with nothing on but his shirt, quite quiet, having a cup of tea by his side, and playing with the spoon in the tea. He held his head down somewhat, and had a sullen, sulky look about him; but beyond that he seemed hardy and well. He complained of pain and showed me where it hurt him by putting his hands to his throat and epigastrium. The tongue was coated except at the tip and edges. The fauces looked normal; but, on the approach of a spoon to depress the tongue, he drew back his head and cried as if in pain. The skin felt cool; the pulse was quickened. The cicatrices seemed healthy, and were in no way discoloured or painful. There was no drivelling of saliva. The voice was altered as if from cold, and he seemed sparing of his words. There was a good deal of secretion in the nasal passages. There was no marked spasm. At 8 P.M. I saw him take some tea from a spoon. He took it hastily, making a loud, sucking noise, as one has heard people temporarily oblivious of manners over a bowl of hot soup. After a while he appeared to doze for a few moments and wake with a start, and this was repeated several times. The breathing was interrupted at intervals but the spasms were not severe. Micturition was frequent. The tongue was coated.

On October 10th, 10 A.M., his mother and the nurse told me that he had not slept all night. He had taken a little milk and tea. He had screamed out about every five minutes through the night, until it became light. He had seemed at times as though he could not get his breath. He had passed urine frequently. The bowels had been moved. I found his condition much the same as on the previous night; but the breathing was often broken as if he were sobbing, or sometimes as if sighing. At 8.30 P.M. I found him breathing with a croupy noise, and making frequent quick-drawn sighs. There was much secretion about the air-tubes and nostrils. He seemed, I thought, to swallow the phlegm. There was not much saliva about the mouth. He said, "If I could spit I should be better", and again, "My mouth just do hurt", and again, "Oh, my mouth", three times. He asked for some tea, and licked the tea and spoon more than once without inducing spasms; but, on trying again, he had several catches in his breath; turned his back quickly on the cup held by his mother; and seemed about to jump out of the other side of the bed. He asked that his cup—a feeder—might be filled up. He spoke more clearly than yesterday. Micturition was still frequent. The tongue was still coated.

On October 11th, 10.45 A.M., his mother told me that he had not lain down, nor slept, nor eaten, nor tasted drink through the night. He had not screamed. There had been much catching in his breath, and one convulsion which seemed to throw him out of bed. He had taken a piece of linen off a chair and beaten it furiously. He had told his mother not to come near him, or she would have a cold like him. He had seemed about to bite his father's hand. He had asked for the door of his room to be kept closed, and for a large chair to be placed between the wall and his bed, so as to partition off a corner of the room for himself. He had rambled much about his little school-fellows. Urine was not passed so often. The bowels were not moved. I found him seated on a low stool in his corner of the room, with only his shirt on. His face was pale, and the scar of the bite showed very plainly, perhaps in consequence. He sat with his head on one side, his eyes turned upwards and to the left, apparently at nothing, and his tongue hanging out of his mouth. He looked mad. He remained in this attitude for two or three minutes. There was much less mucus in the air-tubes. The spasms of the respiratory muscles were not so frequent. He dipped his finger in milk, and put it in his mouth frequently without spasm. He would not drink from the spoon, because he said it got up his nose and made him bad. He sat for a long time quite quiet with his face to the wall, then lifted a porringer as if to spit in it; but being seized with a spasm, he staggered to his feet, dropping the porringer, and caught hold of some piece of furniture, while his legs seemed stiffened under him; then he uttered a low moan, and began to dip his finger in the milk again; then rambled, saying "Em'ly, Em'ly, I want to play horses"; but soon roused on being spoken to. At 8 P.M., the nurse and his mother told me he had been biting the chair and striking it furiously. He had appeared not to know them. He had retched two or three times. I found him going about the room on his hands and knees. I put him in bed. There were several spasms of the respiratory muscles as the bed-clothes were drawn over his legs. He had frequent paroxysms of mixed terror and rage, during which he would strike any object near, and cry as if half in passion and half in fright. The paroxysms seemed like a sort of nightmare, and one had to speak several times to him before his dreaded fancied surroundings gave place to confidence in what was. He was not pale, nor was he flushed. He dipped a crust in milk and took several bites, slowly chewing and accumulating the bread in his mouth, and finally swallowing it. At 9.30 P.M., he grew drowsy, and at 10

P.M. was soundly asleep. At 10.45, he died; the heart failing before the respiration.

Treatment.—On October 9th, at 10.30 A.M., with the hope of lowering the sensibility of the tongue and mouth, and thereby of lessening the tendency to spasms of the respiratory muscles, I gave one of Savory and Moore's morphia discs, one-sixth of a grain. He put it in his mouth, but in a short time spat it out again, along with much tenacious saliva. At 2.45 P.M., on an hypothesis of resemblance between strychnia-poisoning and rabies, coupled with vague hope in a comparatively untried remedy, I injected subcutaneously ten grains of hydrate of chloral. At 8.30 P.M., food having been swallowed, I was led to repeat the injection. On the 10th, at 10.30 A.M., as the night had been unquiet, as the puncture was inflamed, and as there was great terror of an injection, I did nothing. At 8.30 P.M., the mouth being much complained of, I gave one drop of a solution of sulphate of atropia (two grains to the ounce), to be taken up with the finger and put on the tongue, using it as a local sedative, and thinking perhaps to feel my way towards bringing him under the influence of the drug. On the 11th, at 10.45 A.M., I repeated a drop of solution of atropine. At 8 P.M., determining to feed him, I began to administer chloroform, with the idea of giving nourishment and stimulants, through a small funnel, either by the nose or mouth, when a sufficient degree of anaesthesia should have been reached; but his distress, on the mere approach of the lint to his face, led me to desist. Again, with this object, I injected subcutaneously one grain of morphia at 8.30 P.M., thinking to get food given before the stage of sleep should have been reached, and desiring also to insure sleep for its own sake. At 9.30 P.M., he grew drowsy. At 10 o'clock, he slept soundly. At 10.45 P.M., he died. At the last, I deepened his inspirations artificially as long as there seemed to be any use in doing so. Now, indeed, I regret I gave so large a dose of morphia. Perhaps the spasms might have been controlled and sleep procured with a smaller dose, and at least it might have been tried. I suspect, too, that the difficulty of making up my mind as to how much of his worst symptoms should be put down to the poison of the disease itself, how much to the want of sleep, and how much to the want of food, led me to turn aside at the last from my purpose, and leave unutilised the very opportunity for giving food which I had been at pains to seek for, and had obtained.

In connection with this case, a point arose which practically would seem of some importance, and may be stated thus. On August 21st, 1876, a farmer was told that a mad dog had bitten some of his pigs, and in about six weeks one of his pigs was taken ill and destroyed. Soon afterwards, he asked my opinion whether he was justified in selling others of the drove to kill for food. As he did not know himself whether they had been infected with the disease or not, I was unable to state the effects which might be expected to follow from eating the flesh of an animal killed when hydrophobia was developed, much less the effects when the disease was latent only.

SPECULA MADE OF GLASS.

By JAMES MURPHY, M.B., Sunderland.

AMONG the gynaecologists of the present day, the cylindrical speculum has passed almost completely from the department of diagnosis into that of therapeutics; but, as a therapeutic agent, it still holds a foremost place as an instrument by means of which we can most effectually apply local remedies for the treatment of the various diseases of the vagina, the os, and cervix uteri. I wish, therefore, to draw the attention of the profession to certain advantages which specula, made of glass alone, possess over those made of other materials. I am more anxious to do this, as in none of the text-books with which I am acquainted are they recommended, though I feel confident they only require to be tried to become generally used.

The first advantage they possess is cleanliness, for there is no ridge as is usual at the inner end of metallic, or crevice which often forms at the end of coated, specula after a little use, where syphilitic or other virus may lodge. A source of danger which it is needless to dilate upon.

Glass specula are easily washed, and, as they are transparent, one may see at a glance if they are perfectly clean; and this I consider a most important property, as by it the slightest particle of foreign matter may at once be detected. Secondly, the walls of the vagina may be seen through the glass, and fistulae or other morbid conditions recognised; and in anteversion of the uterus, the cervix can easily be discovered and readily brought into the lumen of the speculum. And, finally, they give a very good light, are not acted upon by medicinal agents, and cost much less than the specula now in use.

The shorter they are made the better, provided they answer the purpose. The glass should be pretty thick, and smoothly bevelled at each end. The diameter should be the same throughout—no tapering, except the usual funnel-shaped expansion at the outer end. The inner end should be cut obliquely in some, as easier to manipulate a displaced cervix with; and straight in others, for use when it is desired to produce an ectropion of the lips of the os, so as to gain a view of the cervical canal.

I have been much pleased with some that Messrs. J. Wood and Co., surgical instrument makers, York, have made for me, but I hope soon to be able to get them made up of De la Bastie's toughened glass, which will render them less liable to be broken.

GENERAL COUNCIL

OF

MEDICAL EDUCATION AND REGISTRATION.

SESSION, 1877.

Thursday, May 17th.

DR. ACLAND, President, took the chair at 2 P.M.

Report of the Medical Acts' Committee.—On the motion of Mr. SIMON, seconded by Mr. TURNER, it was resolved that the Report of the Medical Acts' Committee be received and considered; and the Council resolved itself into a Committee for its consideration.

Territorial Range of Titles to Practise.—The section of the Report which treated of this subject was first read. It was as follows.

"1. The first subject on which the Committee has to report is that of various questions which have arisen as to the proper territorial range of certain licences and honorary titles, British and foreign, relating to rights or rank in the medical profession.

"2. Remonstrances have come from the dominion of Canada against the exclusion of legally qualified Canadian practitioners from recognition under the medical law of the mother country, and particularly as to the detriment and offence which they suffer in their relation to the Merchant Shipping Acts of the home legislature. And, in respect of British India, an application is made by Sir Joseph Fayrer, on behalf of the licentiates and graduates of the Universities of Calcutta, Madras, and Bombay, that they may be admitted to the privilege of registration under the Medical Act of the mother country. The points thus raised are two particular cases of a large general question; and the principles on which they must be dealt with are, in the opinion of the Committee, not exclusively applicable to India and Canada. The grievance (stated in general terms) is, that medical degrees or licences which have been conferred under due authority in British possessions outside the United Kingdom, and which respectively entitle to practise in the particular imperial province in which they are granted, give at present no professional status in other parts of the British empire; and the question of principle which the Council has to determine is that of admitting such degrees or licences to be registered as qualifications under the Medical Act. The Committee regards this question as one which urgently needs to be decided by the Council.

"3. Again, an important issue has been raised in France as to the privilege under which the medical practitioners of other countries (including our own) have hitherto been allowed to settle there for professional purposes; and the Committee, while considering this question in its relation to British interests, has found itself confronted with the fact that British law affords no recognition to the medical licences of foreign countries. The Committee is of opinion that, under the circumstances, the Council would do well to deliberate and decide, in its present session, whether or not it will move the legislature to relax—and if so, to what extent, the present non-recognition of foreign licences and degrees.

"4. The Committee, in preparing to submit its opinions to the Council on the two abovementioned questions, would remind the Council of previous occasions on which those questions have been more or less under discussion. In 1870, on occasion of Lord Ripon's Bill of that year, the Council appears to have assented to the principle that 'colonial' and foreign diplomas, respectively valid as titles to practise in the British possessions or the foreign countries in which they are granted, should *under conditions* entitle their holders to rank as legally qualified medical practitioners in the United Kingdom. Two years ago, however, on occasion of Mr. Cowper-Temple's Bill (which aimed at procuring registration under the Medical Act for women holding foreign diplomas) the Council appears to have taken, at least in regard of the foreign diplomas, a position somewhat different from that of

1870: the position of 1875 being, that the Medical Act 'very properly' refuses foreign degrees the privilege of registration in this country, because 'the Council have no means of exercising that supervision and control over the education and examinations required for foreign degrees to which the licensing bodies of this country, whether universities or corporations, are, by the Act of 1858, subjected'. And on two occasions, in 1876, the Council expressed itself to the same effect as in 1875: first, with regard to a renewed proposal of Mr. Cowper-Temple's Bill; and secondly, in answering the memorial in which a large number of registered practitioners, being also graduates in medicine of foreign universities, had prayed the Council to obtain power to insert in the *Medical Register*, as additional qualifications, foreign degrees conferred after examination on duly qualified registered practitioners.

"5. As regards these previous conclusions of the Council, the Committee is of opinion that, so far as the conclusions expressed in 1875 and 1876 differ from the conclusion expressed in 1870, the conclusion of 1870 is that which ought to prevail; provided always that the 'conditions' under which the extrinsic licenses would be admitted to register in this country shall be such as fairly to represent the essential intention of the Medical Act—that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners'.

"6. In regard to such 'conditions' as are here in question, the Committee would distinguish between qualifications granted in the outlying possessions (Indian and Colonial) of the British empire, and, on the other hand, qualifications granted under foreign governments.

"7. As regards the former, the Committee is of opinion that qualifications granted under legal authority, in any part of Her Majesty's dominions, ought to be regarded by the Council as presumptively entitled to legal recognition in the mother-country. It is true that the Council would be unable in general to judge the value of these qualifications as accurately as it can judge those for which the Medical Act holds it directly responsible. But the Committee is of opinion that sufficient allowance for this consideration would be made by providing that, in the *Register*, there should be a distinct alphabetical section for 'persons practising in the United Kingdom under qualifications conferred in the other parts of Her Majesty's empire'. And, in the opinion of the Committee, it would of course also be desirable that the right of Indian and Colonial qualifications to be registered as above under the Medical Act should, in case of abuse, admit of being suspended by some such process as that which applies under Sections xx and xxi of the Medical Act to qualifications which are granted within the United Kingdom. It is the opinion of the Committee that the Council should recommend to Her Majesty's Government to promote, at the earliest opportunity, legislation to the above effect. But if it should seem that such legislation (as perhaps opening some large questions under the Medical Act) could not at once be provided, the Committee would recommend that meanwhile at least the urgent grievance of the Canadian practitioners should be removed by the required small amendment of the Merchant Shipping Acts.

"8. As regards qualifications granted under foreign governments, the Committee is of opinion that there are many which, in international courtesy, ought to be admitted as conferring on the foreigners who seek to practise under them in British territory a claim to be recognised at law as properly qualified medical practitioners: cases, namely, where the degrees or licenses are known not to be conferred except after all due education and examination. It is, of course, evident in regard of foreign qualifications, that the Medical Council cannot ever pretend to judge their value as accurately as it judges the value of qualifications conferred in the United Kingdom under its own superintendence and visitation; and no doubt there may be particular foreign qualifications regarding which the Council, after inquiry, would not approve that they should have any legal recognition in this country. But cases of the latter description ought, in the Committee's opinion, to be dealt with as exceptional. And, considering that foreigners who desire to practise here under legal sanction would be practising chiefly, if not exclusively, on their own countrymen (who could here, just as when at home, judge for themselves as to the value of the diplomas of their own countries), the Committee would recommend to the Council, as principles for legislation, that the General Medical Council should have authority to establish, under conditions, in the *Medical Register*, a distinct alphabetical section for 'foreigners practising in the United Kingdom with qualifications granted in foreign countries, and entitling to practise in those countries respectively'; and that the Council should have authority to cause to be registered in this section of the *Register* such qualifications as it may in its discretion (having regard to the conditions under which they are granted) judge to be reasonable guarantees of professional skill.

"9. The Committee does not propose that British subjects holding foreign qualifications should be dealt with under the above general rule.