

CONGENITAL DEFORMITIES.

SIR.—I have had recently two cases of congenital deformity, a description of which may be of interest. Neither of the women expected or looked for any abnormality. They were not of a nervous temperament, nor could they in any way account for the cause of the deformity.

A. G., unmarried, was confined, on September 8th, 1884, of a seven months' dead male child. It had absence of the cervical vertebrae and occipital bone; the skin of the face was continuous with that of the shoulders. In other respects, it was apparently well formed and healthy-looking. The eyelids were small and drawn tightly back; they would not even permit covering the eyes, which were very prominent.

Mrs. G., who had two healthy, well formed, living children, was confined, on June 23rd this year, of a six months' dead male child. The left leg was absent; there was no cuticle over the abdomen, all the organs of which were visible through a delicate membrane, which was continued over the placenta. The umbilical cord was about half an inch in length. The scrotum was situated farther back than usual, and by the side of it, in place of the absent leg, was a tumour of the size and appearance of the scrotum. In other respects, the body was well formed, and in good condition.

With the exception of slight defects in formation, these are the only two cases I have met with whilst attending five or six hundred births. Occasionally, a mother has inquired of me at a birth whether the infant had a mark upon it, mentioning the part she had expected to have received the impression, when no such defect existed; at other times, when marks or blemishes have been discovered, no mention was voluntarily made by the mother that she had been alarmed at any time whilst pregnant; although, upon inquiry, a fright she received at some distant time might be mentioned by her. I have observed that, when a woman has been alarmed, and it has impressed her that the child would be marked, and it has actually been the case, the accident has always happened between the third and fifth months of gestation. When (as sometimes happens) deformity is hereditary, is it not rather a production of the same class of formation of species than maternal impression?—I am, etc., J. T. McMAHON, Dartford.

STATE MEDICINE AND THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

SIR.—In the BRITISH MEDICAL JOURNAL of September 19th, and 26th, Surgeon-Major Ewart, and Dr. Thomas Dolan, have raised very important questions as to the better organisation of the civil medical services, and the desirability of special and higher medical education of medical officers connected therewith. This is, I think, a very important matter; and in view of the present movement of the Royal Colleges of Physicians and Surgeons to obtain the power of granting medical degrees, why should they not carry out to the fullest their regal titles by constituting themselves a Royal or State University of Medicine, which shall be the representative of our profession in the eyes of the nation and in her councils? The first step in attaining such an end would be the institution of a degree in State Medicine, such as D.S.M., in addition to those which they now have under consideration. No one could question, I think, the justifiability of such a title, which embraces the subjects of hygiene, medical jurisprudence, and the medico-legal aspects of poverty, crime, and lunacy, based on a sound knowledge of the social sciences, and general medicine.

The importance of such a step would not rest long before its significance would be appreciated by Parliament; and the organisation of the medico-civil service would, I think, soon follow the special qualification of medical men in the above named subjects, and with it the increased political and social power of the profession. The study of State Medicine, which is now so disjointed, would by the union of its component parts receive increased impetus; the intimate relations of poverty, crime, and lunacy, their causes and power of amelioration, would be more carefully worked out; and by the institution of proper laboratories, the origin and mitigation of preventable diseases would be investigated with greater facility, and so also all other matters relating to Public Health.

In such a scheme, gold medals for special merit to commemorate the labours of Parkes and Taylor might well be associated. An university so constituted, with the medical schools of London affiliated, would indeed be a Teaching University of Medicine, affording opportunities for research and teaching equal to those of other European capitals. At the present time, all these matters are in a state of almost hopeless chaos. The medical officers of health, of prisons, of asylums, and workhouses, while bent on studying their own departments, too often lose sight of the intimate relations of the others, on which so much depends. The very unconnected nature of these services increases the breach which special education and union would fill up.

There is now hardly any social question on which medicine does not in some way or other come to the front; and indeed, so great has been its power for good, in spite of its wants in organisation, that one must feel that still greater results must accrue to the community by its closer union to the State. The law may enact penalties for crime perpetrated, and make provisions for poverty and lunacy existing, but it is the coming advent to power of medicine in the councils of the nation to remove or ameliorate those conditions, those diseases on which crime, poverty, and lunacy, so largely depend. To further this end is, I think, a very high aim and well worthy to be associated with a movement relating to the individual requirements of London students, as it is not only for their own personal advantage, but is, I feel, for the benefit of the profession and the whole community. To achieve such results the first steps must first be taken. Now there seems to be an opportunity for the first advance, and that appears to me to be the thorough qualification of medical men, who devote themselves to the various branches of the medico-civil service. Would not the conferring in addition to the ordinary medical titles, the one also of Doctor of State Medicine on those who embark in the above services be a most important move?—Your obedient servant, SPES.

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BOOKS, etc., RECEIVED.

- History of Homoeopathy. By Wilhelm Ameke, M.D. Translated by Alfred E. Drysdale, M.B. Edited by R. E. Dudgeon, M.D. London: E. Gould and Son. 1885.
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- Basic Aural Dyscrasia and Vascular Deafness. By R. T. Cooper, M.A., M.D. London: Baillière, Tindall, and Cox. 1885.
- A Reference-Handbook of the Medical Sciences. By Various Writers. Edited by A. H. Buck, M.D. New York City. Illustrated. Vol. I. New York: Wm. Wood and Co. 1885.
- The Transactions of the Medico-Chirurgical Society of Edinburgh. Volume IV. New Series. Session 1884 and 1885. Edinburgh: Oliver and Boyd. 1885.
- History of Queen Charlotte's Hospital. London: Hutchins and Crossley, Limited. 1885.
- Calendar of the Royal College of Surgeons of England, July 9th, 1885. London: Taylor and Francis. 1885.
- Epitome of Diseases of the Skin. By Louis Duhring, M.D. Reported by Henry Wile, M.D. Philadelphia: J. B. Lippincott and Co. 1886.

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