The reason is twofold, and the blame lies perhaps evenly at the doors of either party. On the one hand insular and provincial ignorance and prejudice, and dull wholesale indiscriminating refusal to take any trouble to differentiate a really good American degree such as that of Bellevue, New York, from the fraudulent degree, stolen and forged, or given after a year's study by some congeries of criminals styling themselves a University, not a few of whom may be found serving long terms of imprisonment for their fraudulent practices in various parts of the United States. On the other hand it is undoubtedly true that there are humbug and quackery, and deception, and abominably inadequate and irresponsible medical training in the United States more than in any other country. How far this is due to mere supineness, how far to the connivance of politicians under their democratic form of government, and how far to the fact that there is no federal control of educational matters, and that uniformity of standard is thus precluded by their constitution, we cannot here discuss. Each of the three factors, however, must enter into the calculation.

(To be continued.)

THE INFLUENCE OF STAYS ON THE ABDOMINAL VISCERA.

At a meeting of the Dresden Gynæcological Society in January, 1891, Dr. Meinert read a paper *(Brit. Med. Jour.)* embodying the results of sixty-three *post-mortem* examinations of patients in whom the thorax had been compressed by stays. The normal relations were invariably disturbed. The liver and stomach were usually pushed downwards, more rarely upwards, and in the majority of cases enlarged. The stomach mostly lay with its long axis vertical, and often fitted into a corresponding depression on the surface of the liver. Depression of the great intestine was almost constant, the hepatic flexure being mostly involved. The transverse colon was often disturbed in the most remarkable manner, hanging down in some cases so that its middle part almost reached the pelvic cavity. In these displacements the stomach had, as a fixed point its cardiac end, the large intestine its splenic flexure. Equally precise determination of the displacements of the pelvic organs was not possible, owing to senile changes in many of the bodies. The right kidney was frequently moveable, as many recent authors have already noted. Dr. Meinert believes that in living women, retroflexion is the most frequent displacement of the uterus. A case of nephrorrhaphy for floating kidney was also noted; three-quarters of a year after the operation the kidney again became displaced. Bergmann has observed similar failures; it is certain that women who have undergone nephrorrhaphy should not wear stays. The median displacement of the stomach and the pushing down of the colon was best diagnosed during life, forcing air into those parts of the alimentary canal. The displacement and distension were to be remedied by small meals, taken frequently, and by avoiding fluids in bulk, which injured the stomach. The diet must be substantial and of a nature to stimulate peristalsis; hence a kind of whole-meal bread was recommended. Indeed, Dr. Meinert advocates the swallowing of small quantities of sand for "internal massage" of the stomach.

It may be remembered that at the International Medical Congress, London meeting, 1881, there was some discussion as to whether the long axis of the stomach was not normally vertical. Dr. Leopold stated, in reply to Dr. Meinert, that he had seen the stomach so placed in cases where there was no constriction of the thorax from stays. Some of the changes in the hollow viscera might be due to defective nutrition.

HOW LAWSON TAIT DOES A SUPRAPUBIC CYSTOTOMY.

[We have lately received the following letter, which will be of interest, as showing pretty vividly the iconoclastic tendency of the above great operator.]

Since my arrival in Birmingham I have had the pleasure of seeing Mr. Tait perform this operation once. The patient, a man well up in years, was very stout, weighing (I should think) 300 pounds, with very thick abdominal wall, fully five inches over the bladder, in consequence of which the operation was a most difficult one. This difficulty, however, seemed rather to please the fancy of the operator than otherwise.

The patient being ready, all rules laid down by