

of the Act.—I am, dear sir, faithfully yours, H. W. ACLAND.—R. H. S. Carpenter,
Esq."

“Medical Alliance Association, 130, Stockwell Road, October 11th, 1880.

“My dear Sir,—The clause xxxi you refer me to says that “every person registered under this” (the medical) “Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty’s dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the costs of any medicines or other medical or surgical appliances rendered or supplied by him to his patients”, etc. Now, I wish to ask you, on my own behalf, if this clause means what it says, whether, having registered my Hall qualification, I have, by so doing, acquired a legal right to practise medicine in either Scotland or Ireland? The clause you name states that I can practise “according to my qualification”; and that qualification states upon the face of it that I am entitled to practise medicine in England or Wales, but it says nothing about Scotland or Ireland; and the Apothecaries’ Act of 1815, under which it was granted, does not pretend to give a right to practise elsewhere than in England and Wales. Since the Medical Act was passed in 1838, has there been a single legal decision or ruling that would tend to support, even indirectly, the impression so prevalent in the profession, that “reciprocity” was established by that Act? If so, I should feel greatly indebted to you by your pointing it out to me. But, on the contrary, have there not been both legal decisions and legal rulings which have shown, to the cost and mortification of the plaintiffs in the cases I am alluding to, that “reciprocity” was not established by the said Act? Twenty years since I sent to the Medical Council a fee of £5 for the registration of my Hall licence. I sent it under the impression that registration would give me a legal right to practise medicine where I pleased “in Her Majesty’s dominions”; and as you are the President of that Council—I say it with all due respect for every member of your Council—who received that fee, I think you are in honour and justice bound to give me clear and definite answers to the questions I have put to you, and to do your best to show that “reciprocity of practice” is not, what I now allege it to be, a monstrous sham which, for more than twenty years, has been practised upon the profession by the Medical Act of 1838.—I am, dear sir, faithfully yours, R. H. S. CARPENTER, Hon. Sec.—H. W. Acland, Esq., M.D., President of the General Medical Council.”

*** It may be held as a general rule that, prior to the Act of 1858, a degree or diploma obtained in one country did not give the holder a legal position to practise out of that country. The words of the Act which we have italicised in Mr. Carpenter's letter give a legal qualification to every registered person to practise in any part of her Majesty's dominions without reference to other places at which his qualification has been obtained. The *Register* is the proof of qualification.—[ED. BRITISH MEDICAL JOURNAL.]

SURGEON.—1880. 1. By the editors of the respective papers. 2. By the Council of the New Sydenham Society.

PHLEBOTOMY IN ACUTE DISEASES.

SIR,—I was very pleased to find in the BRITISH MEDICAL JOURNAL of Sept. 25th a letter from Dr. Greenwood, of Newton Hall, near Leeds, on bloodletting in inflammatory diseases. I perfectly agree with him in his remarks; and, as a practitioner of long standing, I feel the profession will have to go back to phlebotomy in all acute diseases. I have seen great benefit, almost immediate in some cases, from bleeding in pleurisy, pneumonia, and acute rheumatism at the commencement of the attack. I remember that, forty-eight years ago, whilst an apprentice at Royston, I had to bleed persons belonging to a certain brewery, "at their own request", without any injury to them. This practice, of course, I would not recommend.

I would here state I have deeply repented not bleeding of late years in acute diseases at the first; and I believe that, if I had done so, I should have been more successful in my practice; and am certain in my own mind, if the younger branches of the profession were to adopt this principle, we should not hear of so many persons having pleuritic adhesions and heart-disease after acute rheumatism.

At the late meeting of the Association at Cambridge I had an opportunity of seeing many old friends, some who have retired from practice, who quite agreed with me on this subject. Since then, I met a celebrated professor of Cambridge in consultation, who was of my opinion.—I am, etc.,
R. S. ELLIS.

Willingham, St. Ives, Hunts, September 30th, 1880.

BINAURAL STETHOSCOPES.

SIR,—In reply to "Physician", I strongly recommend him to obtain a stethoscope such as I am using. It consists of an ebonite chest-piece about the size of a walnut, and, attached to it, two caoutchouc tubes, ending in ear-pieces. The chest-piece is held in position by two fingers, and the ends of the tubes are inserted into the ears. I bought mine at Wood's, King Street, Manchester. It is much less costly than the ordinary double stethoscope, and carries quite easily in any pocket. The only objection to it is that the ear-pieces often slip out of the ear.—Yours, etc.,
Heaton Chapel, Stockport, October 6th, 1880. F. W. JORDAN.

HOW TO COVER THE ODOUR OF IODOFORM.—The odour of iodoform is, of late years, generally considered "disagreeable." This term is more particularly applied to it since it has begun to be used as a remedy in venereal affections; and a portion of the odium which has fallen upon it is no doubt owing to a sort of interconnection of ideas between the cause and the remedy. The odour of iodoform is really not being unpleasant if inhaled in moderation, and as long as it is not heated artificially, or the heat of the body. Of course the odour of iodoform in certain kinds of disease has become so well known, that it is of considerable importance to be able to neutralise this disagreeable property without interfering with its therapeutic activity. Several methods have been proposed, the best of which, according to the editor of *New Remedies*, are the following. 1. Tannin, mixed with iodoform, in equal parts, destroys its odour. (Dr. J. R. Cole in *New Rem.*, 1877, 307.) Although this probably depends upon a chemical change, the mixture is nevertheless as active as iodoform alone. 2. Oil of peppermint is recommended by Dr. Vulpius, to be added in quantities of one or two drops to every 10 *grammes* (154 grains) of iodoform (*New Rem.*, 1879, 146). 3. Lavender water and eau de Cologne were recommended by Keyworth (*New Rem.*, 1878, 298), but are not quite as effective as the preceding. 4. Balsam of Peru is a very good vehicle to hide the odour, according to Dr. Lindemann. Good formulae are the following: iodoform, 1 part; balsam of Peru, 3 parts: vaseline, 8; or, in place of the latter, alcohol, collodion, or even glycerin. 5. Oil of sweet almonds, added to an equal quantity of iodoform, is recommended by Dr. Martineau. 6. Essential oil of bitter almonds, in small quantities, by Dr. Constantine Paul. One or other of the first two methods is probably to be preferred.

TREATMENT OF PRURITUS SCROTI.

SIR,—In reply to "M.R.C.S.," I would recommend a trial of cod-liver oil as a local application in pruritus scroti. My father at one time suffered much from pruritus ani, and found almost immediate relief from its use.—Yours truly,

M.B.CANTAB.

MR. W. J. M. READY (Newport, Monmouthshire) writes that, for two cases of pruritus scroti, he used the following remedies. The part was first washed with carbolic soap and warm water; then dried with a soft towel; and sulphurous acid was freely applied two or three times a day. He also gave, in increasing doses, liquor arsenicalis, with bicarbonate of potash in infusion of gentian. Both cases quite recovered in about twenty days.

A LARGE FAMILY PARTY.

THE *Journal de Neuchâtel* is responsible for the following statement: There live, it appears, at Saint Leger aux Bois, in Neuchâtel, Monsieur Dumont, aged 86, and his wife, aged 84. This venerable couple were married in 1817, and had seven children, six boys and a girl, who were all married. They, in their turn, enriched the State with thirty-one children, of whom two sons and a daughter are also married, and have conceived children to this flourishing family. It follows that M. and Madame Dumont if they wish to resemble all their children, grandchildren, and great-grandchildren, might have a family dinner-party consisting, with the host and hostess, of seventy-four persons.

SIR,—Having a friend who has a great admiration of Malthus and his writings, and being totally unable to convince him of his mistake, I should be much obliged if your correspondent Mr. Atkinson would kindly inform me where I can obtain the work he alludes to in the *JOURNAL* of the 9th; what is its cost; and whether it is a large work; my leisure time being limited.—I am, etc., D. A. H.

Wickham Market, Suffolk.

EPSOM COLLEGE.

SIR,—Can you or any of your readers inform me why there are so many boys running away from Epsom College. No less than six last week I am told. Surely some cogent reason can be given for the wholesale exodus, and it cannot entirely be the fault of one side. There is a screw loose somewhere. I enclose my card, and remain yours truly,
A LIFE GOVERNOR.

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BOOKS, ETC., RECEIVED.

San Remo and the Western Riviera. By A. H. Hassall, M.D. London: Longmans, Green and Co. 1880.

A Practical Treatise on Tumours of the Mammary Gland. By S. W. Gross, M.D.
London: H. K. Lewis. 1880.

Index Catalogue of the Library of the Surgeon-General's Office, United States Army. Washington. 1880.

Croomian Lectures. By William Cayley, M.D., F.R.C.P. London: J. and A. Churchill. 1880.

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