

## DENTISTS AND SURGEON-DENTISTS.

SIR,—In addition to the reasons given so forcibly in your leader of Saturday last, why dentists should be registered as dentists, and prevented from using in any way the title "surgeon" without having obtained a surgical diploma, another, and in my opinion a very strong one, remains to be urged on behalf of the public. In a communication I made to the *Lancet* in 1853, I advocated "the elevation of dental practitioners by a recognised qualification, and the consequent protection of the public from those who are unqualified; and that in future they be styled surgeon-dentists or dentists, according to their qualifications"—dental licentiates, dentists; and surgeons, being also dental licentiates, surgeon-dentists—the following passage being the basis of the latter suggestion. "At present, gentlemen practising dentistry style themselves at will surgeon-dentists or dentists, but the public generally do not regard the two designations as synonymous, and have the idea that a surgeon-dentist is a surgeon and also a dentist." That was true twenty years ago, and it is true now. The public, I know, still believe that a surgeon-dentist is a surgeon practising dentistry, and are surprised to learn that most so-called "surgeon-dentists" are only trained to the manufacture of artificial teeth.

There is now an opportunity such as cannot occur again of rescuing the honoured title of surgeon from use by thousands of dentists who have not the slightest right to it, and securing it in future to those who have earned the right; and I trust that your call to arms will be vigorously and universally responded to by the members of the Association.—Yours very truly, ALEXANDER STEWART, F.R.C.S.Ed.

112, Cheapside, February 19th, 1878.

P.S.—Your plan of placing "dentists" and "dental surgeons" on the same register, but in different columns, appears to meet the case effectively, and is so evidently just that members will have no difficulty in getting their representatives and any other members of Parliament they can influence to support it as an amendment.

## WEIGHT-EXTENSION IN DISEASE OF THE HIP.

SIR,—In his letter in the *JOURNAL* for February 9th, Mr. Adams somewhat misunderstands my objection to his original statement on this subject. If he will refer back to my first letter (January 26th), he will see that my object was not to contest the priority of an American surgeon in the use of the weight for the purpose of relieving pain, or for any other purpose, but merely to show that this practice, unquestionably useful as it is, is no *discovery*, whoever may have first adopted it. It is merely an obvious and almost a necessary development of Brodie's practice; and to claim any rights of discovery in a matter of this kind, whether for Dr. Davis or any one else, seems to me not merely to be an abuse of language, but also to foster the prevailing tendency to advance a "claim" to some so-called "discovery" or some special form of treatment or instrument, whereby the name of an individual can be connected with some common disease. I claim, as I said before, no priority or originality whatever for the use of the weight in hip-disease. At the Hospital for Sick Children, we certainly used it, as Mr. Adams says, for the relief of the pain so characteristic of the acute stage of the affection; and there is no doubt, as I stated in my former letter, that the stirrup of strapping by which it is fixed to the leg renders its use much more convenient than it was in Brodie's time; and this is an American invention, which I believed was due to Pancoast. But I am quite unaware of anything in the history of weight-extension in this or any other affections of the joints which deserves to be ranked as a discovery.—Yours, etc., T. HOLMES.

London, February 1878.

SIR,—There can be no doubt whatever that Mr. Adams is quite wrong in supposing that the application of a weight to the foot, in the treatment of hip-joint disease, is a modern discovery. Mr. Holmes is perfectly correct in his remarks on this subject in the *JOURNAL* of January 26th. In the year 1860, I forwarded to the Royal Medical and Chirurgical Society a paper on the Treatment of Scrofulous Diseases of Bones, etc., which is endorsed by the Secretary: "Received November 3rd, 1860; read November 27th, 1860." It was read in abstract. In relating the particulars of a case of a boy, which I had under treatment in June 1856, the following paragraph occurs: "I placed the patient on an inclined plane, and fastened to his foot a pound weight, which worked through a pulley fixed to the bottom of the bed." "He bore the weight well, and I gradually increased it to four pounds." Some months back, soon after Mr. Adams's return from America, I mentioned this case to him, and stated there was certainly no novelty in the treatment; for that, about the same date, I well

remembered, a bone-setter at Manchester was tried for manslaughter, because a man had died, in the treatment of whose case (hip-disease) he had employed extension by means of a weight attached to the foot. I need scarcely make the remark that the man was acquitted. When Dr. Sayre was in London, I asked him to call upon me and I should be happy to show him the paper above alluded to, which, although much pressed for time, he kindly did; and in a very courteous manner acknowledged that the mode of treatment was not new, and strongly recommended me to preserve the paper as a valuable confirmation. From my house, Dr. Sayre and his son went with me to visit the children's wards connected with the Samaritan Hospital, where I had at that time five cases of hip-disease in different stages of treatment. After carefully examining them all, he expressed some surprise at not finding that any of them were treated by means of the extension-weight, and asked why I had discontinued its use. My answer was, because I could produce better results by other means, and that, as he had witnessed, my chief reliance was on "Thomas's splint". I may here observe that both Dr. Sayre and his son seemed well pleased, and made some very complimentary remarks. With regard to the treatment of these cases by a combination of motion and extension, I have always considered it not only a mistake, but in many cases most injurious, as long as any disease exists; and this opinion has been strongly confirmed by some cases I have seen lately. I consider Thomas's splint the best for all practical purposes, as, when pain is no longer present, it enables the patient to move about freely on crutches, a patten being fixed to the boot on the sound foot, so that the foot of the diseased limb cannot touch the ground, quite sufficient extension being thus kept up by the hanging of the limb itself. In this way, the general health is in no wise interfered with.—I am, yours, etc., A. WYNN WILLIAMS, M.D.

1, Montagu Square, W., January 28th, 1878.

SIR,—In the *JOURNAL* of January 26th, Mr. Holmes asks for evidence as to the value of the treatment of disease of the hip-joint by Sayre's splint. His experience has led him to believe that this treatment by extension, combined with motion, leads to unsatisfactory results. In this opinion, I can with confidence confirm him. I well remember that, five or six years ago, after a visit of Dr. Sayre to this country, the treatment of hip-disease had in Leeds a fair trial. The apparent benefit which attended the use of the splint at its first application led me, as well as others, to think that it would prove a great acquisition; but, unfortunately, we found that its application, instead of being beneficial, was decidedly the reverse. However carefully the instrument may be applied, the necessary extension soon relaxes, the bones come into apposition, fresh inflammation is induced, and the last state of the child is worse than the first. I can call to mind two cases in which this method of treatment was followed by excision of the joint, both of which would have, in all probability, been cured by rest and extension applied in the usual manner.

Shall we find that the newly introduced treatment of disease of the spine, which also aims at dispensing with rest in bed, is equally unsatisfactory? Time only can show; but some of the cases, in which I have lately used it, make me fear so. I can only hope that my fears will prove ungrounded.—I am, sir, yours, etc., A. F. MCGILL.

Park Square, Leeds, January 26th, 1878.

## CEREBRO-SPINAL FEVER.

SIR,—Within the last couple of months, there have been admitted into the Dundee Infirmary a number of cases of the above disease. A detailed account of the outbreak I hope to give on a future occasion. Meantime, I wish only to draw attention to its occurrence.

I do so because it may occur elsewhere than in Dundee; because, from its rarity and from its resemblance to other maladies, the real nature of the ailment may be very readily overlooked, especially in the homes of the poor; and because it is of importance that no opportunity should be lost of studying the natural history of a disease which is so comparatively rare, and of which we know so little.

As it exists here at present, it is undoubtedly contagious, affecting one member of a family after another; and bears, in many respects, so close a resemblance to typhus fever that it may very easily be mistaken for it. Indeed, most of our cases have been sent in as typhus.

The onset of the disease is characterised by rigors, sickness, intense headache, and often pains in the neck, trunk, and limbs. The headache continues; fever is marked; the breathing is specially quick and cerebral in character; the patient is restless, and has a look of great distress; the tongue is dry or furred; the bowels are confined; the urine is high coloured, deficient in chlorides, and sometimes contains a little albumen. There may or may not be an eruption on the skin. This,