

examiners in this examination he leaves his reading for the latter three months of the winter session. He goes on attending the lectures on ligaments and muscles, &c. if he is compelled to do so, or until he thinks he has attended often enough to be "signed up," and then he disappears. He may, of course, attend regularly to the end; but in either case his mind and energies are directed towards "getting up" the work for the First Examination, and the lectures are absolutely wasted on him. He does not trouble himself about ligaments and muscles—"they are not wanted." The consequence is he spends six months in learning what he could learn in three. But this is not the worst of it; for all this time he has either not dissected or if he have he has not troubled to learn anything about his dissections because "it is not required." It is all very well to tell him that he will require a knowledge of the soft parts in his Second Examination, and that he will require a certificate to the effect that he has dissected for twelve months prior to that examination. "Sufficient unto the day" is his motto. He goes up for his "elementary" and passes it, and now is confronted with the "Second." He may not be able to dissect in the coming summer session, or, if able, counter attractions prove too strong for him, and he leaves his work till the next winter. He now finds he has twelve months' work to squeeze into a six months' session, and he soon realises the impossibility of it and in the end "funks" his examination. This funking in very many cases is the beginning of the end. When done for the first time it arouses some repentant feelings, but by repetition its terrors are lost and the erstwhile average student become the full-blown "chronic" who, after haunting the place for several years, either turns over a new leaf or gives up medicine altogether, either voluntarily or because he is compelled to by his friends or his teachers—in any event, after he has wasted many valuable years of his life. Of course, he is to blame, but not entirely. He at first got up the work prescribed and passed the examination, but he stopped there; to him a bird in the hand was worth two in the bush. Having passed this examination, he found it of little help to him towards the "Second." He knows nothing beyond the bones and the attachments of muscles to them. He may never have seen the muscles themselves, but has crammed up the areas occupied by their attachments from plates. Instead of his work being now in considerable part a revisal, it is all new to him. The elementary examination is a snare, and in its present form is superfluous.

Can it be remedied in any way? I think so. There is an examination which resembles it in being an elementary one and in being held by a Conjoint Board. I allude to the First Examination of the Scottish Conjoint Board. In this examination a student is required to show a knowledge of the bones and ligaments of the body and the soft parts of both extremities. Having passed this examination the student is a long way on to his "Second," at all events much of his work is revisal, and revisal is always easier than the acquiring of new knowledge. Much as we in England are in the habit of sneering at this examination it is, nevertheless, infinitely better calculated to benefit the student, to satisfy the teacher, than is the miserable fiasco called an examination which is so often held in England.

In this letter I have confined my remarks to the elementary examination; if I am permitted I shall in the near future have some remarks to make on the Second Examination.

I am, Sirs, yours truly,
EDWARD FAWCETT,
Professor of Anatomy, University College, Bristol.

THE PRESENCE OF THE DIPHTHERIA BACILLUS ON HEALTHY SURFACES.

To the Editors of THE LANCET.

SIRS,—A boy fourteen years of age had diphtheria when at school early in June—that is to say, four months ago. He was brought to me on Oct. 14th, and I sent a specimen of mucus from his throat to be examined at the British Institute of Preventive Medicine; this I did, using a perfectly new camel's-hair throat brush for the purpose. From the society's report I learn that the diphtheria bacillus has been isolated from the specimen. The boy is apparently in perfect health, and his throat to the naked eye appears perfectly normal. I am informed that the throat had been

thoroughly brushed with glycerinum acidi carbolici and with sulphurous acid up to three weeks ago.

I am, Sirs, yours truly,
J. W. ASTLEY COOPER, L.R.C.S., L.R.C.P., &c.
Lower Sherringham, Norfolk, Oct. 14th, 1895.

To the Editors of THE LANCET.

SIRS,—Mr. John Terry's communication on "Sore-throats in Influenza" which appeared in THE LANCET of Oct. 12th contains many points of interest and exhibits much praiseworthy and industrious investigation. I venture, however, to think that most medical men will agree with me that the "enlargement of the papillæ," the "deep-red colour," and the "strawberry tongue" may be found in many vascular conditions of the mucous membrane of the mouth—e.g., stomatitis, follicular tonsillitis &c.—and quite apart from influenza. Then again the membrane of which he speaks is certainly, in my experience (and I have seen a good deal of influenza), no common accompaniment of that complaint, and is, I would suggest, of a distinctly diphtheritic type, due possibly to some local cause. I quite agree with Mr. Terry that the ulcerated and congested condition of the throat so often present in influenza affords a highly suitable soil for the growth and development of the diphtheritic membrane, and for its frequently accompanying bacillus, but the last word as to the rôle played by the Pfeiffer-Kitasato bacillus has not yet been uttered, and those who rely exclusively on microscopic tests rather than on clinical observation simply court disaster. There is no question that the diphtheria bacillus has often been found on perfectly healthy mucous membrane and has often been absent, or at any rate undetected, in many cases of unmistakable diphtheria. I unhesitatingly endorse all that Mr. Terry has said as to the misleading results of bacteriological examination of suspicious false membrane, though I can hardly coincide with his opinion that it "has nothing in common with diphtheria." For my own part, I now always look askance at every case of low type inflammation of the throat or tonsils as containing the possibilities of diphtheria, and I have repeatedly watched the gradual evolution of apparently simple catarrhal tonsillitis into malignant diphtheria, followed by paralysis or death. I have often, especially in schools, watched with painful interest this gradual evolution from simple to malignant sore-throats, where each successive case has afforded the required soil for gradually maturing the poison until it reaches its fullest virulence as undoubted diphtheria. As to the occasional symptoms of influenza, they are so numerous and protean as almost to defy enumeration, depending as they do on the particular tract on which the virus expends its force, whether that be the mucous membrane of the throat, nose, bronchial passages, lungs, or bowels; but for the purpose of diagnosis certain symptoms may be relied on as never absent—viz., sudden attack, severe nervous prostration, pain, usually severe, in the head and limbs, and copious perspiration. It is by these never-failing symptoms one should be guided rather than by the variable appearance of the tongue. I may mention, in passing, that the last epidemic has been specially prolific in cases of faucial inflammation and ulceration, often mistaken for tonsillitis. There is a growing tendency, which cannot be too carefully guarded against, to allow bacteriological examination to usurp the place of careful clinical observation and study of symptoms. It should be remembered that bacteriology is the hand-maiden, not the mistress, of medicine.

I am, Sirs, yours faithfully,
CHAS. EGERTON FITZ-GERALD, M.D.St.And.
Folkestone, Oct. 14th, 1895.

SPASMUS NUTANS AND HELMINTHIASIS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 5th Dr. George Dickson, describing a case of spasmus nutans which occurred in his practice at Edinburgh, gave a full account of the ordinary features of this complaint and made the following remark: "Dentition must be looked upon as by far the commonest existing cause, but it is probable that any other reflex irritation would—other things being equal—produce the same effect." Will you allow me to inform Dr. Dickson and the other readers of THE LANCET that I have lately seen a case of spasmus nutans which was coincident with tænia nana,