

counties, in which there is not one or two physicians who are Scotch graduates." Now, if Dr. Christison had said, that in the north of England ALL, or *nearly* all, the pure physicians are Scotch graduates, and mostly graduates of Edinburgh, I think he would have been nearer the truth. I do not know that in the four northern counties there is one single *pure* physician with an English degree, although there are some who have the licence of the London College of Physicians.

In Newcastle-upon-Tyne we have thirteen *pure* physicians. Of these, ten are Edinburgh graduates, one a graduate of St. Andrews, and two have foreign degrees. Two of the whole are members of the London College of Physicians. In Sunderland, there are three pure physicians, all Edinburgh graduates; one of these is a member of the London College of Physicians. In Durham, there are two physicians, both Edinburgh. In Carlisle, three, all Edinburgh. So much for the principal towns in this district. But I believe that the vast majority of the physicians of England is composed of Edinburgh graduates.

It appears to me, that while the Edinburgh and other Scotch universities attend, in their examinations, too little to preliminary attainments and classical and mathematical studies, the universities of Oxford and Cambridge have previously looked at little else, and the University of London seems nearer the *juste milieu*.—I am, your obedient servant,

R. M. GLOVER, M.D. Edin.

Newcastle-upon-Tyne, 1849.

ON THE TREATMENT OF GONORRHOEA IN THE FEMALE.

To the Editor of THE LANCET.

SIR,—Dr. Mayne having deemed it prudent, for reasons best known to himself, to terminate a discussion carried on for some months past through the medium of your pages, without addressing himself (with one solitary exception) to the many statements contained in my communication of the 10th of February, it remains for me only to return you thanks for the prompt and courteous manner in which you gave insertion to my various papers, on which, as they are now before the profession, I am fully satisfied to abide the result of their arbitration, feeling assured that subsequent experience will only tend to confirm the truth of the assertions as put forward in the observations alluded to. In conclusion, I cannot but regret having entered the lists with one, whose natural temperament would seem as inimical to dispassionate argument as his acquired honours (if the *Medical Directory* testify correctly) would appear to disqualify him for sound or correct reasoning on subjects connected with medical science.

I am, Sir, your obedient servant,

Harcourt-street, Dublin, March, 1849.

J. C. EGAN.

THE MEDICAL-REFORM QUESTION.

To the Editor of THE LANCET.

SIR,—It is a matter of much sorrow at such a professional crisis, that, owing to your lengthened illness, we are deprived of your valuable services. At this juncture, your presence in the House of Commons is more than ever needed, to watch the interests of the medical profession, to use your powerful influence in advocating the cause of such an oppressed and ill-requited class, and to render your zealous assistance in SPEEDILY setting the Reform question on a just and equitable basis. More than a third of the session has passed away, and yet the subject is not before the House! At the close of last session you stated, "that in a few months full justice would be done to Members of the Royal College of Surgeons, in England, Ireland, and Scotland, and also the Edinburgh M.D's." Since then, the best portion of a year has elapsed, and we remain in the same anomalous condition. Are such surgeons and physicians at present open to proceedings, by a company of "drug dealers," at Blackfriars? Are such gentlemen to be interfered with? What is their present position? and what is to be the future? If there be restrictions, the sooner they are removed the better.

Time hurries on. Thousands of my profession are earnestly waiting for you to say when the all-absorbing question of medical reform will be settled—I trust long before the parliamentary session closes. Sincerely hoping you may be speedily restored to health, and that you may long be permitted to continue your sphere of usefulness, I have the honour to remain, Sir, your obedient servant,

COLLEGIAN.

April, 1849.

* * We do not believe that any prosecution will be instituted by the Society of Apothecaries, or other parties, against

gentlemen who hold the qualifications to which reference is made by our correspondent. In the present state of the medical question, it is impossible to form any satisfactory conjecture as to the time when a Bill in relation to the profession will be enacted into a law by Parliament. If Mr. WAKLEY were sufficiently well to take his seat in the House of Commons at this moment, he would not place in risk the interests of the profession by introducing a Bill, unless his efforts were supported by an *organized body* out of doors, whose members should faithfully represent the views and feelings of the great majority of medical practitioners. It seems to be forgotten by some thousands of medical men, that their interests are zealously and strenuously *opposed* before the Secretary of State, as well as in the House of Commons, by organized bodies; and we would ask how such bodies can be *effectually* resisted excepting by organized bodies?—SUB-ED. L.

WOODEN BREAD.

To the Editor of THE LANCET.

SIR,—I observe in a late number of THE LANCET, that bread made of wood is recommended by a physician, at Birmingham, to be administered to human beings. Might it not be rather advisable to send over to Norway for a supply of black bread, formed from the bark of trees, which, in all probability, may contain some albuminous matter, a constituent which is completely absent in the woody matter washed from potatoes. Any one may satisfy himself of this fact by boiling it with caustic alkali in a test tube. Scarce a trace of ammonia will be appreciable. What purpose, then, can be attained by introducing wooden bullets *per buccam*, to be delivered intact *per anum*.—Your obedient servant,

WOOD LIGNUM, M.D.

* * Our correspondent writes in a bantering style; but we are assured that Dr. Percy, who has for many years laboured with much ability and industry in the department of organic chemistry, finds physiological reasons to support his views in advocating the use of the comparatively innutritious material as an article of diet, in the disease for which he has proposed the substitute for bread. In the treatment of diabetes it has long been a desideratum with many practitioners to obtain the means of administering a diet which shall contain little *albumen*, or any materials capable of ready conversion into sugar in the system.—ED. L.

ABNORMAL MUSCULAR AND ARTERIAL DISTRIBUTION IN THE LEG.

To the Editor of THE LANCET.

SIR,—I beg to submit to your notice the description of a muscle which presented itself during my dissections at the Andersonian University, a short time since. I am unaware of a similar structure having been noticed previously.

This muscle, situated in the posterior region of the leg, arose from the fibula, its central point, by a thin aponeurotic slip, from the deep crural fascia and intermuscular septa, becoming fleshy, and ending in a rounded tendon; it descended behind the internal malleolus to be inserted into the outer edge of the tendon of the flexor digitorum longus, previous to its division, lying in its course between this and the flexor pollicis longus muscles. At the astragalus it crossed the latter, and became continuous with the musculus accessorius.

In the opposite extremity of the same subject, a similar muscle existed, but different in origin and development. It arose from the lower fourth of the fibula, thick and fleshy, passed obliquely inwards behind, or posterior to the flexor pollicis longus, and received the insertion of the musculus accessorius, as the former.

This muscle, in the latter situation, has been observed in a few instances by the learned Professor of Anatomy in the above Institution, but usually connected with either the flexor pollicis or the plantar fascia. From its origin, direction, and insertion, it might be appropriately called the musculus accessorius secundus, or longus.

In the former instance, besides acting as an auxiliary to the long flexor, and correcting the obliquity of its action, taking the insertion as the fixed point, it would make tense the deep crural fascia, and thus give increased power to the muscles beneath it. The relations of the parts were rendered still more

important and interesting by the presence of an abnormal distribution of the posterior tibial artery, which passed beneath the above and the flexor pollicis longus muscles, in contact with the interosseous membrane, and descended to the os calcis, curving round it in relation with its inner tubercle, to become the external plantar. The peroneal and internal plantar arteries were wanting. The posterior tibial nerve lay to the inner side of the artery in the latter part of its course, separating it from the flexor tendons.

If you consider these observations of any value, you will much oblige by their insertion,

Sir, your obedient servant,
C. B., Student.

Glasgow, 1849.

* * The above communication was accompanied by a drawing, which we have not thought it necessary to publish, as the writer has so well described the irregular distribution in question. Instead of considering the abnormal fasciculus as a high origin of the musculus accessorius, we, under the belief that the flexor longus and musculus accessorius are one muscle, are inclined to regard it as a fibular and fascial origin of the flexor longus digitorum. The fibular course of the posterior tibial artery is not very uncommon; but it serves to illustrate the fact, that aberrations of anatomical structure, when they do occur, have a tendency to be multiple.—Ed. L.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the college at the meeting of the Court of Examiners on the 13th inst.:—

ADDISON, JAMES ALEXANDER SCOTT, Royal Navy.
BROSTER, RICHARD WILLIAM, Poole, Dorsetshire.
GERMAN, JOSEPH, Derby.
KENKARDINE, THOMAS BRUTTON, Stafford.
SHEPPARD, GEORGE ALFRED, Worcester.
SHEPPARD, JOSEPH BRIGSTOCK, Oxford.
SMITH, CLEMENT MADELY, Horncastle, Lincolnshire.

At the same meeting of the court, Mr. CHARLES MCSHANE passed his examination for naval surgeon. This gentleman had previously been admitted a member of the college, his diploma bearing date August 6th, 1841.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday,

April 12th, 1849.

BATT, EDWARD, Witney, Oxon.
BORLASE, HENRY WILLIAM, Helston.
BROWN, HERBERT, Tonbridge.
DAVIS, JOHN, Wreckenton.
GOLDSMITH, FRANCIS EDWARD, Boston.
GRIFFITHS, GRIFFITH HOOPER, Cheltenham.
ROBINSON, JOHN, Midhurst.
RUDGE, ARTHUR, Fakenham.
TOSHACK, JAMES CUMMIN, South Shields.
WEST, CHARLES AUGUSTUS, Camelford, Cornwall.

THE ROYAL COLLEGE OF SURGEONS, AND THE "HEAD AND HOME" PROJECT.—The Council of the Royal College of Surgeons, at a recent meeting, have again unanimously resolved to resist any application which may be made to parliament for conferring upon the College of General Practitioners the power of instituting any examinations in surgery.

NEWCASTLE-ON-TYNE INFIRMARY.—Mr. C. J. Gibb, M.R.C.S.E., &c., has lately been unanimously elected to the office of house-surgeon to this infirmary.

DEATH OF PROFESSOR BLANDIN.—We are just informed that Professor Blandin died on the 17th instant, after a very short illness, in the fiftieth year of his age. There appears to be a difference of opinion between the medical attendants as to the nature of the disease. Dr. Blandin had been appointed Professor of the Faculty for operations and surgical apparatus in 1841; he was one of the surgeons of the Hotel Dieu, an Officer of the Legion of Honour (one step higher than a Knight), and a Member of the Academy of Medicine. He was esteemed as an operator, and much respected both in and out of the profession. We have had from his pen the following works:—1. "Anatomie des Régions du Corps Humain." 2. "Parallèle Entre la Taille et la Lithotritie." 3. "De l'Autoplastie." 4. "Anatomie du Système Dentaire, Considérée

dans l'Homme et les Animaux." 5. "Nouveaux Eléments d'Anatomie Descriptive."

THE MEASLES.—This exanthem is making sad havoc at Madrid, especially in the public schools; several persons of rank have fallen victims to it.

THE CHOLERA.—It appears that the cholera has re-appeared in St. Petersburg, but in a milder form than last year. This second appearance has been before remarked upon as a characteristic of this mysterious disease. Several cases have also been reported from Glasgow in like manner, after a partial cessation. By reports just received, it appears that the cholera has also appeared in Perth and Inverness.

THE GRESHAM LECTURES.—These interesting lectures, founded by Sir Thomas Gresham, have commenced. Dr. H. H. Southey, F.R.S., began his portion, on Physic, yesterday, and will deliver another this afternoon, at one o'clock, concluding at the same hour on Saturday. The public are admitted gratuitously to these lectures, which are delivered in the theatre of Gresham College, Basinghall-street, City.

THE CHOLERA IN PARIS.—The total number, up to the 13th of April, for all the hospitals of Paris, 1761 cases, and 1022 deaths. The director of the Paris hospitals has established, at Gentilly, a village near the capital, an asylum for convalescent patients, principally those from the Salpêtrière. This is a very wise measure, for very numerous relapses have taken place in the latter establishment. *L'Union Médicale* reports it as certain, that from the 9th to the 12th of April, eighteen deaths from cholera occurred in the second arrondissement of Paris in private houses. The evacuating method is said to have proved very beneficial, at the Gros Caillon, in the hands of M. Durand (de Lunel). In the algide period he gives stimulants and aromatics; and when reaction begins to appear he administers thirty grains of ipecacuanha and six drachms of Epsom salts, in two doses; the emeto-cathartic effect being aided by copious draughts of warm water. In the comatose stage repeated laxatives and purgative enemata are relied on. Out of forty-two patients thus treated, only twelve died. M. Devergie laid before the Académie de Médecine, in the meeting of April 10, several cases of cholera treated by him with different preparations of TRUFFLES! The constipation invariably caused by these roots led him to try them in cholera; and the results which he has obtained, at the Hôpital Saint Louis, has been such as to encourage him to proceed with the remedy. Dr. Greslon has been using nitrate of silver in the same disease; four grains of the salt to about four ounces of water is the strength advised; the solution to be given by a table-spoonful every two hours.

By later accounts, up to the 16th of April, we learn that the cholera pursues its course unabated. Military hospitals begin, however, to suffer more than the civil establishments. There is a little slackening at the Salpêtrière. There have been, for the last three days, forty-two deaths only, making the total number of cases 713, and deaths 516. The per centage of the mortality in this asylum is frightful—viz., seventy-two per cent. La Charité and Beaujon, so favourably situated in every respect, present, however, a large mortality—the first sixty per cent, and the second fifty-nine. The Hotel Dieu, the situation of which is very unhealthy, loses only forty-five per cent. Military hospitals are favoured as to the mortality, as the deaths reach only one-third of the cases. The total amount for all the Paris hospitals and asylums is 1989 cases, and 1132 deaths. The medical papers give no account of the cases in private life.

MORTALITY OF THE METROPOLIS.—Deaths in the week ending April 14th, 1866, showing an excess of 103 on the spring average. Hooping cough was fatal in 69 cases (average 36); bronchitis and pneumonia, 79 (respective averages 37 and 61). Under diseases of the respiratory organs, exclusive of phthisis, 198 deaths, making 67 more than the average. Cholera was fatal to only two persons. The whole number of lives which it has destroyed during a comparatively mild visitation of 30 weeks, is 1002. Scarletina continues a little above the average. A boy a year old, died in the week of "cynanche parotidæa maligna. Mean daily height of the barometer was greatest on Thursday, when it was 29.621; mean of the week 29.382. The temperature of the air fell gradually from the beginning of the week till Friday, when it began to rise. Mean temperature of the week, 41°·8 Fahrenheit.

BOOKS RECEIVED FOR REVIEW.

The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M.D. No. VI. April, 1849. London: J. Churchill.