

3 in Leith. The mean annual death-rate from diarrhoea in the Scotch towns last week was again considerably below that which prevailed in the large English towns. The fatal cases of whooping-cough, which had been 20, 11, and 18 in the previous three weeks, declined again to 14 last week, and included 10 in Glasgow and 3 in Edinburgh. The 8 deaths from scarlet fever, of which 7 occurred in Glasgow, were within one of the number in the preceding week. The 4 deaths referred to "fever" were below the average for the season, and corresponded with the number in the previous week. The fatal cases of diphtheria and measles were also below the average. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 65 in each of the preceding two weeks, were 67 last week, and exceeded the number in the corresponding week of last year by 9. The causes of 66, or nearly 15 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 27.5 and 24.7 per 1000 in the preceding two weeks, further declined to 22.8 in the week ending Oct. 2nd. During the thirteen weeks of the quarter ending last Saturday the death-rate in the city averaged 22.1; the mean rate during the same period was 18.7 in London and 17.5 in Edinburgh. The 154 deaths in Dublin last week showed a decline of 13 from the number in the previous week, and included 23 which were referred to diarrhoea, 8 to scarlet fever, 2 to "fever," and not one either to small-pox, measles, diphtheria, or whooping-cough. Thus 33 deaths resulted from the principal zymotic diseases, against 39 and 30 in the preceding two weeks; they were equal to an annual rate of 4.9 per 1000, the rates from the same diseases last week being 2.4 in London and 1.6 in Edinburgh. The fatal cases of diarrhoea, which had been 29 and 25 in the previous two weeks, further declined last week to 23. The deaths referred to scarlet fever, which in the preceding two weeks had been 2 and 3, rose last week to 8, a higher number than in any week since the middle of last year. Five inquest cases and 4 deaths from violence were registered; and 38, or nearly one-fourth of the deaths, were recorded in public institutions. The deaths of infants showed a further decline from those returned in recent weeks, while those of elderly persons showed a slight excess. The causes of 23, or nearly 15 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

DR. GLOVER'S CANDIDATURE AND THE BIRMINGHAM COMMITTEE.

To the Editor of THE LANCET.

SIR,—The letter of Dr. Strange, the chairman of the Birmingham Committee, which you published on Oct. 2nd, and your own leader of that date, informed the profession that from regard to my place in the test-ballot by that committee they have now invited me to be their third candidate. The profession will naturally expect to hear the decision of my committee and my own opinion in regard to that invitation. I will ask you, with this view, kindly to publish my letter to Dr. Strange (which contains the resolution of my committee) in reply to his overtures, acting as chairman. In announcing this resolution, I wish to acknowledge with gratitude the courtesy of Dr. Strange and his colleagues. I am well aware of the value of organisation, but, at all hazards, we must preserve freedom.

Believe me, Sir, your obedient servant,

Highbury-place, N., Oct. 5th, 1886. JAMES GREY GLOVER.

"25, Highbury-place, Oct. 2nd, 1886.

"DEAR DR. STRANGE,—I lose no time in informing you of the result of the consideration by my committee of the proposal that I should stand as the third candidate of your nomination for the office of direct representative of the profession in the General Medical Council. The resolution of my committee is as follows:—

"That this committee, having considered the letters

written by Dr. Strange and Mr. Ker on behalf of the Birmingham Committee, in which Dr. Glover is informed that he has been adopted as the third candidate on their list, and in which, further, they express the desire that this committee, formed (two months since) to promote Dr. Glover's candidature, should amalgamate with the Birmingham Committee to promote the election of Messrs. Wheelhouse, Foster, and Glover—the three candidates now selected by the Birmingham committee as the most suitable to represent the profession in the General Medical Council,—do hereby resolve that the best thanks of the committee be given to the members of the Birmingham Committee for their proffered aid in advancing the election of Dr. Glover, and for the way in which they have mentioned his suitability for the post, as well as his claims on the profession; but, as many members of his committee have already promised their support to other candidates, and many other members decline to have their freedom of selection curtailed, it is impossible for the two committees to amalgamate to fulfil the objects of the Birmingham Committee."

"I need not say how gratifying it is to me to stand well in the estimation of so many members of your committee; nor what a pleasure it would have been to me to co-operate with you, and to be associated in a joint candidature with Mr. Wheelhouse and Sir Walter Foster. But I am bound to say that I heartily concur with my committee. What we want above everything is to aid the free and spontaneous expression of the views and preferences of the medical profession, and to avoid mechanical ways of tying candidates and voters together. I shall still prize the support of the individual members of your committee, and trust to your kindness and courtesy, of which I have had not a little proof, to believe that, in electing to stand as an independent candidate, I am only doing what I feel to be right in the interest of the profession, which we all have at heart.

"Believe me, dear Dr. Strange, yours very truly,

— "JAMES GREY GLOVER."

To the Editor of THE LANCET.

SIR,—I must say I am somewhat surprised to see how few of the candidates are what may be called typical general practitioners—i.e., men who hold union and club appointments, and have to face practice of all kinds and amongst all classes. I do not think the fact of a man's having once seen that kind of practice is sufficient proof of his sympathy with general practitioners. I should like to ask candidates—1. Are you now in *bonâ fide* general practice, with union and club appointments, and do you intend to remain in your present position? 2. Will you aim at raising the standard of general education to the level of that required in most foreign countries—say that of a B.A. degree at Oxford or Cambridge? I am, Sir, yours truly,

Woolwich, Oct. 4th, 1886.

THEODORE MAXWELL, M.D.

To the Editor of THE LANCET.

SIR,—The circumstances that led to the formation of a committee whose object should be to endeavour, firstly, to find who would be likely to be the best representatives of the profession on the General Medical Council, and, secondly, to induce these to become candidates, are so obviously misunderstood that we venture to ask you for space for some words of explanation. Up to the date of the Brighton meeting there were, so far as was known, only seven gentlemen before the profession as candidates. Of these seven, five were heard to speak at that meeting in one capacity or another, so that many, if not most, of the members of that large assemblage had the opportunity of forming an opinion as to their fitness, in one important particular, for the honorable position to which they aspired. Two, Dr. Richardson and Dr. Glover, we believe, were not heard. Some at least of those who listened to the gentlemen in question, deemed that it was not inconsistent with the highest respect for them personally, to consider whether, from among the 17,000 practitioners of England and Wales, it might not be possible to induce a few to appeal to the suffrages of the profession who, if not better as men, should be better as representatives. No one else seemed inclined to come forward, and

the time for action was very short. The only possible way of arriving at a conclusion on what all will admit to be a most important matter was to consult gentlemen from various parts of the kingdom concerning it. This led to the summoning of the first small conference at Brighton. If the majority of those who attended it had considered that it was unlikely that any better representatives could be found, nothing further would have been done. But thinking otherwise, they resolved to take into their counsel as many as could be reached in the very short time possible to them. The number ultimately obtained was 360, from 163 different places, and nothing but want of time prevented this number from being increased ten or twenty times. But to call these 360 gentlemen (thus without any pressure or influence uniting themselves from such various quarters) "a small clique," is surely to employ language in a very unusual sense. The committee exercises no function beyond that of honestly to select gentlemen who in its judgment would be thoroughly able representatives; and it expects from the profession nothing more than that unbiased consideration which such an honest endeavour should secure for it. It accepting the verdict of these 360 gentlemen, we do not claim that they represent the whole profession, but, considering the number of districts represented and the decided character of the vote, it may be fairly taken as an indication of the feeling of a large body of the profession. To speak of the action of the Birmingham meeting as the action of a caucus is, again to use language in a sense which a moment's reflection must show to be incorrect. A caucus has made up its mind beforehand, and meets but to save appearances; but the thirty-five who met in Birmingham could have no possible means of knowing beforehand what were the opinions of the 360 living in all parts of the country on the names to be submitted to them, and they would not have made the experiment of a poll unless they had been honestly anxious to find this; out and the committee submits what it has done, its reasons for doing it, and its methods, with great confidence to the impartial judgment of the profession.—We are, Sir, yours faithfully,

WILLIAM CARTER,
HUGH R. KER.

Oct. 5th, 1886.

To the Editor of THE LANCET.

SIR,—In your article in THE LANCET of October 2nd on the Direct Representation of the Profession on the General Medical Council you couple my name with that of Dr. Jacob, and say we are officials of a corporation whose representation plays already a larger part in the Council than probably any of its members. To associate Dr. Kidd or Dr. Jacob with Professor Macnamara would, you say, be a work of supererogation, and you urge the election of a genuine general practitioner to the Council instead of either of us.

Now, Sir, I beg to say that, so far as I am concerned, I am not an official of any corporation. For many years the Fellows of the College of Surgeons have done me the honour of electing me, year after year, a member of their Council. I have thereby acquired a large experience in the management of students, the control of their education, and the conduct of examinations, and I have been enabled to initiate and assist in working out improvements in the systems of education and examination which are now, I believe, universally admitted to be of a most valuable and important character. The chief and most important work of the General Medical Council is to supervise and improve medical education and examination, and thereby elevate the status of the profession and make it more useful to society, and it is because of the experience I have gained in this work through my connexion with the College of Surgeons that I have ventured to ask my professional brethren to elect me as their representative. It is, I am sure, unnecessary to remind you that the duties of the General Medical Council are strictly defined by the Act of 1858, and that they can take no cognisance whatever of anything outside the four corners of the Act, whether it be the privileges of army medical officers, Poor-law or dispensary officers, general practitioners, or others, and that their highest duty is the supervision of medical education.

I am, Sir, yours faithfully,

Dublin, Oct. 6th, 1886.

GEORGE H. KIDD.

* * We cannot say that Dr. Kidd's letter in any degree changes our opinion. Dublin physicians and surgeons have

hitherto monopolised the Irish seats of the Council. No less than five do so at the present moment. For another to gain the sixth seat will be hard indeed on the practitioners of Ireland.—ED. L.

PHARYNGEAL AND LARYNGEAL "NYSTAGMUS."

To the Editor of THE LANCET.

SIR,—I am indebted to Dr. Gowers for permission to publish the following observations I have made on a patient under his care at University College Hospital. The patient, a girl aged twelve, has a cerebral tumour, and presents the symptoms of reeling gait (with a tendency to fall backwards and to one side, usually the right), vertigo, intense occipital headache, constipation, vomiting, ocular nystagmus, but no optic neuritis. The pulse is usually 100. These symptoms have been present for the last fifteen months. The ocular nystagmus is vertical and horizontal, occurs at the rate of 180 to the minute, is slightly increased in frequency during accommodation for very near, or in looking at far distant, objects. On examining the throat, I noticed the superior constrictor of the pharynx to be in a state of constant rhythmical movement in a horizontal direction, as if the posterior pharyngeal curtain were being rapidly drawn together, the twitchings occurring at the same rate as the movement of the eyes, 180 to the minute. The movement does not affect the soft palate or pillars of the fauces, the faintest possible tremor only being transmitted to them from the action of the adjacent constrictor. By pressing the point of a quill pen against the pharynx and pivoting the quill on a pin held fixed against the upper teeth, I have been able to write with the feather-end a tracing of the movement on sphygmograph paper. The laryngeal muscles are similarly affected. The arytenoid cartilages are seen rapidly gliding to and from each other synchronously with the movement of the pharynx. When the patient is breathing quietly the main movement of widening of the glottis during inspiration is interrupted by slight twitches, and similarly the movement of respiration. When the patient stops breathing the cords gradually close with five or six contractions, till they finally lie parallel and close to each other; here they remain, undergoing only a slight tremor till the patient recommences to breathe. I have had this patient under observation for over two months, and the movement has been always present. There is now a slight alteration in the state of the larynx, in that the left cord twitches more than the right, and the cords do not so nearly close when the patient stops breathing. I am not aware that a movement of this kind has been previously described, and I am anxious that it should be looked for in cases of intracranial tumour, so that its localising value may be determined. It is possible it may throw some light on the etiology of ocular nystagmus, and it may be of value to the surgeon, perhaps, in showing pressure on the medulla, and so assist in the diagnosis of the position of a cerebellar tumour. As regards the term "nystagmus" applied to the pharynx and larynx, its association and synchronism with the ocular nystagmus, and the fact that movement of the eyes in a horizontal direction is called "nodding," would seem to warrant a slight departure from strict etymological accuracy.

I am, Sir, yours truly,

HERBERT R. SPENCER, M.B., B.S. Lond.,

Oct. 1886.

House Phys. Univ. Coll. Hosp.

TREATMENT BY MASSAGE.

To the Editor of THE LANCET.

SIR,—It will be a surprise and a shock to many of your readers to learn from THE LANCET of this week that the practice of massage is not to be acquired under two years, and some may even venture to ask whence the extreme elaboration of detail which this lengthened apprenticeship implies derives its sanction. It seems incredible that any manipulation of the body which human ingenuity can devise should be learnt so slowly. Divide the frame into as many departments as you will, exclude those parts which are inaccessible to massage and those which it would not venture to approach, and there remains but a limited area to which Dr. Weir Mitchell's method is applicable. Let the modes of rubbing, stroking, pinching, and kneading be multiplied to the utmost, and far beyond the reach of