

before been established that if only enough fluid were injected into the circulation of an animal dying from loss of blood, success must of necessity follow its introduction.

On July 29th, 1891, I saw Mr. Lane remove a ruptured spleen from a young man who had been run over. I suggested to Mr. Lane that he should inject salt solution, telling him of the success of Dr. Wooldridge's experiments. He however did not avail himself of my information on this occasion, the patient dying soon after the operation from the result of hæmorrhage which preceded it, though he did shortly afterwards successfully, when he published an account of the case.¹

Since that time we have used the method very frequently at Guy's with the greatest success, both for severe hæmorrhage and for collapse, as well as in some cases of exhaustion. The amount usually introduced is about three pints, but as much as six pints or more have been used with advantage, and on no occasion has any evil result whatever followed the operation. Although we have tried various means of introducing the salt solution, we have found an ordinary large glass syringe and cannula the most useful and manageable. The quantity of fluid requisite is readily gauged by the condition of the pulse.—I am, etc.,

Guy's Hospital, S.E.

ALFRED THEODORE RAKE.

THE UNIVERSITY OF ABERDEEN.

SIR,—Marischal College and University at Aberdeen was founded in 1593, and King's College and University in 1494. The tercentenary of one and the quatercentenary of the other are therefore neither of them far off. Is anything being done to celebrate these anniversaries in any way? It seems to me that many old *alumni* of both colleges would be pleased to join in some plan whereby their dear old *Alma Mater* would be benefited, and where they could have an opportunity of meeting together for auld lang syne.—I am, etc.

Westbury-on-Trym, Glos.

WM. DUNCAN.

THE SUBCUTANEOUS INJECTION OF THYROID JUICE IN MYXCEDEMA.

SIR,—As Dr. Murray and I initiated and have worked at the above subject quite independently of each other, I may perhaps be allowed, on the experience of three cases, to corroborate his conclusions on the value of the injection of thyroid juice in some cases of myxœdema. I was unfortunately prevented attending the Section at which the paper, published in the BRITISH MEDICAL JOURNAL of August 27th, was read, and therefore take this opportunity of adding my testimony to the very marked improvement which almost immediately appears after the employment of the method. I stumbled upon the subject in October, 1890, a year before Dr. Murray's first paper was published, and my first intimation that work had been done in this direction was the concurrent appearance in the JOURNAL (October 10th, 1891) of both our communications. Dr. Murray, however, had read his paper at the meeting of the Association in Bournemouth in July, and he therefore was justly accorded the priority of publication.

With the fresh unsterilised juice which I have always employed no abscesses have as yet resulted, though fourteen patients have been injected. The sheep are very carefully selected, and all thyroids which are dry, tough, very small, or those which present the slightest appearance of suppuration are rejected. Some of the foreign sheep are overdriven, in others I have found localised thyroid abscess.—I am, etc.,

Old Burlington Street, W.

E. HURRY FENWICK.

DISPENSARY DOCTORS' GRIEVANCES.

SIR,—As your voice and pen have so often and so ably been raised in defence of the wrongs and wants of the dispensary doctors of Ireland, I venture to ask you once more to lend us your powerful advocacy towards the completion of our efforts to redress our many grievances.

In the month of April last I was requested to act as treasurer for all Ireland, and, notwithstanding three appeals—two made by Drs. Patterson and Phillips and one by me—to the different county secretaries of the Poor-law Medical Officers' Association throughout Ireland, I have so far only received

¹A Surgical Tribute to the late Dr. Wooldridge, *Lancet*, September 12th, 1891.

the sum of £29 2s. 6d. This represents 233 subscriptions of 2s. 6d. each out of upwards of 1,000 Poor-law medical officers in Ireland; being less than one-fourth of those who may be benefited by the result of the agitation. Surely it would not be too much to ask those who have not already subscribed to send me without further delay their contributions of so trifling a sum, to enable me pay outstanding debts.—I am, etc.,

WILLIAM H. O'MEARA,

Medical Officer of Health for Carlow, Honorary Treasurer for All Ireland Poor-law Medical Officers' Association.

LONDON DIPLOMATES AND THE PROPOSED TEACHING UNIVERSITY FOR LONDON.

SIR,—Mr. Greenwood asks "Where in a provincial town have we anything to equal the National Hospital, Queen Square, and the Moorfields Ophthalmic Hospital?" In reply, please allow me to say that though there may be no hospital in the provinces to compare with the one in Queen Square, yet, as far as the other speciality is concerned, I think the Royal Eye Hospital in Manchester, with its 100 beds, 1,396 in-patients, and 16,695 out-patients, is worthy of comparison with the Moorfields Ophthalmic Hospital, with its 100 beds, 2,185 in-patients and 24,547 out-patients, while the Hospital for Sick Children in Manchester, with its 140 beds, 1,352 in-patients and 10,260 out-patients, is, to say the least of it, worthy of mention in the same connection as the Great Ormond Street Hospital with its 125 beds, 1,094 in-patients and 15,066 out-patients. I quite agree with Mr. Greenwood that there is no injustice whatever in compelling the graduates of Scottish or any other universities to pass their examinations or even supplement their curriculum, if that is required when they seek the diplomas of the London colleges. These examining bodies have their own standard (presumably they know nothing of ours), and they owe it to themselves and to the medical profession in England to keep that standard a high one, but I do not think that the medical graduates of Scottish universities need fear it when they aspire to supplement their degrees with English diplomas. May I be permitted to point out to "Scotus" that a man holding the London diplomas and having studied at a London hospital school would be required, not only to pass all the examinations, from botany to clinical medicine, but he would be required to attend courses of study during two *anni medici* in the university before he could graduate as M.B. and C.M., and then wait two years and send in a thesis before he attained the M.D. degree. Under these circumstances I think we cannot complain of the exclusiveness of the London colleges.

In justice to my own university, which Mr. Greenwood says is the most usual goal of Englishmen seeking degrees, allow me to say that the pass lists of Aberdeen University do not bear this statement out. At the last graduation the degrees of M.B. and C.M. were conferred upon thirty candidates, who, with three exceptions, all hailed from North of the Tweed. The clinical opportunities at the Aberdeen School are certainly fewer than in the larger London hospitals, but they are very fair considering the number of students, and there is a fallacy involved in quoting the 100,000 population of Aberdeen as the only source from whence the clinical material is drawn, the fact being that good cases come from all the counties north of Aberdeen, and from those to the south of it until the influence of Dundee and Edinburgh is felt. I wish the proposed teaching university for London every success, and hope that it will grant an ordinary medical degree for London medical students, for it is manifestly unfair that, with the high standard of teaching and examination which prevails in London, they should not have the advantages (such as they are) accruing to the possession of the degree of M.D. Apologising for the length of my communication.—I am, etc.,

M.D., C.M.ABERD.

P.S.—My hospital figures are from Churchill's *Directory*, 1889.

ALCOHOL AS A MEDICINE.

SIR,—There is one point in the administration of alcohol as a medicine to which I have seen no reference, and yet one which is of great importance to the right use of the drug.

Taking it for granted that the main action of alcohol is a stimulant one, and that this effect is followed by a period of