2. CASES OF ABSCESS OF THE VULVA.

Dr Alex. R. Simpson mentioned that he had lately seen two cases of abscess of the vulva in the site of the Bartholinian gland, and a third in which a fistula had formed after the spontaneous evacuation of such an abscess. In one of the cases, which had been made the subject of a clinical lecture published by Professor Simpson, the collection of matter was of old standing and painless; but in the other it was acute and very painful. After the abscess in this second case had been opened, it continued to furnish a discharge for such a length of time, that some tincture of iodine had to be injected into it, after which it speedily closed up. In the third case, the fistula had been of long standing, and stretched for about an inch and a half upwards underneath the mucous membrane of the vagina; but under the irritation produced by the presence of a piece of iron wire, which was left in it for two or three weeks, it gradually closed up.

THE ROYAL COLLEGE OF SURGEONS AND THE TITLE OF SURGEON-DENTIST IN ENGLAND.

To the Editor of the Edinburgh Medical Journal.

SIR,—I would, through the medium of your Journal, direct attention to the present position of dental surgery in relation to the measures now being adopted in England towards its advancement as a minor branch of medical education, and improving the qualifications of those entering on its practice as

a special and exclusive calling.

Last year I ventured addressing to the President of the Royal College of Surgeons of Edinburgh a letter on this subject, where I endeavoured to exhibit the disadvantageous position in which practitioners, devoting their attention specially to dental surgery, were situated-1st, as regarded the defective system of professional education, either required of, or received by, perhaps the majority of individuals assuming its practice; 2d, as regarded the low standard of qualifications consequently to a great extent prevailing among them, and its insufficiency as a warrant for undertaking the treatment of dental disease; and 3d, as regarded the causes of such a state of matters, and the means at our disposal for their improvement. To that letter I must refer for any more extended statement of my views on these subjects; and I trust that, in thus taking upon me to bring the matter again under notice, I may not be considered as arrogating to myself anything inconsistent with my position as teacher of this subject in the Edinburgh Medical School, or with the interest which a life-long connection with it has led me to take in promoting its welfare.

The practice of dentistry, it must be kept in mind, viewed as a surgical calling, is, in its nature, in many respects exceptional, or even unique. In order to be successfully or properly carried on, it entails the abandonment of all other departments of medicine or surgery; the routine of a dentist's business rendering attention to any other class of patients difficult, or rather impossible, to be justifiably undertaken or efficiently conducted. Accordingly, we find that these practitioners have been conventionally assigned a place isolated from, although still belonging to, the ranks of the medical profession. They unavoidably perform certain surgical operations, but they generally restrict themselves to performing these alone; and, moreover, in many cases they perform these—and this is the distinctive characteristic of dental surgery—in conjunction with certain mechanical undertakings inseparably connected with such operations, and which no surgeon, without special training, could possibly execute. It therefore follows that dentists must either consist of surgeons specially so

trained in mechanical dentistry, or of mechanical dentists trained in the surgical duties of their occupation; and it just becomes a question whether or not, for this limited sphere of practice, all the instruction and proficiency of a fully qualified medical man can reasonably be required, or considered necessary

to be possessed.

But no methodical system, no regulations at all for the training of dentists, have ever yet, in any prescribed form or general manner, been enforced. Qualified and unqualified practitioners have been indiscriminately confounded together; and it is to remedy this defect by rendering imperative, as a security against such drawbacks, some uniform and special course of instructions and examinations, that is at present agitated for by this body of practitioners. There is no doubt that, by many dentists, the superiority of even a complete surgical education being with such a view insisted on, is fully recognised and admitted; considerable difference of opinion, however, exists as to how far this would be universally practicable under existing circumstances, and even whether the adoption at all of so stringent a regulation would be altogether judicious. Be that as it may, the general feeling of the whole profession now most certainly seems to be, that at least some more adequate system of instruction than is at present the case should be secured; and that some more definite and systematic standard of qualifications for its legitimate practice should be established, and that without loss of time.

With the view of meeting these objects, then, a fixed and recognised system of education in this branch appears to have been determined on by the College of Surgeons of England, under the regulations of what is described as the new Dental Charter; rules for the examination of candidates for the qualification it is to confer, and a curriculum of the required courses of lectures, have been drawn up; while in addition to these, and a special dental school, there has been recently established in London, a dental hospital, having attached to it the names of most of the leading medical and surgical as well as dental prac-

titioners of that metropolis.

To compete in carrying out so fully elsewhere this or any system of special instruction as is here the case, might be impossible, nor is it either looked for or necessary; but surely some approach to such a system could be adopted. If so great an advance in this branch has been found essential or desirable in England, it can surely be no less expedient in Scotland. Perhaps, however, on the other hand, we might even be still more exacting in conferring a license for such practice here. A full surgical qualification might be the only one admitted to entitle to surgical practice in Scotland; if so, let this be understood, and regulations to this effect issued accordingly. If qualifications short of this be considered sufficient, let them be placed as speedily as possible at the service of those anxious to avail themselves of them. If no qualifications at all are deemed necessary, then let this also be stated, and so relieve from the opprobrium of being considered irregular practitioners the large proportion of individuals already practising dentistry under such circumstances. In short, some one or other decided step seems necessary now to be taken in this matter, or dental practitioners in Scotland will be placed at the disadvantageous alternative of either submitting to the obloquy of practising without any recognised qualification at all, or having the expense and inconvenience entailed on them of obtaining it from England.

Trusting you will find space for the insertion of these remarks, I am, Sir,

your obedient servant,

J. SMITH, M.D., Lecturer on Dental Surgery, Edinburgh.