saliva and great fœtor of the breath. These symptoms were followed, in a day or two, by violent pain in the epigastrium and constant sickness; which were relieved by a mixture composed of the trisnitrate of bismuth and hydrocyanic acid. Diarrhœa now set in, and continued for ten days, yielding however to the usual remedies, but leaving the patient in a state of great debility. She took quinine and iron, and continued the nutritious diet; and so far recovered as to be able to walk about, on one occasion more than half a mile. Notwithstanding the amount of nourishment she took in the form of strong beef-tea, calf's-feet jelly, and wine, this state of improvement did not continue, and I was disappointed to find that she now began to lose rather than gain strength, though there were no new symptoms to give cause for increased anxiety, beyond pain and tingling in the limbs, with soreness in the soles of the feet; which symptoms increased until the slightest movement of her limbs was most painful to her. The case gradually subsided

into one of entire loss of power, and impaired feeling, in the lower extremities; and in this state she continued for thirteen weeks, with little or no change; meanwhile stimulating embrocations were used to the legs and feet, and the generous diet was continued, with good effect to her general health. By slow degrees she now regained her voice, and the use of her limbs was restored, so that at length she was able to walk; and beyond a very slight stiffness of the left side of the neck, there is not a trace of the disease remaining. She is now able to resume her usual occupations without inconvenience.

Trusting you will not deem this case unworthy of publicity,

I am, Sir, your obedient servant,

Nantwich, Nov. 1858. EDWIN S. BELLYSE, M.D.

P.S.—Since writing the above, Dr. Kingsford's valuable paper, "On Diphtheria," has appeared in your journal, and I am glad to find that he so fully bears out the opinions I have advanced with respect to the symptoms, treatment, and complications of this disease. E. S. B.

AN IMPUDENT IMPOSTOR.

To the Editor of THE LANCET.

SIR,—"Spermatorrhœa; its Philosophical, Rational, and Mechanical Mode of Cure, by an entirely Novel and most successful System;" by Charles Watson, M.D., F.R.C.S., &c. Such is the title of the enclosed filthy pamphlet which has been sent to me at my residence, either by the *pseudo* Dr. Watson, or by his private secretary, Mr. William Hill. *Par bene comparatum!* I will only make such extracts from the dirty pamphlet as are necessary to convince the most credulous that the fellow is a most arrant and a most ignorant knave. He says, "It is highly desirable that parties who wish a thorough and permanent cure should pass urine, and send it in a phial (per post, pre-paid), when the author will make his chemical and microscopical examination; for it is impossible to attach too much importance to a careful examination of the urine in all cases of spermatorrhœa. Of this I have, unfortunately, had too many opportunities of judging."

Thus he pretends to detect spermatorrhœa by an examination of the urine; in fact, it is the basis on which he pretends his verdict is founded. One more extract will suffice. It is headed "Important!" "Those having doubts as to their state of health, are invited to enclose twelve postage stamps, when a phial, fitted in a box, will be sent (*pre-paid*), in order that the same may be filled with fasting urine, and returned to the author, who will make the usual microscopical and chemical tests, and transmit his opinion of the case, *free of cost.*"

Wishing to test the man's honesty, or to obtain indisputable evidence of his dishonesty, I forwarded the required stamps. I then received a "phial," which I returned filled with—*horse's urine*, and, in a few days, I received the following most impudent letter, signed by the "private secretary," of which the subjoined is a *verbatim* copy:—

London, Oct. 19th, 1858, 27, Alfred-place, Bedford-square.

SIR,—Having microscopically and chemically examined your urine, and also considered your case, I am decidedly of opinion that your health is "critical" and unless immediately attended to, impotency and its concomitant evils must ensue. At the same time, I am glad to state, that your health (mental and physical) can be restored, provided you adopt the means which I have found so eminently successful in similar cases. The treatment required in your case will be "Local and Constitutional," therefore, a curative Instrument is most essential.

If the means are applied as directed I can guarantee a cure.

Yours obediently,

pro DR. WATSON,

Mr. H. T. Maund, Ashford, Kent. WM. HILL, M.A., Sec.

To comment on such unparalleled ignorance and knavery is unnecessary; but I do hope, by giving publicity to this man's delinquency, you may save many a nervous and credulous person from becoming the victim of this arch impostor. If the recent case of Dr. Kahn was vile, this is villanous in the superlative degree.

I am, Sir, yours truly,

Ashford, Oct. 1858. HENRY MAUND, M.R.C.S. & L.S.A.

P.S.—The addresses to which the pamphlet has been sent have evidently been obtained from the Game Certificate List. This is proved by a mistake in my initials, which also appeared in that List; and I find, on inquiry, that the pamphlet has also been sent to all those who have taken out game certificates in this town.

ON A CASE OF TWINS.

To the Editor of THE LANCET.

SIR,—Should you think the following case worthy of publication, I should feel obliged by its insertion in THE LANCET.

On the evening of Oct. 2nd, 1858, I was requested to visit a Mrs. S——, residing in Bedminster, and who was represented as having been in labour a day or two, a midwife being in attendance on my arrival. On making an examination per vaginam, I at once discovered the two feet of a fœtus, just commencing to emerge from between the dilated os uteri. With gentle traction, these came down, and then the remaining portion of the body, occupying about two minutes altogether.

Intra-uterine existence had evidently ceased some four months, the length of the fœtus being barely eight inches; the body and extremities were much flattened; the entire cerebral substance had disappeared; the imperfectly-developed cranial bones were collapsed; and the fœtus presented the appearance of one that had been soaked in spirits, or rather of an adipocerous consistence.

As is my custom, I passed my hand over the abdomen of the mother, and was quickly convinced there was a second, but a child of full size. On further examination, I felt the head descending, ruptured the membranes, and in half an hour the child was born, at its full term, alive and healthy.

On the removal of the placenta, and careful examination of its substance, I found (which is not unusual) the two placentæ firmly incorporated at their edges; the one connected with the fœtus was not adipocerous, but a mass of healthy, yellow-looking fat; the other portion was throughout of the usual character.

Having attended 4696 cases of labour (sixty-six being twins), I have only met with one case similar to the above, and in which the dead fœtus escaped a half-hour or so subsequent to the birth of the living child; but in this case, which occurred on Nov. 5th, 1845, the placenta was adipocerous.

I am, Sir, yours faithfully,

THOMAS T. SMART,

Bedminster, Oct. 1858. Medical Officer to the Bedminster Union.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at a meeting of the Court of Examiners on the 5th inst.:—

BENSLEY, EDWIN CLEMENT, Calcutta.
BROWN, ROBERT CHARLES, Preston, Lancashire.
DURANT, JAS. JOHN, Calcutta.
FREEMAN, WILLIAM, New York.
HARRISON, ALFRED JAMES, Belper, Derbyshire.
MASON, JOHN BRIDGES, Richmond, Surrey.
MORKEL, WILLIAM, Cape of Good Hope.
SMITH, EUSTACE, Leamington.
SQUIRE, ALEX. J. BALLMANNO, York-gate, Regent's-park.
WADE, CHARLES ALBANY, Kidderminster.

At the same meeting of the Court, Mr. JAMES MCELROY WALLACE passed his examination as Naval Surgeon. This gentleman had previously been admitted a Licentiate of the Royal College of Surgeons of Ireland, his diploma bearing date May 20th, 1848.

THE FELLOWSHIP.—The following gentlemen, having undergone the necessary examinations during the past week, for the Fellowship of the Royal College of Surgeons, in Classics, Mathematics, and French, will be admitted to the professional examinations when they shall have severally complied with the regulations:—

CARDELL, JOHN MAGOR, Salisbury; diploma of membership dated November 3rd, 1854.
LANGDON, JOHN, Yeovil, Somersetshire.
PARTRIDGE, SAMUEL BOWEN, Birmingham; Aug. 5th, 1851.
POWELL, WILLIAM, Dalston.
STONE, WILLIAM DOMETT, Lincoln's-inn-fields.
WILLEY, HENRY, Birmingham.
WOTTON, HENRY, Cavendish-square.

At the same time, Mr. ROBT. HENTON WOOD, of Leicester, who had formerly undergone the necessary examinations, was admitted a Fellow of the College, diploma of membership dated February 29th, 1856.