

could be eliminated. One thing is, however, certain, and that is, that so long as the etiology of diphtheria remains so obscure sanitary authorities are bound, with a view to its prevention, to do away with all defective sanitary circumstances with which it appears to be associated, and this the more because, quite apart from diphtheria, all action in this direction tends to the general improvement of public health within the areas in question.

ADDITIONAL QUALIFICATIONS FOR DENTISTS.

WHEN the Dentists' Register first appeared no other qualification than the L.D.S. was admissible, but subsequently medical and surgical degrees were inserted as "Additional Qualifications," though not as substitutes. Mr. Macnamara, at a meeting of the General Medical Council, now seeks to enable dentists to register as an additional qualification a single medical or surgical diploma, notwithstanding that such diploma of itself would not be eligible for the Medical Register. He said, "for instance they [the Medical Council] could not prevent the College of Surgeons of England issuing their single diploma if they thought fit, although it would of course be valueless as far as registration is concerned," and he suggested that such a diploma should be granted and registrable. This seems to us most undesirable. The dentist himself would be in an anomalous position: he would have a medical diploma for which he had passed an examination, and yet not have the right to practise. The medical practitioner sees no reason why the dentist should be allowed to obtain a medical diploma under more favourable conditions than himself, and, as Sir John Simon pointed out, it would increase the confusion in the minds of the public as to the meaning of qualifications. Mr. Macnamara wishes every facility and encouragement given to dentists to become medical men proper, and in this we cordially agree; but they must not be medical in name only. The facilities afforded by the Royal College of Surgeons of England by their new regulations enable the dental student to take the conjoint diploma and the L.D.S. with no great difficulty.

THE ASSOCIATION OF AMERICAN PHYSICIANS.

THIS Association held its annual meeting at Washington on May 12th to 15th. Dr. James Reeves of Chattanooga, Tenn., read a paper on "Some Points in the Natural History of Typhoid Fever," and an interesting discussion followed, in which Dr. J. C. Wilson, of Philadelphia, spoke strongly in support of Brand's method of treatment by the cold bath. Dr. Alfred Loomis was surprised at a statement by Dr. Reeves that he had seen five cases of recovery after perforation, and spoke also of the tendency to cardiac softening and its dangers. Dr. W. Pepper advocated nitrate of silver as an internal remedy in the disease. The subject of Inflammation of the Appendix and Cæcum was the title of a paper by Dr. Norman Bridge, of Chicago (*Medical News*, May 24th), in which he laid down the rules justifying surgical interference. Dr. Fitz, in the course of the discussion, said that operation should be resorted to in cases of very urgent symptoms, or when a tumour was present, but that in cases of slow recurrence without urgent symptoms medical treatment was preferable. Dr. Jacobi thought that physicians should "be able to perform four surgical operations—namely, intubation, tracheotomy, herniotomy, and abdominal section for appendicitis"; but Dr. Pepper did not concur in this opinion, and held that the surgeon should share the responsibility of such cases. Dr. Lush read a paper on Antisepsis in Midwifery (*Medical News*, May 31st). In the debate on Dr. Dana's paper on Seizures accompanied by Shock and Coma, Dr. Loomis alluded to the difficulties in differentiating

embolism, apoplexy, and thrombosis. Dr. Weir-Mitchell and Dr. Folsom read reports upon Disorders of Sleep; the latter, whilst deprecating resort to drugs in insomnia, saying that the best (if required) were chloral, hyosine, methylal, and sulphonal. Dr. Dana contributed a paper on Sensory Disturbances in Hysteria; and Dr. Wharton Sinkler one on Migraine; the remedies he advocated being phenacetin, antipyrine, eucalyptol, and caffeine in large doses. Dr. Ernst of Boston demonstrated the presence of tubercular peritonitis in the body of a rabbit, into the abdomen of which he had injected, by means of a hypodermic needle, a few drops of milk derived from the udder of a tuberculous cow. He also stated that Dr. Stephen Martin of Boston had successively cultivated vaccine virus through five generations, and was continuing his observations on the subject. Dr. Prentiss of Washington showed a man with an extraordinarily slow pulse (then thirty per minute, but it had been as low as eleven), and also a case of Severe Purpura Rheumatica, with sloughing of anterior abdominal wall due to the extravasation. Dr. Welch of Baltimore reported a case of Acute Diphtheritic Colitis with peri-pancreatic fat necrosis. These necroses were found in the transverse meso-colon and in the adipose tissue around the pancreas, and they (as well as the liver, bile, and spleen) contained micro-organisms, probably the bacterium coli commune. Dr. Fitz of Boston described a case of Acute Pancreatitis; and Dr. Shakespeare of Philadelphia advocated the prophylaxis of tubercle, with strict regard to its infectivity. Drs. Kinnicutt and Shattuck read papers on Methods of Diagnosis in Diseases of the Stomach; and Dr. Graham of Montreal gave a report of two cases of acromegaly.

MALIGNANT ENDOCARDITIS IN A CHLOROTIC SUBJECT.

AT a recent meeting of the Paris Clinical Society, Dr. Girode related a case of malignant endocarditis occurring in a young woman the subject of chlorosis (*La France Méd.*, No. 22). There was no rheumatic history, and, indeed, beyond some functional nervous affections, nothing occurred in the case to give rise to anxiety, until, four days before she was admitted to the Beaujon Hospital, she was attacked with embolic hemiplegia and hemianæsthesia; the right radial artery also became blocked. Death, which was preceded by rise of temperature, occurred about three weeks after the attack. Extensive cerebral softening of the right hemisphere due to embolism existed. There was vegetative endocarditis of the aortic and mitral valves, foci of supuration in the myocardium, and patches of endarteritis in the aorta. The source of the malignant endocarditis was obscure; there was no gastric ulcer, uterine or cutaneous affection, which might have given entrance to micro-organisms. Dr. Girode attributed much to the fact that the patient, whilst of weak general health, had for three weeks before her illness come to Paris to take a situation in domestic service, and he thinks this change to comparatively unhealthy surroundings had been very detrimental.

THE HEALTH OFFICER FOR HASTINGS.

WE cannot but feel that the Town Council of Hastings have committed an error in regard to the appointment of a medical officer of health. Small as was the initial salary offered, yet they had the opportunity of acquiring the services of an official who was prepared to give his whole time to his duties; and had they made such a choice, they would not only have given evidence of a desire to place the health considerations of their borough on a footing of first importance, but they would have had the satisfaction of feeling that they had secured the support and esteem of the