

reach the epithelium of the uriniferous tubes of the kidney, or rather, cause the shedding of that tissue by their presence. Scarlatinal kidney with its attendant dangers would thus be caused by the shedding of the epithelium in such quantities as to block the tubes more or less completely.

### MERCURIAL TREATMENT OF SCARLET FEVER.

Mr. D. Hoadley Gabe (Hastings) writes: The interesting record of investigations in scarlet fever has been appeared in the Journal, and Dr. Clement Wurtis's letter has made me desirous of mentioning my experience of Dr. Hoadley Gabe's bichloride of mercury treatment in two cases. In the first, one of simple scarlet fever with a well marked rash, the subsidence of the rash and the lowering of the temperature were so decided, that my diagnosis was doubted; subsequent peeling and nephritis cleared up that point. The second child (infected by the first) appeared to be sickening badly, with tonsils considerably swollen and ulcerated, temperature high, etc. The next morning after commencing the bichloride there was a marked improvement, and the child recovered without a drawback. The desquamation was very marked, but with such an explosion on the skin I hardly see how it could have been otherwise. From the experience of these two cases, the bichloride of mercury seems to have a marked influence over the course of the disease.

MEMORIAL PORTRAIT OF THE LATE DR. WILSON FOX.

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### REGISTRATION OF FOREIGN DEGREES.

M.D. writes: Permit me to call your attention and that of the public to the cool manner in which the Medical Council performs its duties. By the new Medical Act it is lawful for certain foreign graduates to register their degrees, and the day fixed for doing so by Parliament was June 30th at latest. I sent my diploma up to the Registrar on June 30th, with the request that it should be placed on the *Register*, and I have received neither acknowledgment nor certificate. Had I been registered at the proper legal time, I should in all probability have been elected to fill an honourable and important office, for which a registered M.D. is a *sine qua non*. It is now filled up, and I am yet unregistered. I may say that I have complied with all the requirements of the Act, and that others complain of similar treatment. I have also heard that the Executive Committee of the Medical Council has been called for July 25th to consider the matter, but why was it not called earlier, as the law demands?

\* \* M.D. should refer to the Medical Act, Part II., Section 17, Paragraph 1, which seems to require that an Order in Council should be issued before the provisions of Section 16 can be put in force; at least, this is one reading of the Act which has been suggested. It will probably be necessary to have a legal decision on this point.

**✍ TO CORRESPONDENTS. ✍**

Our correspondents are reminded that prolixity is a great bar to publication, and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early insertion. We are compelled to return and hold over a great number of communications, chiefly by reason of their unnecessary length.

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### BOOKS, ETC., RECEIVED.

**Sherryans.** By F. W. C. Illustrated by Linley Sambourne. London : 86 and 87, Fleet Street, E.C.

Transactions of the New York State Medical Association for the year 1886.  
Volume III. Edited by A. Ludlow Carroll, M.D. Concord, N.H.: Republican  
Press Association. 1887.

Queen's College, Birmingham, Calendar for Session 1887-8.

**Three Lectures on the Forms of Nasal Obstruction in Relation to Throat and Ear Disease.** By Greville MacDonald, M.D.Lond. London: A. P. Watt. 1887.

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