

SIR SPENCER WELLS.

OUR contemporary *Punch* has this week a fancy portrait of Sir Spencer Wells, who is represented as standing by a well, named "Truth," over which is suspended by a rope connected with a windlass a bucket marked "Medical Science." Accompanying the portrait are some justly complimentary verses.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the written portion of the recent examination for the diploma of membership, the following questions in (A) Surgical Anatomy and the Principles and Practice of Surgery, (B) Midwifery and Diseases of Women, and (C) Principles and Practice of Medicine, were submitted to the candidates. A. *Surgical Anatomy and Surgery* (one of the first two questions, and three of the others, to be answered): 1. Describe the operation of tying the external iliac artery, and state how the blood-supply to the limb is afterwards carried on. 2. Describe the anatomy of the parts concerned in the operations of tracheotomy, laryngotomy, and excision of the thyroid gland. 3. Give the differential diagnosis of ovarian dropsy, pregnancy, and ascites. 4. How do bones unite after simple and compound fracture respectively? Mention the chief causes of non-union. 5. Mention the various forms of urinary calculi, and the appearances and composition of each. 6. Describe the signs and symptoms of disease of the hip-joint in children.—C. *Midwifery and Diseases of Women* (three questions to be answered): 1. What causes of danger to the mother are especially apt to complicate pregnancy and labour with twins? The first child of twins having been born, upon what rules would you act in interfering or not to accelerate the birth of the second? 2. What forms of insanity are met with in connection with pregnancy and childbirth? Describe the treatment. 3. In what circumstances is the operation of craniotomy indicated, and how would you complete the delivery when the head has been perforated? 4. Describe prolapsus uteri in its different stages, and state the treatment most suitable in each stage.—C. *Principles and Practice of Medicine* (three questions to be answered, including No. 4): 1. What are the symptoms, complications, modes of propagation, and treatment of scarlet fever? 2. Enumerate the chief forms of enlarged liver, and point out the characters by which they are severally distinguished. 3. Give the causes, symptoms, physical signs, and treatment of acute lobar pneumonia. 4. Mention the important ingredients in the following official preparations, and indicate their therapeutic actions and uses, with their doses: vinum antimoniale, mistura ferri composita, liquor hydrargyri perchloridi, pulvis kino compositus, tinctura camphorae composita, mistura sennae composita, pulvis elaterii compositus, pilula ipecacuanhae cum scilla.

H. G. L.—Hydropathic Establishment, Ilkley Wells, Ilkley, Yorkshire.

THE MEDICAL BILL, 1883.

SIR,—I have put down a few of my thoughts, on reading through the new Bill now before Parliament (*Vide JOURNAL*, March 24th, 1883), and trust you may think them worthy of publication for the purpose of eliciting opinions from others on some of the details of the Bill.

Clause 4. Who is to define the words, "or any fees to which he may be entitled?" I charge, say, five shillings a visit to a certain patient; he refuses to pay, and says I am not entitled to charge him such a fee. Who or what is to decide the point? Not custom, for that may vary; and there is no legally recognised scale of charges for visits.

Clause 5 refers to exemption from certain offices. I think the words "if he so desire" should follow the words "from serving on juries and inquests," and not precede them. Surely we should be exempted from those offices, as now, without the trouble of expressing our wish not to serve.

Clause 8 recognises the existence of unregistered as well as registered medical practitioners, for, by implication, it says that an unregistered medical practitioner may hold an appointment in an hospital supported by voluntary contributions; and yet Clause 28, paragraph 4, seems to say that such unregistered medical practitioner, if he practise for gain, shall not be entitled to call himself physician, surgeon, etc. Clause 28, paragraph 1, recognises the fact that an unregistered medical practitioner may possess titles he is entitled to use. There seems here to be something contradictory and confusing. If an unregistered medical practitioner (*i.e.*, one who has qualified, but who is not registered) can hold a hospital appointment, and yet not practise for gain, or, if doing so, may not call himself physician, surgeon, etc., the thing is an absurdity. Why not, in a few words, forbid every qualified medical practitioner from practising at all, and from holding any appointment, unless he be registered? Yours, etc.,

Cardiff, May 1st, 1883.

ALFRED SHEEN.

ANÆSTHETICS DURING LABOUR.

SIR,—In the interesting article on "The Use of Anæsthetics during Labour," by Dr. Savill in the *JOURNAL* of May 12th, one very important point is not mentioned. It has more than once happened to me when giving chloroform in labour to find that when the head has passed the outlet, the patient who has seemed so little anæsthetised as to complain of excessive pain, and beg for more chloroform, suddenly passes fully under the influence of the drug, and becomes profoundly unconscious; complete delivery follows, and profuse flooding at once sets in. Subcutaneous injection of ergotine, Boujean's, is the remedy I adopt, together with strong pressure on the uterus, and what other general measures may seem desirable.

The point I would wish to insist on is, that instead of "crowding-on" chloroform at the last, one should then be very sparing in its use, although loudly begged by the agonised patient to give more and more.

A COUNTRY DOCTOR.

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