

calculated to enhance the good reputation of the specialty for which Dr. Tilley and his friends claim to be solicitous. I have reason to know that this particular application of galvano-cautery at the base of the tongue—on whatever hypothesis pursued—is not confined to those who like myself endeavour to explain the grounds for its performance.

*To the Editors of THE LANCET.*

SIRS,—Dr. Herbert Tilley, in his instructive article on Functional Aphonia, &c., with reference to Varicose Veins at the Base of the Tongue, asks, Does this condition exist, and if so, with what frequency? Will you kindly allow me to state that while at Vienna last year I heard Professor Chiari make this remark: "I have never seen a case of varicose veins at the base of the tongue that required the galvano-cautery." This was a surprise to me, as it was contrary to what I had been taught in London.

I am, Sirs, yours faithfully,

Leopold-street, Derby, March 3rd, 1896. GEO. FOURQUEMIN.

THE MEDICAL DEFENCE UNION, LIMITED,  
AND THE LONDON AND COUNTIES  
MEDICAL PROTECTION SOCIETY,  
LIMITED.

*To the Editors of THE LANCET.*

SIRS,—In to-day's issue of THE LANCET, at p. 577, Mr. Victor Horsley, in referring to the proposed amalgamation of the Medical Defence Union with the London and Counties Medical Protection Society, is reported to have said at the ordinary general meeting of the former society that a committee of the London and Counties Medical Protection Society "was now sitting to decide the only point of difference remaining between the two societies—namely, as to the name of the amalgamated bodies." We are sure this is an error on the part of your reporter, for Mr. Horsley could not have made a statement conveying that meaning.

The only point remaining for settlement between these two societies, and which alone blocks the way to their amalgamation, is the refusal of the Medical Defence Union to register the new title of the amalgamated societies. The London and Counties Medical Protection Society holds the opinion that neither the name of the Medical Defence Union nor its own name should be left for anyone to trade upon after the amalgamation of the two societies has taken place, and the only way to make this impossible is to register as the full title of the amalgamated societies a name containing the present titles of both. A most suitable name has been suggested and is accepted by both societies, but it must be registered before it can effect its purpose. Mr. Horsley will doubtless have already drawn your attention to this error in your report of his speech, an error which if uncorrected might do harm to the progress of this movement for the union of these two societies.

We are, Sirs, yours truly,

G. A. HERON, } Delegates of the London and  
W. BRUCE CLARKE, } Counties Medical Protection Society.

Registered Offices: 12, New-court, Lincoln's-inn,  
Feb. 29th, 1896.

"CHROMIDROSIS."

*To the Editors of THE LANCET.*

SIRS,—Cases of chromidrosis have been recorded in THE LANCET by Dr. Stott and Mr. Temple. A similar case came under my observation in 1887 while acting as house physician to Dr. Finlayson in the Western Infirmary, Glasgow. The patient, a woman aged twenty-three years, was sent in by Dr. A. Patterson on account of perspiration of a greenish-yellow colour which stained her collar, particularly at the back part. A collar which she had worn the day before was produced. It was deeply stained of a greenish-yellow colour, this being somewhat easily dissolved out by cold water. No organic tests were applied, but chemical tests gave negative results. In order to exclude any accidental staining the patient was supplied with a clean collar, a diaphoretic administered, and she was seated in front of the ward fire. Unfortunately, in my absence from the ward she became alarmed and escaped. I was unable to trace her afterwards, but the case seemed genuine, as she

had been observed by Dr. Patterson and I believe by other men outside. There was no trace of this staining on any other part of the body, nor could it be accounted for by occupation, menstruation, food, or any accidental circumstance. Over the nape of the neck the skin was thickened, wrinkled, and studded with comedones. The condition had existed for several years.

I am, Sirs, yours truly,

A. T. NISBET, M.B. Glasg.

Newton Abbot, S. Devon, March 2nd, 1896.

OBSTETRIC APPOINTMENTS AT THE  
GREAT NORTHERN CENTRAL  
HOSPITAL, HOLLOWAY.

*To the Editors of THE LANCET.*

SIRS,—Will you kindly do me the favour to give space in THE LANCET to draw attention to a recent advertisement in your columns inviting applications for the (new or vacant I do not know which) post of obstetric physician for out-patients at the Great Northern Central Hospital? Is it fair or right for the authorities of our great suburban hospital in the north of London to make the qualifications for this particular appointment so very exclusive, so debarring, indeed, as to limit the selection of an officer from the ranks of the west-end consulting physicians? The secretary of the hospital informs me that there is "no extern midwifery department at this hospital, so that the duties of the physician (obstetric) are confined to the out-patient department." Evidently the duties are more gynæcologic than obstetric, and as such would, I think, be more efficiently performed by the obstetric surgeon than by the obstetric physician. General medical practitioners in the neighbourhood of the hospital with high medical and surgical qualifications ought not to be ineligible simply because they are not, and for many reasons do not wish to be, members of the Royal College of Physicians. I must respectfully ask why surgeons and general medical practitioners with high medical and surgical qualifications, graduates in medicine of a British university by examination and Fellows of a Royal College of Surgeons of the United Kingdom, are not allowed to compete for these appointments? The duties are generally more surgical than medical, and are in private practice as well performed by the obstetric surgeon as the obstetric physician. Why, then, can the obstetric surgeon not be trusted with the treatment of hospital patients?

I am, Sirs, yours truly,

J. DYSART MCCAWE, M.D. St. And.

East Finchley, N., March 2nd, 1896.

THE COLLUM MEMORIAL.

*To the Editors of THE LANCET.*

SIRS,—The late Mr. Archie T. Collum, M.B. Lond., F.R.C.S. Eng., having for many years been connected with Charing-cross Hospital as a student, house surgeon, surgical registrar, and finally as assistant surgeon, we think it fitting that some kind of a memorial should be established in connexion with this hospital. For this purpose a meeting of past and present students has been called for Tuesday, March 11th, and will be held in the students' club-room at Charing-cross Hospital Medical School at 4 P.M. Dr. Abercrombie, will take the chair. We should be pleased to see all friends who are interested in the above object.

We remain, Sirs, yours faithfully,

LANGFORD LLOYD, } Hon. Secs.,

March 2nd, 1896.

C. THOMPSON BISHOP, } Students' Club.

"THE PREVENTION OF LARGE MAMMARY  
ABSCESSSES BY EXPRESSION OF  
THE MILK."

*To the Editors of THE LANCET.*

SIRS,—I am glad that Mr. Spencer has called attention in THE LANCET of Feb. 29th to a most useful method of preventing the formation of mammary abscesses, namely, by the relief of tension in the early stages. In March, 1893, I read a paper before the Medical Society of King's College in which I described a very similar method of preventing the formation of such abscesses and of treating them even when they had formed. This was based upon the treatment of