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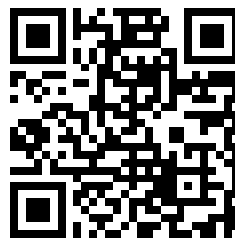
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AN HISTORIC RÉSUMÉ OF THE PROGRESS OF SURGICAL SCIENCE.

ABSTRACT OF AN ADDRESS DELIVERED AT THE INAUGURAL MEETING OF THE JUNIOR SURGICAL SOCIETY OF IRELAND.

By J. FITZSIMONS, Esq.,
Auditor of the Society.

ALL who have been great in our profession have exercised the faculty of observation to the utmost, and have been diligent in taking notes; for instance, Laennec, when he was Corvisart's pupil at hospital, took notes of 400 cases. He and those who pursued the same course had their reward in the immense progress of the art to which they devoted their energies; that progress has been ever steadily advancing, while many other professions have remained stationary, or have retrograded. The builder and engineer of modern times have not produced works which can compare, in grandeur and durability, with those of ancient Egypt, Greece, or Rome. The modern sculptor despairs of rivalling the shattered remains of the chisels of Phidias and Praxiteles. What orator has surpassed Demosthenes in force, or Cicero in elegance? But even if we were to revive the once famous controversy about the merits of the ancients and moderns, the most blinded admirer of the former could not deny the advance that all branches of medicine have made, and though it is still far from taking a place among the exact sciences, we may hope that it will approach very near to them.

In order to understand the progress that has been made, let us look back to the origin of our art. Leclue endeavours to show that the first man was also the first physician; but I am afraid that the proofs of this high antiquity are not very satisfactory. The Egyptians seem to have cultivated medicine from a very remote period; the knowledge of it was confided to their priests and like the mysteries of their religion, carefully kept from all but the initiated. In the early days of Grecian history we find men-

tion made of the healing art, but no trace of correct observation nor true principles; and the whole subject is so overburthened with superstitious practices that progress was impossible. In Hippocrates, of Cos, we find the dawn of better things. As we study his ideas we can with difficulty realise that 2,000 years have elapsed since they were first entertained; nor can we fail to admire the industry of this pioneer of medical science who has left us treatises on ancient medicines, surgery, prognostics, epidemics, fractures, injuries to the head. In his work on surgery he describes minutely surgical appliances, and in his treatise on epidemics we find accurate description made of *forty-two* cases of fever, and days of crisis pointed out. There was, as we might expect, much error mixed with these germs of truth; he considered, for example, that the body was composed of what were then called the four elements—"fire, air, earth, and water;" and he speaks of there being four humours of the body—blood, phlegm, yellow bile, and black bile. He considered health depended on these humours remaining in due proportion, if the balance were disturbed the result was disease; the nature of the disease, he goes on to say, varied as one or other was in excess. This was the origin of his humorous pathology, which held its ground for centuries; we can trace it even in the derivation of the word calomel—*kalos* and *melus*, as it was supposed to be an effectual remedy for a preponderance of the black bile—nay, do not unconsciously to this day pay homage to the theory of the old Greek when we speak of being in a good or bad humour. Hippocrates bestowed much attention on the important subject of hygiene, and his views on it will be found in his work on air, water, and places. The followers of Hippocrates formed themselves into a school, which was called the "Dogmatic;" they deduced their mode of cure from theoretical dogmas; while in opposition to them arose another, the "Empiric" school, who professed to derive theirs from experience only. There was yet another school, called the "Methodic," which was founded by Asclepiades, of Bithynia, who seems to have been a quack, who spoke with contempt of all views received at his time, gave a list of new medicines, and boasted of wonderful cures effected by them; some of his views, however, were

sounder; he first divided disease into "acute" and "chronic;" he was a great advocate for friction, cold bathing, and is said to have invented the shower-bath.

The next great name we meet with is Galen, five centuries after Hippocrates; but much had been done meanwhile. A great school of medicine had been established at Alexandria, and great advance had been made in medical science, but chiefly in anatomy. We find Herophilus and Eristratus dissecting the human body, and are even accused in their zeal of having dissected criminals alive. Eristratus described minutely the structure of the heart. Rufus, of Ephesus, applied himself particularly to the study of anatomy; he dissected apes—perhaps in anticipation of the Darwinian theory that in the ape he found the prototype of man; he traced nerves to their origin, and divided them into those of sensation and voluntary motion; he pointed out the decussation of the optic nerve, and he speaks of the capsule of the lens; the heart he believed to be the seat of life and cause of pulsation, and he showed the difference in size and capacity between the right and left ventricle. Marinus also described the absorbent system and mesenteric glands; he distributed nerves into eight pairs, and is said also to have discovered the "par vagum." Neither had materia medica been neglected: Dioscorides wrote a work which was held as an authority for 1,500 years; he describes such valuable drugs as assafetida, opium, squills, also the efficacy of elm bark in cutaneous diseases. Surgery, also, had made progress; Ammonus invented an instrument for crushing stone. Nicetus, in the time of Trajan, gives a description of the operation for cataract, and recommends it to be done where small. Leonides, of Alexandria, made several observations on glandular swellings, hernia, hydrocele, and his operation for fistula differs but little from that recommended by Pott. To Menacretes we are indebted for the discovery of diachylon plaster. As a proof of what observers they were in those days, we find one Cassius, in his book on medical problems, remarking that ulcers do not heal till they are on a level with surrounding tissue; that parts round the seat of injury remain unaffected while remote parts suffer, as the glands in the inguinal region after injury to the foot; that an injury to one side of the head is followed by paralysis of the other side of the body; and he explains this by pointing out that the nerves decussate at the base of the brain.

Another genius now arose—Galen, who flourished 131 years after Christ; he entered on his medical studies when only 17 years old, and died at the age of 70. He was a follower of Hippocrates. He is said to have written more than 150 essays on different subjects; his "Ars Medica" was the text-book at the school of Salerno centuries after. He considered increase of temperature to be the essence of fever, thus agreeing with what Virchow says in the present century. His description of the bones and muscular system is most accurate; his views, however, on the circulation were not so correct, as he believed the liver to be the origin of the veins, and the arteries to contain air mixed with a spirit. No notice had been taken hitherto of the pulse; he made it the great study of his life, wrote fifteen treatises on it, and insists on its being taken into consideration with other symptoms. He describes also the corpus calcosum, fornix, &c. Time will not allow me to dwell on all this great man achieved: his works abound with reasoning and hypothesis; he was not so close an observer as Hippocrates, who recorded only facts, observed either by himself or others. After the death of Galen science declined. Medicine, like many other departments of knowledge, suffered an irreparable loss by the burning of the great library of Alexandria by the invasion of the Saracens. The Arabs themselves, however, soon afterwards turned their attention to medicine, and they were the only people who did so at this period. In anatomy they could not make much progress, as dissection of the human body was strictly forbidden by their religion; but careful observations were made. Phases gave an accurate description of small-pox and measles, and distinguished between the superior and inferior

laryngeal nerves. Unfortunately, magic, astrology, and alchemy formed also, at this period, part of the physician's studies. Alchemy had at least one good result, as it prepared the way for chemical discoveries which were afterwards of practical utility. Geher, in the 8th century, is said to have been acquainted with preparations of mercury, such as corrosive sublimate and red precipitate. They cultivated pharmacy assiduously, and the first pharmacopoeia appeared early in the 9th century. The Arabs established what were called dispensaries, and sold medicines at a fixed price. Avisenna is the most distinguished name amongst them; his greatest work was his "Canon of Medicine," which was used down to the 15th century. In the 12th century the Benedictine monks established the school at Salerno, at which every claimant, for the honour of a diploma was made to swear that he would not take a fee from the poor, nor have any share in the gains of the apothecary. This school became very famous, and must have been well supplied with a great number of interesting cases, as Salerno was frequently a halting place for the crusaders; but, unfortunately, its professors contented themselves with translating the works of the Arab physicians, and neglected, to a great extent, those of the Greeks, which contained more correct ideas on anatomy and physiology. It is a remarkable fact that ladies were admitted as students, and not a few distinguished themselves, of whom Constantia Calenda was the most celebrated. This circumstance, perhaps, accounts for the ceremonial of conferring the degrees, which consisted in the learned doctor placing a book in the hand of the candidate, a ring on the finger, a wreath of laurel on the head, and imprinting a kiss on the cheek.

It required some courage, however, to be a surgeon in those days, for, if one were unsuccessful in operating he was handed over to the friends of the patient, to be dealt with as they thought fit. Several medical schools were now founded in Europe; the most important were those at Paris, Montpellier, Bologna, and Padua. The Italian schools were very successful, for we find that Mundinus took the bold step of publicly dissecting two bodies. European physicians had also to contend with diseases suddenly introduced from the East, to treat which they were ill prepared; of these the plague and leprosy were the most fatal. We first hear of the plague in Tche, in China, where alone 5,000,000 perished; it then swept westwards, reaching England in August, 1349. For two years it desolated Europe, carrying off 25,000,000 of its inhabitants. Unfortunately, physicians have not left us much information about it, or what their treatment was.

After the battle of Cressy surgeons had to turn their attention to gun-shot wounds. Their plan of pouring boiling oil or pitch into the wound on the supposition that they were poisonous, must have caused intolerable anguish to the patient, till Ambrose Paré, who has been termed the Father of French Surgery, discontinued the practice. His supply of oil having once run short, he had, with much misgiving, to dress the wounds without it; but, with great surprise and satisfaction, found next day that they looked far healthier than those that had been dressed in the old manner. Since then wounds have healed in a rational manner. He also introduced the use of ligatures, and confesses in one of his works that he got the idea from Galen. When he instituted this practice in his own country the Faculty of Medicine in Paris laughed at him, and said it was folly to hang life upon a thread. As early as 1483 Fracastorius accurately describes typhus fever, and says that all those who were bled for this disease perished.

Paracelsus, in 1493, whose genius is beyond dispute, but spoiled by conceit, with as much presumption as bad taste, commenced a course of lectures on medicine by publicly burning the works of Galen and Avicenna, and saying that his shoe-latchets possessed more knowledge than the ancients, and his beard more experience than all the academies in the world. He held the extraordinary doctrine that a demon resided in the stomach, who pre-

sided over what was nutritious, and the reverse. All disease was caused by this governor, he says. Paracelsus, however, did some good to advance medicine; he was the earliest teacher of chemistry. He was the first to lecture in German, and not in Latin; and we are indebted to him for introducing mercury into practice, and for discontinuing the use of complex prescriptions. The sixteenth century is remarkable for the great advance made in anatomy. We are all familiar with the names of Vesalius, Falcius, Etrium, and Falopius. The valves in the veins, and how the blood circulated, were the subjects that engaged the attention of those great men, and occasioned warm disputes among them. These controversies, however, led to the establishment of several facts which smoothed the way to the final discovery that has rendered the name of Harvey immortal. Servetus, as early as 1534, described the pulmonary circulation.

Paré, to whom I alluded before in reference to gun-shot wounds, made accurate observations on the reduction of hernia. He also distinguished between fracture of the neck of the thigh-bone and dislocation, with which it had hitherto been confounded. He is said to have written twenty-six treatises on every subject of surgery.

In the latter half of the sixteenth century Lord Bacon caused a great revolution in the mode of investigating all branches of science, and his comprehensive mind saw how much medicine also would gain by the application of the "inductive method." He therefore recommended physicians to observe more for themselves, to give their attention more to pathology, and not to trust implicitly to the opinion of the ancients—which last suggestion was soon followed by Van Helmont, who endeavoured to expose the errors of the humorous pathology, but had the bad taste to ridicule its originators. Unlike the noble-minded Harvey, who, though he saw still more clearly the errors of Galen, respected what was great in him, and always spoke of him as the "Divine Galen," some of Van Helmont's views would be liable to the same fate now, for he believed in the existence of a "vital spirit" which controlled the actions of the body, and he accounted for digestion by saying that this spirit generated the acid in the stomach which dissolves food.

But the era of correct ideas on physiology was now at hand. In 1578 the great William Harvey was born. To understand all that the science of medicine owes to him we have only to consider that up to this period the heart was supposed to be a mere reservoir for the blood, the arteries to contain only air mixed with a spirit, and the origin of veins to be seated in the liver. I need not dwell on the great event of his discovery; it is a subject we are all familiar with, and we can with difficulty believe the grave opposition it received from some of his contemporaries, nor the mockery that styled him the "circulator;" but the unusual good fortune was reserved for him of living to see his theory universally accepted, and himself an object of veneration. The circulation of the blood was not the only subject on which he thought correctly, which he studied diligently. He suspected another truth when he says the heat of the body increased by respiration, and not as was commonly supposed, cooled. His great work on "Generation" contained the observations of a long and studious life, which was prolonged to the age of 80 years.

It has often been remarked how history repeats itself; and now, in the seventeenth century, we find the students of medicine again divided into three schools—the "Chemical," the "Mechanical," and the "Spiritualistic." The most prominent figure in the chemical school was Francis de la Boi Sylvius, who has also been said to have been the first clinical teacher. Sylvius, attracted by the notion of alkalis and acids, and their mutual action, framed a system on it. Observing that the lymph contains an acid, and bile an alkaline salt, and that these two acid substances, when brought together, neutralise each other, he attributed all disease to an excess of either principle, and prescribed the other as its cure. This Jaho-chemical school, like most schools, pushed its favourite doctrines

too far; but this tendency was corrected by the celebrated Robert Boyle, whose turn of mind inclined him to suspect generalities; he pointed out some grave errors they committed, and recommended physicians to first ascertain correctly what the disease was, and to give a medicine which they knew by experience to be effectual. All else he believed to be vain conjecture.

The mechanical school arose in Italy, under the leadership of Borelli, and though they fell into some errors through the same tendency as the chemists, particularly when they theorised on the treatment of disease, still, science owes them much, for as long as they confined their researches to the structure of the frame they proceeded on true scientific principles, and established facts which remain good to this day. Sanctorius discovered the insensible perspiration, and also the thermometer. Borelli gave an accurate description of the actions of muscles, and compared the heart to a pump. But he and Bellini made a great mistake when they tried to account for fever on the laws of hydraulics—namely, that the phenomena of fever depended only on the rapidity of the circulation, and in no way on the nature of the blood itself,—so putting cause for effect.

The spiritualistic school was founded by Stahl, who believed that the soul presided over the functions of the body. The ardent partisans of these medical sects, as was only to be expected, degenerated into quacks, a class of enemies to whose invasions the realm of medicine is peculiarly liable, partly from the nature of the subject, but still more from the ready reception they receive from a credulous public. But they met with an able antagonist in Thomas Sydenham, a thoroughly practical man, accurate in observation, and one whose description of disease has never been surpassed. He has left us works on fevers, gout, hysteria, colica pictonum, and rheumatism. He paid particular attention to phthisis, and considered horse exercise almost a specific in this disease, as well as Peruvian bark in ague. This valuable drug was introduced at this period. As a proof of its efficacy I may mention the fact that in seven years before its coming into use in this kingdom 10,600 people died of ague; and after it had been for some time in use the fatal cases were reduced to 31 in the same period. It has been well said of Sydenham that he was daring in practice, respectful of the past, but acting strongly in the present, and with rare independence. On his tomb was inscribed that he was one of the nobles of medicine, with more truth than is often found on epitaphs.

The great Haller now appears, who did for physiology what Sydenham did for medicine. He placed it on a sound basis, proved that muscles possessed an inherent power of themselves, which he termed irritability, and by which they contracted independently of nervous influence. He also proved that irritation of the phrenic nerve produced contraction of the diaphragm. He made many other contributions to science; but I cannot here dwell on them, nor on his wonderful attainments in other branches of learning.

Descartes' theory of nervous force was at this time generally received; and although we do not now refer this force to the presence of animal spirits, still, his fundamental ideas were correct, as they were ably set forth by Prof. Huxley at the recent meeting of the British Association at Belfast.

The Scottish School of Medicine became about this period the foremost in Europe, and students were attracted there in great numbers by the teaching of the justly celebrated Cullen, who was equally with Sydenham a practical man, a great physiologist, and whose classification of disease was excellent.

Cullen and Wm. Hunter were great friends. The latter was now in London, where his splendid lecturing, particularly in "Obstetric Medicine," presented this branch almost as a new science. His fame attracted his brother John to London, one of the most patient and industrious investigators that the world has ever seen, and who well deserves what has been said of him, "that he found sur-

gery a mechanical art, and he left it a science." I need not say that he made himself a great anatomist. In surgery he has never been excelled. His most brilliant operation was the tying of the femoral artery for popliteal aneurism, 1785. He was the first who treated aneurism on truly scientific principles—namely, tying the artery at a distance from the seat of disease. If surgery owed him nothing but the formation of his splendid museum, it would be a great debt, for not only the 10,000 preparations it contains are perfect in their way, but the impetus it gave to the formation of similar collections has been of incalculable use. Also by it we can estimate the industry of the man, and the deep interest he took in all relating to pathology. Other evidences of the advance made in surgery, both as an art and as a science, we can see by looking to what Sir A. Cooper did. He first tied the carotid for aneurism, on the principle laid down by Hunter. In 1817 he had the courage to tie the abdominal aorta, having previously experimented on some of the lower animals. The treatment of aneurism by ligature has now been almost entirely superseded by pressure, and to the Dublin School is chiefly due the merit of having introduced this mode, which has innumerable advantages, as may be studied in the exhaustive treatise of the distinguished gentleman who now occupies the chair. Sir A. Cooper has also left us great works on hernia, fractures, dislocations, &c.

A little before this period an experiment in medicine was made which was followed by surprising and important results. I allude to vaccination, which has been the means of preventing the most terrible pestilence of modern times, that from the seventh century up to this period had baffled the most skillful. It has been calculated that there perished of this disease alone in Europe 210,000 annually, and in England 40,000. It has been said of Jenner, by those who take pleasure in detracting from the greatness of great men, that he would not have made this discovery had he not lived in a pastoral district. But many medical men had been in the same circumstances before, without having been led to it. Rather let us give all credit to Jenner, and learn from him not to neglect any source of information, however humble. We are all aware that his first ideas on this subject were drawn from the observations of the peasants among whom he lived. Nor can I leave the subject without alluding to the intelligence and courage of Lady Wortley Montague, who first introduced into England the custom of inoculating for the small-pox, and thus prepared the way for vaccination.

Few medical subjects are of such interest and importance as that of fever. During the last thirty years, in England and Wales alone, the different varieties have destroyed 530,000, and the actual number of persons attacked, to judge from this mortality, must have been between five and six millions. Various have been the theories as to the nature and cause of fever. We have seen how Hippocrates believed it to be due to an excess of one or other of four humours, and again, the mechanical school subjecting it to the laws of hydraulics. In the beginning of the present century, however, its pathology began to be attentively studied in France. Great attention was paid to the intestinal lesions found in typhoid fever, but it was erroneously believed that the local disease caused the fever, and was always in proportion to severity of attack. Broussais some few years afterwards considered enteric fever as only the type of a series which he classed by the name of *gastro-entérite*, believing that an inflammatory state of intestines was the cause of pyrexia. He maintained, also, that variola, measles, scarlet fever, were all due to this *gastro-entérite*; hence, acting on the supposition that inflammation was the cause, he used depletive measures largely. It was reserved for Bretonneau, in 1820, to point out that the lesions in enteric fever were secondary effects of a poison introduced into the system, and Robert Graves at this period, also in Ireland, investigated thoroughly the nature of fever. He concurred with the views of Bretonneau, and they exposed the errors into which

Broussais had fallen. Speaking of the two physicians, Trousseau says they passed their youth in contending against the abstinence from food in fevers, and to them is chiefly due emancipation from the yoke of prejudice imposed on practitioners by the school of Broussais. Graves, he goes on to say, is a man whom I regard as the most eminent clinical teacher of our age, whom I delight to quote, whom I constantly consult, and whose work ought to be your *vade mecum*. Graves pointed out clearly how close a resemblance the symptoms caused by long-continued want of food bear to the worst forms of typhus. He said to his pupils, if at a loss for an epitaph for my tomb, say "that he fed fevers." The giving of stimulants in fevers—to know when to do so, and not—is of the utmost importance, and Dr. Stokes, as early as 1839, pointed out that the grand criteria for guiding are the states of radial pulse and heart. I am sure I do not say too much when I maintain that to the system of clinical teaching founded by Graves and his colleague Dr. Stokes is mainly due the fame that attends Dublin as a school for practical medicine.

The advance in the study of pathology within the last thirty years is truly wonderful. In this the microscope plays a most important part. The nature and cause of phthisis is now being rapidly cleared up. Though the belief is still wide spread that phthisis depends only on diathesis—mainly this the doctrine of Laennec—his assertions that "catching cold," and other irritations, do not produce tuberculosis, we do not now hold to. There can be no doubt that the majority of the cases are not the result of neoplasm, but of inflammation, and that the said catching cold more than anything else predisposes to this fatal disease. Dr. Lyon Playfair says, speaking of this malady, that it is greatly to be mitigated by drying and ventilating the soil, as well as by sanitary dwellings. In Salisbury, after the sewerage had been made effective, deaths fell 49 per cent; in Ely, 47; and in Rugby 43. In the last generation the average duration of the disease was ten years; now, according to Dr. Williams, it is eight years.

Since the discovery of Sir C. Bell—on the function of the spinal cord—a discovery which is said to equal that of Harvey—the physiological anatomy of the nervous system has been thoroughly investigated, and we can now discriminate between many diseases which a short time ago were confounded. The geography of the brain has now been mapped out, and the brilliant results of the experiments lately carried on by Fritsch, Hitzig, and Ferrier show that the ideas involved in what is called phrenology have, after all, a scientific basis. The attention paid now to sanitary science is a true sign that we live in a progressive age. The mortality in London a century ago was more than 35 per 1,000; at the present time, notwithstanding the immense increase in population, it is only 22 per 1,000. The mortality in Calcutta and Bombay, which was formerly something appalling, is now the same as some of the large cities in England.

CHOLERA: ITS ÆTIOLOGY, CONTAGIOUSNESS, AND TREATMENT.

By WM. BOYD MUSHET, M.B. Lond., M.R.C.P.,
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ÆTIOLOGY.

(Continued from page 565.)

PROFESSOR MACLEAN is evidently a contagionist, and Inspector-General John Murray, of the Indian Service, thinks it to some extent contagious or communicable, but that there is not very great danger in attending on the sick in Great Britain, where decomposition is comparatively less rapid than in India. It may be remarked that Dr. Murray states he has suffered from three attacks of cholera, and this testimony is opposed to its being an

acute specific disease, which usually occurs but once to the individual.

Dr. Snow, who threw so much light on the ætiology of the epidemic, also thought that it was contagious or communicable from person to person.

Dr. Gavin Milroy thinks contagion plays a very small and subordinate part in the diffusion of cholera, and that it does not admit of doubt that it may arise *de novo*, and make its appearance at intervals in Hindostan quite independently of any suspicion of antecedent importation. Dr. Bastian holds similar opinions.

Dr. Cuninghame, Sanitary Commissioner with the Government in India, in consequence of facts especially collected, arrives at the conclusion that the evidence is entirely against the contagiousness of cholera. He denies that it is a specific poison capable of multiplication in the bodies of those affected, or that it can be transmitted through the medium of water, or that human locomotion has anything to do with its propagation from place to place. Dr. Cuninghame deems air to be the only agent worthy of serious notice in the propagation of the disease, and insists emphatically on a pure water supply, and on removal from infected districts—*i.e.*, withdrawal from the conditions with which the pestilence is associated. ("Report on the Cholera Epidemic in Northern India," by Dr. J. M. Cuninghame.) It is probable that the disagreement noticeable amongst the authorities quoted might be much reconciled by a precise definition of the word "contagion," which has been far from strictly employed, and is, with many, convertible with "infection." "Words," says Max Müller ("Lectures on Language," 2nd series, page 256), "without definite meanings are at the bottom of nearly all our philosophical and religious controversies, and even the so-called exact sciences have frequently been led astray by the same Siren voice."

I will now record my own experience during the epidemic of 1854, as to the contagiousness of the disease, which is highly confirmatory of the observations of Drs. Parkes and Cuninghame; and I am justified in stating that my lamented colleague, Dr. Filliter, entertained similar convictions.

Neither doctors, nurses, helpers, nor undertakers, who were constantly in contact with cholera patients, alive and dead, were attacked by the disease. The undertakers passed many hours in the dead-house daily, and I have seen them taking their meals there, as under ordinary circumstances. The medical officers were in the wards at all hours of the day, and I have passed as many as four hours daily in the cholera ward, which was specially set apart for the reception of patients, and was full, too full, for a long period. One of the helpers, named Strong, was on duty all day, and slept every night in one corner of the ward, that she might be ready in case of urgency.

A patient on the same gallery, but in an ordinary female ward, visited from curiosity the ward in which the cholera patients were located. This woman was attacked, being the only instance which occurred amongst the patients in this portion of the infirmary. She had been in for some weeks, having ulceration of the leg, and expressed great apprehension of cholera, after having witnessed the patients who were brought in. In consequence she was removed from the surgical ward, farther down the gallery to a medical ward, at the request of the nurse, and ordinary diarrhœa supervened some days after her removal. This continued for two or three days previous to choleraic symptoms. She remained untreated, avoiding to inform the doctor, "lest she should be sent to the cholera ward." Death took place eight hours after the access of characteristic symptoms, although I saw her directly, when summoned. Concerning this case, it may be fairly held that the exhausting operation of ulceration of the leg, great moral dread and depression and continued diarrhœa rendered her peculiarly favourable to the reception of morbid impressions, combined with which there existed a foul water-closet, which was much complained of by the patients in the ward, situated close to it, and the septic emanations from this source may be

regarded as the cause of the attack, without resorting to the aid of contagion as an explanation. The epidemic influence may be also presumed to have been present, as cholera was at the time prevalent in a court immediately behind the infirmary buildings. Two more cases, on the male side, afterwards appeared in another ward of the infirmary, far away from the situation of the female wards—the first, an old man, suffering from chronic vesical disease; and the other, the night nurse of the same ward. Both of these had previously had ordinary diarrhœa, and were feeble elderly persons, subjected to a close, ill-ventilated surgical ward, with an offensive drain in one corner, and the above court immediately in the rear. The old woman recovered.

Two cases occurred in the workhouse of St. Marylebone—one, a nurse, not attendant on cholera patients; the other, a man employed about the beds, and who possibly had been in contact with the bed-clothes and bedding of cholera patients; but several other men were also equally exposed, without any development of choleraic symptoms. I refer to, although I attach no importance to, the consideration of exposure in the above instance. The nurse mentioned had had diarrhœa for many weeks, and was a confirmed drunkard, living in a most confined part of the workhouse, poisoned by noxious influences, and not very far from the court formerly alluded to. The bed-man was also of irregular habits, had suffered for some time from diarrhœa, and was living under conditions of atmosphere similar to the nurse.

These were the only cases which occurred amongst the inmates of the infirmary and workhouse, and in all these three there was premonitory diarrhœa traceable to septic sources. There was also strong presumption of epidemic influence from the known existence of the disease in the neighbourhood, and only one of the three could be at all connected with direct exposure to contagion. I attribute the immunity enjoyed by the inmates generally to the thorough steps adopted for the establishment of cleanliness. From the cholera wards the evacuations were removed by the nurses as soon as discharged by the patients, which I regard to be a most important prophylactic measure in respect of the attendants. According to tradition, in a previous epidemic, twelve or thirteen cases appeared in one ward of the workhouse which abutted on the churchyard in Paddington Street, the remainder of the house remaining free from attack. My conclusion, therefore, is, that cholera, literally speaking, is not contagious; and when apparently so from communication with the sick, it is generally or invariably due to subjection to the same circumstances which originally infected the first individual; or to exposure to decomposing choleraic discharges from the person or garments of those suffering from the disease, as in the case of the woman at Malta (adverted to by Inspector-General Anderson), who developed the complaint after (dependent on?) wearing the unwashed linen of a patient. I do not regard the evacuations in cholera to be specific as a poison, but rather causing the disease—if they can do so—as might any other virulent septic material; and the choleraic dejecta may be assumed as highly prone to decomposition. I am convinced that mere contact of the body, or the breath of a patient suffering from cholera, cannot induce the complaint. The clothing of cholera patients should be disinfected or destroyed, as an assurance of safety. The limited contagiousness, if any, of cholera should be insisted on, and published to all concerned in its treatment, being of great importance to those attacked, as it tends to impart confidence to nurses and attendants, and thus render them more assiduous to the sick. Patients, if possible, should be removed from infected districts to other localities, as they are withdrawn from the influence of the original cause and are more favourably circumstanced for treatment. Dr. Cuninghame insists on the value of movement as a preventive of cholera, as facts point to a peculiar localisation of the disease.

On the whole, I consider the susceptibility of persons in health to cholera as very limited, unless the poison or

influence be of peculiarly malignant character, or there has been some previous privation, exhaustion, or indiscretion, as long fasting, over-fatigue, intemperance in food or drink; and if the history of cases amongst the better classes was ascertained and analysed, it would be in nearly all cases discovered that the attack follows bodily excess: and this, if the fact, explains the immunity of individuals in greatly infected districts. It is remarkable that during epidemics of cholera less deaths are noted on Saturdays and Sundays, owing to (?) freedom from depression, as there is rest from work, better food—wages having been paid—less water, and more stimulants taken. Galen observes, with truth, that epidemic influences, however powerful, are insufficient to induce disease without a peculiar disposition of the body to admit them; otherwise all, without exception, would be seized by the prevailing epidemic.

I have, to some extent, proved how rarely hospital attendants are attacked in the performance of their duties. If they are, they at first suffer from diarrhoea, which becomes malignant (cholera) from the predisposing nature of their office, confinement, irregular habits, watching, fasting, exposure to decomposing discharges and foul clothing of patients, and other sources of exhaustion, as well as sometimes to local epidemic influence. It is, therefore, not difficult to explain the causation, when doctors, nurses, and attendants are attacked, without seeking to maintain the contagiousness of the disease, *i.e.*, its communication by contact with those affected. These remarks closely coincide with the views of Mr. Whitfield, Resident Medical Officer of St. Thomas's Hospital, communicated to the Board of Health in respect of the epidemic of 1854, and with the more recent conclusions of Dr. Cuninghame.

Moreover, the disease appears at sea in ships far removed from every source of contagion, and it is frequently arrested on the confines of an infected territory which is in free communication with surrounding uninfected countries. Lastly, that cholera should appear to travel, or be conveyed, in the lines of human traffic and intercourse, might be expected, without resorting to the theory of contagion, as it is only amongst the human race that the conditions probably exist necessary or essential for its production.

(To be continued.)

WHAT IS MEDICINE?

By EDWARD LANE, M.A., M.D. Edin.

WITH the beginning of another year, when, not unnaturally, all reflective persons are disposed to sift and try themselves—to look backward as well as forward—it may not, perhaps, be thought so remarkable that we should be found putting ourselves such fundamental questions as the one at the head of our essay of the 23rd ult., and that which is to form the subject of our remarks to-day. Such periodical self-interrogations and examinations, eminently salutary to us as individuals, are fully as necessary to us as a profession. We desire to widen and strengthen the foundations of our noble art, hoping thereby to increase its usefulness, and the esteem in which it is held by a public making rapid strides in scientific education; and we cannot too carefully convince ourselves that we are practising it in the largest, the most liberal and truest spirit, in the way not only to accord with established usage, but to satisfy the requirements of independent and unbiased reason. No higher service, in our view, can be rendered to any profession by those who practise it. What, then, is medicine? Many will answer that it is a system whereby we are accustomed to heal diseases, or to attempt to do so, substantially by means of a set of medicaments from the vegetable and mineral kingdoms, and contained in an official repertory known as the *Pharmacopœia*. Such, we venture to say, is the popular

notion abroad on the subject, both in the ranks of the profession itself, and amongst the public. Nevertheless, it is a restricted, insufficient, and unsatisfactory definition. It is not true, as we hope—and if it were, we are sure it ought not to be. For what is the amplest and truest signification of medicine? Both etymologically, and in fact, it is the *Healing Art* (*Medicina—mederi*, to heal). Whatever, therefore, tends to heal, whether it be a drug on the one hand, or the return to the observance of the laws of health, which, having been violated, produced the disease; or whether it be simply the operation of mind upon mind through the mysterious agency of the nervous system—whatever be the proximate and ostensible cause of the restoration from sickness to health, that is medicine. Often enough, indeed very often, the malady with which a patient comes to us is secondary, not primary—a manifestation in one organ of a disease having its true seat and origin in another. He complains to us of a dyspepsia, and we discover on a little cross-examination that the organ really suffering, and primarily at fault, is an over-toiled brain, with which the stomach was only secondarily sympathetic through the medium of the nervous system, linked as each organ of the economy is with every other, as parts with a whole. And that being so, no one surely would believe that the rational treatment of such a case would be the same as if we had to do with a case of genuine disease of stomach in any of its forms. Or possibly the case may be one where we do not wish to call suddenly on any special organ reachable through the action of a drug within our knowledge, but where we are rather of opinion that it is more by a studied attention to the healthy performance of all the functions that the maintenance of their equilibrium, which in fact constitutes the state of health, can be expected or attained. In such a case our medicine may properly amount to nothing more than regulated exercise in good air, to simple diet, and perhaps moderate bathing. Or lastly, the case might be one where the malady, without amounting to mental alienation, is still one purely or chiefly of the mind, or perhaps springing from disordered moral emotions. It is evident that in treating mental and moral cases of this description, mental and moral medicines, and not material ones, are chiefly necessary, if we would practise our art intelligently and hope for success. We all remember Macbeth's exclamation—"Throw physic to the dogs, I'll none of it;" and again—"Canst thou not minister to a mind diseased, pluck from the memory a rooted sorrow?" This shows how fully Shakespeare, the "myriad-minded man," whose insight into the philosophy of life was quite as marvellous as the splendour of his imagination, had appreciated the true philosophy of medicine as well, three hundred years ago. And surely it is patent enough to every one who will but consider it in an independent spirit, the only risk being lest the force of habit and of tradition, together with lack of patient care, should warp the better judgment, and lead to a practice without discrimination and true science.

We assert, then, in answer to our own question, that whatever heals, or tends to heal, is indeed medicine, whether it be an adjunct to the *vis medicatrix naturee*, in the form of one of the drugs of our *Pharmacopœia*; whether it be merely the practice of what has been impressively called "hygienic medicine," as denoting the systematic use of the hygienic agencies in their combination; or whether, finally, it consist even only of moral advice. There can be but one gauge and touchstone for all. Do they perform for the patient what he requires—do they cure him? If so, they constitute medicine in the largest and truest sense, and nothing, we are persuaded, will more tend to rescue our profession from a slavish routine and elevate it to a position of dignity and public confidence, than the recognition of the fact. Indeed, if we were to offer a hint to the young physician, fresh from the lessons of the schools, and eager to put them at once into active operation, we should say, "Do nothing rashly; be thoroughly sure of your diagnosis before you think of prescribing; be content to do rather

too little than too much, determining above all things that if you cannot benefit, assuredly you will not injure your patient, in accordance with the maxim of the great Sydenham—*primum est ut non nocere*. And generally: while eager to have the experience of your seniors, and to treat it with deserving respect, learn also from the beginning to rely systematically on yourselves, both as to facts and the deductions to be drawn from them. Keep the inlets to your intelligence always open to truth, come from what quarter it may, without favour or bias. Be as far as possible perfect in your knowledge of the routine of your profession, yet always ready to re-learn your practice from wider and better theory, remembering with Bacon that 'they be the best physicians who, being learned, incline to the traditions of experience; or, being empirics, incline to the methods of learning.' What might not be hoped from the medicine of the future, if the rising generation were to practise it largely after that method and in that spirit!

ON THE PROBABLE EMPLOYMENT OF ANÆSTHETICS IN ANCIENT TIMES, ESPECIALLY IN SCOTLAND AND IRELAND. (a)

By THOMAS MORE MADDEN, M.D.

THE author of this paper commenced by observing that, although there were few subjects of higher literary importance to medical men than the history of those discoveries which have tended materially to the alleviation of suffering or the prolongation of life, the number of such medico-historical investigations brought before the Society was very small when compared with what are generally regarded as more practical contributions. Therefore, when honoured with a request to read a paper there, it occurred to him that the novelty and interest of the subject might induce the Society to extend their kind indulgence to the following notes on some of the earliest attempts to ensure insensibility to pain by anæsthetic agents, which he had collected several years previously, but which he was now unavoidably prevented by lack of time from revising or enlarging so as to render more worthy of the acceptance of the Society. Researches into the history of modern improvements in medico-surgical art generally bear out the observation of the inspired writer that "all novelty is but oblivion;" and every day we find new proof of this in the revival of ancient arts under an improved form as modern discoveries; for, as Lord Bacon well expressed it, "the river of Lethe runneth as well over as underground," and certain it is that the student of the now neglected works of the ancient medical writers will find many striking coincidences between so-called recent inventions and the long-forgotten ideas of our predecessors.

This topic was one which Dr. More Madden had elsewhere discussed, and had shown that many of our modern surgical appliances, particularly those used in obstetric and gynecological practice—the midwifery forceps, the vaginal speculum, the uterine sound, and *porte caustique*, and the employment of sponge tents, and nitric acid in uterine diseases (on the supposed invention or application of the four latter of which, in our own time, some have risen into reputation and fortune) were all long ago well known, but in the course of time had fallen into that desuetude and oblivion which will as surely one day overtake our own boasted inventions, and from which they may in due course be again resuscitated and claimed by future discoverers.

In proof of the antiquity of the use of anæsthetics in surgical practice in Scotland, Dr. More Madden quoted the following passage from Jocelyn's "Life of Kentigern, or St. Mungo, Patron of Glasgow," a work written in the twelfth century, between the years 1175 and 1199:—

(a) Abstract of a paper read before the Medical Society of the College of Physicians, Dublin.

Constat nihilominus nobis multos, sumpto potu oblivionis quem physici lethargion vocant obdormire; et in membris incisionem, et aliquotiens adustionem et in vitalibus abrasionem perpeços, minime sensitisse, et post somni excussione, que erga sese actilata fuerant ignorasse.

This life, which is edited from a unique MS. in the British Museum, Cott. Vit., c. viii., 12th century, was written by the celebrated Jocelyn, of Furness, the biographer of St. Patrick, and is dedicated to another Jocelyn, Bishop of Glasgow.

Dr. More Madden then endeavoured to show that the essential components of this *potu oblivionis quem physici lethargion vocant* was the juice of the *Mandragora officinalis*. In support of this view he cited a remarkable passage from a Celtic *Materia Medica* of the twelfth century, evidently taken from Pliny's account of this long disused acro-narcotic poison, which concludes with the words—"*Bibitur et contra serpentes et ante sectiones punctionesque ne sentiat; ab hæcatis est aliquis somnum odore quærisse.*" Thus, if surgical anæsthesia was known in Scotland, and if the means by which it was produced and the writings in which it was treated were known to the ancient Irish physicians at the same time, both of which are proved in this paper, we may, he observed, reasonably conclude that the same practice was probably known to our ancestors in the healing art in this country.

The anæsthetic properties of mandragora are also spoken of by another writer, repeatedly quoted by the author of the ancient Irish manuscript referred to by Dr. More Madden—namely, by Isidorus, who says: "*Cujus cortex vino mixtus, ad bibendum iis datur quorum corpus propter curam secandum est, ut soporati dolorem non sentiant*" (C. 333). The late Dr. Snow (in his work, "On Chloroform and other Anæsthetics," p. 2, London, 1858) quotes Apuleius, who speaks thus of mandragora: "Further, if any one is to have a limb mutilated, burnt, or sawn, he may drink half-an-ounce with wine, and whilst he sleeps the member may be cut off without any pain or sense." ("De Herbarum Virtutibus," c. 131). Dr. More Madden, however, observes that in the earliest version of the "Herbarium" of Apuleius with which he is acquainted—namely, the Saxon copy, published by direction of the late Master of the Rolls, and the original transcript of which was probably made about the year 1050—the passage cited by Dr. Snow does not occur.

Mesmerism, which has been long used as an anæsthetic agent of great power in India, where Dr. Esdaile, some time Presidency Surgeon at Calcutta, performed no less than 261 operations under its influence, was introduced with less success into England as a novelty about thirty years ago by Dr. Eliotson. It seems to have been utterly forgotten, however, that animal magnetism, or mesmerism, had of old been a well-known practice in Ireland, and has been fully described by Dr. R. R. Madden in a paper published in the *Dublin Quarterly Medical Journal* for August, 1847; and in Dr. R. R. Madden's paper a remarkable account may be found of a ceremony practised by the pagan Irish as far back as the year 50 A.D., which appears to have been almost identical with that now employed by animal magnetists for the purpose of throwing their patients into the mesmeric trance.

In Middleton's tragedy of "Women Beware of Women," written in the middle of the seventeenth century, we find the following mention of surgical anæsthesia as a familiar idea:—

HIPOLITO. "She shall never know till it be acted:
And when she wakes to honour then she'll thank me for it.
I'll imitate the pities of old surgeons
To this lost limb; who, ere they show their art,
Cast one asleep, then cut the diseased part." (a)

Sprengel, in his "History of Medicine," published long before surgical anæsthesia was a recognised fact, in speaking of operations, quoted Théodoric, who advised the administration of opium and hyoscyamus before ope-

(a) Middleton, "Women Beware of Women," Act IV., Scene 1. London, 1657. See also *Notes and Queries*, 2nd series, vol. i. (May, 1856), p. 351; vol. vi., p. 470; and vol. vii., p. 127.

rations for the purpose of throwing the person to be operated upon into a state of unconsciousness, from which, after the operation, he aroused them by giving vinegar and fennel.

Dr. More Madden further cited a number of other authors to the same effect, and briefly referred to the history of anæsthesia from the earliest period until the time when, by the introduction of ether and chloroform into surgical practice, that great object of relieving pain at will, which the ancient physicians of every land had sought to obtain by less efficacious and ruder means, was at last accomplished.

ON A TUMOUR OF THE PAROTID REGION. (a)

By ANTHONY CORLEY, F.R.C.S.,

Surgeon to Jervis Street Hospital.

MR. PRESIDENT,—The occurrence of a primary encysted subcutaneous cancerous tumour of the parotid region is an event of sufficient importance from a surgical and pathological point of view to merit its being brought under your notice. I trust that the case which I am about to relate and the few remarks I make on it may evoke that judicious criticism and exhibition of information and experience which usually confer such value on the discussions of this Society.

John Doyle, a healthy, able-bodied sea-faring man, æt. 34 years, was admitted into Jervis St. Hospital in the beginning of last November. He complained of a tumour in the parotid region, the appearance of which is very well shown in the photograph, taken shortly after his admission. He stated that he had first noticed it as a small kernel, about the year 1860, and that it had continued to grow very slowly up to about three years ago, since which time its progress had been more rapid. The tumour, to the touch, was extremely hard and dense, stretching up in front of the ear nearly as high as the horizontal root of the zygoma, and behind the ear, encroaching on the mastoid process. Between these points the lobe and lower part of the concha were displaced and pushed upwards. The inferior extremity of the tumour extended about two inches below the angle of the jaw. The same part of the growth seemed the most movable, and on all sides, especially the posterior, there was a well-defined border. A portion of the most projecting surface presented a glazed and smooth appearance, and was covered with the ramifications of minute but visible blood-vessels. This patch of surface was plainly cicatricial, and the patient explained its existence by stating that about ten years ago he applied to it what he was told was a "cancer paste," which destroyed a portion of the skin, but had no effect on the tumour. Another rather remarkable feature in the case was that he had no less than fourteen atheromatous tumours on his scalp, varying from the size of a large pea to that of half a billiard-ball. These he gave me at first to understand had existed previous to the appearance of the parotid tumour; but in an interview after the operation he was able to recollect that they appeared about the time he had applied the paste, that is, when the tumour had been four years growing. Being alarmed at the recent progress of the tumour, he had made up his mind to have it removed, and accordingly, on the 6th of November last, with the approval of my colleagues, I proceeded to extirpate it. I may truly say that I never attempted an operation with a deeper sense of responsibility than on this occasion, even though I thought it not improbable, from the existence of the numerous wens, that it was an atheromatous cyst. During the removal of smaller tumours I have seen Steno's duct divided, and the portio dura severed, and I have known the external carotid artery to be cut; and, though salivary fistula, Bell's paralysis, and secondary

hæmorrhage are very interesting pathological conditions in themselves, and generally susceptible of cure, still they are not by any means desirable accidental results of an operation, and the possibility of their occurrence does not tend to beget extra confidence in an operator. The manipulation of the proceeding was, at first, very slow, owing to my wish to avoid prematurely opening a cyst; but when, as reaching the part behind the ear, the encapsulated character of the growth became apparent, I at once proceeded rapidly with the extirpation, substituting my forefinger for the knife and director, and I soon succeeded in taking out the mass completely, although the deep process gave me some trouble. The only connection which I was obliged to cut was a short fibrous process at the upper end, and one small artery alone, about the same place, required ligation. There was no bleeding to signify, and the gaping cavity between the jaw and mastoid process could be thoroughly examined both by sight and touch. The deep process of the tumour went in considerably beyond the styloid process of the temporal bone, which could be plainly felt, and the whole parotid region could be explored without detecting the trace of a gland. At the deepest part a strong pulsation was visible, probably of the internal carotid artery. I may remark that Steno's duct, the external jugular vein, the external carotid, and the facial nerve were not seen during the operation, nor was I too inquisitive in seeking for them. The patient has now left for his home, with the wound completely healed, and only a slight fulness to mark the former site of the tumour. Of the operation I can say but little. Although so easily taken away, it had very deep connections—so deep, in fact, that a friend of mine who saw it facetiously remarked, "that had it stretched any further inwards, it might have been easier to take it out from the other side." Yet ready removal was more a matter of good fortune, depending on its encapsulated character than on exhibition of surgical skill. There are, however, some points discovered during the operation that lend much interest to the subsequent examination of the growth. First, it was a tumour not ulcerating outwards, or in any way connected with the cutaneous surface; secondly it was quite separate from the parotid gland, which it had evidently displaced or obliterated by its growth; thirdly, it was as distinctly encysted or encapsulated as a fatty tumour; and fourthly, it had enjoyed a growth of fourteen years without involving or infiltrating any of the surrounding tissues. Now, with reference to the pathology, you are well aware, Sir, that of late years the attention of pathologists has been specially directed to the investigation and discovery of the particular histological elements from which tumours—especially those dangerous to life—have their starting point. Until comparatively recently the views of Virchow as to the common origin of different kinds of tumours from connective tissue elements were generally held. When, however, the essential differences between the two principal groups of dangerous tumours—namely, the sarcomata and the carcinomata, began to be clearly understood, pathologists were prepared to receive the views enunciated by Waldeyer, Billroth, and their followers, that sarcoma and carcinoma differ in the elements from which they start, and that the latter can only have an epithelial origin. There are two other more recent views as to the origin of true cancer, but as they are only modifications of the connective-tissue theory, I shall do no more than mention them. The first of these is Küster's, who suggests that the elements of cancer arise in, and are produced by, proliferation of the endothelial cells lining the ultimate extremities of lymphatic vessels, and Mr. Woodward, the distinguished American pathologist, considers that the white corpuscles of the blood are the starting points of the morbid process. As both endothelial cells and white corpuscles are derived from the same source as the connective tissue—namely, the middle layer of the embryonic germinal membrane, we have practically but two theories before us. We may hold with Virchow that carcinoma has a connective tissue origin, or with Waldeyer that it

(a) Read before the Surgical Society of Ireland, December 11. Discussion will be found at page 9.

must have started from some structure possessed of epithelial cells. It is only fair to state that recently Virchow's views have had the support of such accurate and skilled observers as Cornil and Ranvier, and I bring forward this case as a contribution bearing on the point at issue. It is almost with regret I am forced to confess that it is a strong argument against the epithelial origin of carcinoma. Waldeyer's theory has much to commend it; there is at once a simplicity and completeness about it; and, when pushed to its full extent, an importance clinically that makes it almost a matter of regret that it should be proved erroneous. Thus every normal tissue of the body is known to have its origin from one or other of the three layers of the embryonic germinal membrane, and the epithelial surfaces can only spring from the outer and inner layers respectively of this membrane, while all the other structures arise from the middle one. If, therefore, we could say from which of these any normal structure found in the body arises, it would be possible at once to determine in which of the two classes under consideration we should place a tumour starting from that structure. The importance of this diagnosis can scarcely be over-estimated. It is true that the difference in malignancy between sarcoma and carcinoma is only one of degree, still that degree is a considerable one; and as it seems to be now almost universally admitted that, whereas the cancers prove secondarily infecting through the blood-vessels and lymphatics, the sarcomatous element through blood-vessels only, the prognosis after removal of the latter would be considerably more favourable than in the case of the former. It would be most satisfactory to be able to feel that if a tumour arose primarily on some acknowledged connective tissue, such, for example, as bone whose cellular elements are direct lineal descendants of the original cells of the middle layer of the germinal membrane, it must be of necessity the semi-malignant sarcoma, that it cannot be the truly and intensely malignant carcinoma, that it is so much the less likely to be attended by secondary infection, or its removal followed by recurrence. The tumour which I submit to you has no connection with the cutaneous epithelial surface, none with the ducts of the parotid gland—is unquestionably an example of an epithelioma, as the specimen under the microscope clearly shows, and as it must have had an origin other than from an epithelial surface, we must regard it as a fact in support of the connective-tissue origin of cancer.

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of the 11th December, Dr. E. HAMILTON, Vice-President, in the chair.
Mr. CORLEY read a paper on

TUMOUR OF THE PAROTID REGION,

which will be found at page 8.

In the discussion which followed,

The CHAIRMAN observed that the case was most instructive, and one of the most interesting points connected with it was the great length of time the tumour existed without manifesting any malignant form, so to speak.

Dr. STAPLETON was present at the operation, which caused a great deal of anxiety to all who had assisted at it. The tumour exhibited that evening was not half the size it was when extirpated. He had never seen an operation better performed. They could have no idea from the specimens before them of the enormous attachments that ran in behind the angle of the jaw. He was able to put his finger into the cavity caused by the removal of the tumour, but without coming to the bottom of the space out of which the tumour had come. The man had recovered remarkably well so far. As the cancer had not escaped through the capsule and con-

taminated the neighbouring parts, they had reason to hope that the disease would not return.

Dr. WHARTON thought the observations of Mr. Stapleton as to the constitution of this tumour were correct. If a tumour existed in the parotid region for so many years the inference to be drawn was that it was not malignant. He could sympathise with Mr. Corley as to the difficulty of the operation, for he had had himself a case of a similar kind, and had experienced great difficulty in removing the tumour. The enormous and deep attachments, the extent of the fangs, which would almost cut a man's finger, increased very considerably the difficulty of removing a tumour of this kind, and if to this were added the anatomical situation of the tumour, the surgeon was naturally very anxious about the result. In the case which was under his care, his colleague, the late Mr. Maurice Collis, on examining the tumour, said it had been a disputed point among surgeons whether the parotid gland could be removed. It appeared from the case detailed by Mr. Corley that it could be removed. The non-contamination of the glands in the neighbourhood was a very important element in considering the question of the malignancy or otherwise of the tumour, and taking all the circumstances of the case into consideration, he thought they might come to the conclusion that the disease in itself was not malignant.

Mr. STAPLETON did not say positively that the tumour was not malignant, but that the neighbouring parts, being uncontaminated, they had good reason for hoping that it was not.

Professor STOKES said there were two very interesting points connected with this remarkable case—in fact, two circumstances which rendered the case almost unique. He had hitherto been of opinion that epithelial tumour occurred on the muco-cutaneous or cutaneous surfaces; but here was a case in which the tumour originated not in those structures. That was a novel occurrence in a case of epithelioma, for he assumed that after the careful examination made by Dr. Corley and Professor Purser there could be no doubt as to the accuracy of these observations. The other peculiar feature in the case was the occurrence of this malignant growth enveloped by a capsule. The situation of the disease, and the fact of its being enveloped by a capsule, rendered it a case of remarkable interest in both a surgical and a pathological point of view. A gentleman who was present at the operation said there was not a particle of the parotid gland present in any section of the tumour. Neither the facial nerve nor the external jugular vein was touched, nor were any of the large veins in the slightest degree included in the tumour, nor was there any duct in the tumour. It was entirely capsulated, and therefore they might conclude that it was not part of the parotid gland. A member said that some eight or nine years ago he removed a tumour similar in character, but not one-third of the size of that exhibited by Dr. Corley. In that case it had absorbed the greater part of the parotid gland; it also had a capsule, and turned out very much as Dr. Corley's had done. After the wound healed the patient went to his residence in the country, and three weeks afterwards returned with a collection of fluid, and the integument stretched over it very thin indeed. A small trocar with a canula was introduced from the inside of the mouth into this secretion, and after ten days there was an artificial duct established, and the secretion went into the mouth ever afterwards.

Dr. HENRY KENNEDY said the histology of the tumour involved the question, how far the microscope was superior to the naked eye in enabling them to make a diagnosis? This subject was discussed some years ago in the French Academy of Medicine, and opinion on the question was much divided. The result of that discussion shook his confidence in the microscope. He was borne out by many in this view, and by none more so than by the late Professor Smith, who invariably said that the naked eye was a much better test of the malignancy or non-malignancy of tumours than any microscope. He (Dr. Kennedy) remembered on one occasion taking a tumour, at the request of Dr. Law, to the late Professor Houston, and that gentleman said, "Unless you give me the history of this case I will not, as a microscopist, say whether it is malignant or not." Anyone who had read the recent "Transactions of the London Pathological Society" could not fail to be struck with the fact that this particular form of investigation had, as it were, run riot. There were a number of new terms and titles given to structures, with which they were all familiar already; but the microscopists did not say whether those structures were malignant or not. Of the two means of investigating, the naked eye, he believed, was superior to the

microscope. The circumstances of the present case were all against the fact of the tumour being malignant.

Dr. BENNETT could not allow the observations of Dr. Kennedy to pass without making some remarks upon them. He laboured under a mistake when he stated that the opinion of the late Professor Smith was in favour of the naked eye diagnosis of the nature of tumours. On the contrary, he (Dr. Bennett) distinctly recollected that on the last occasion this matter arose in discussion between himself and Professor Smith, the latter expressed his deep regret at his inability to investigate matters microscopically, and he placed implicit faith in the most recent microscopic investigations, more especially those of Virchow. In reference to the classification which Dr. Kennedy wished to revert to, of malignant and non-malignant, it might be treated by the observation of Virchow himself, who said that they might as well, in treating of botany, classify plants as poisonous and non-poisonous.

Mr. H. GRAY CROLY showed a drawing of a parotid tumour which he had met with in his practice. As to the diagnosis of parotid tumours, all surgeons were prepared to look on them at first as being benign growths. He had removed more than one, and none of them had been malignant. So far as the examination by the microscope had gone, they should all feel satisfied when two experienced surgeons had examined it, that this tumour was not of a benign nature, if they were to believe in the microscope. The tumour of which he exhibited a drawing was growing, like Dr. Corley's case, for fourteen years. The lower part of it commenced to bleed, and one might at first think it was taking on a malignant aspect; but the bleeding arose merely from the dependent nature of the tumour. As to the diagnosis of these tumours by the naked eye and the microscope, he had had many tumours examined microscopically, and the diagnosis was not always certain. On one occasion the late Mr. Maurice Collis expressed his opinion, from microscopic examination of a large tumour in the thigh, that it was benign. In twelve months afterwards the tumour recurred in the groin, and killed the patient. The difference of opinion might often arise from different portions of a tumour being examined by different gentlemen. He remembered the case of a tumour in a very young child in which he refused to operate. Another surgeon was consulted, and from the result of a microscopic examination of what was got out of the tumour by the needle, he said he would cut it out; but after seeing him (Mr. Croly) he declined to do so; and the tumour afterwards presented all the appearance of fungus hæmatodes, which he from the first suspected it to be. The needle had run into some of the fat cells, and some of the fat which came out being placed under the microscope led to the belief that the tumour was a benign one. He was satisfied from Dr. Corley's description that this was an exceptional case, if not an unique one, from having a capsule, which was unusual in cases of cancerous tumours. He should like to know at the end of a year how the case had resulted. No society could undertake to decide a case of this kind until they had learned the subsequent history of the patient; and for himself he never made up his mind whether a tumour was malignant or benign until he heard, after a couple of years, how the patient was getting on.

Dr. CORLEY, in reply, said it appeared to him that the difference of opinion expressed as to the character of the tumour was a good excuse for his having brought the case forward. Mr. Wharton's view that the tumour was non-malignant because of its being encapsulated was, no doubt, a strong one as regarded slowly growing tumours. In rapidly growing tumours, which increased so rapidly as not to have time to contaminate the surrounding tissues, they were occasionally found encapsulated. The important question, then, was, whether this true carcinoma originated in the connective tissue or not. Mr. Wharton said he considered it a tumour of the gland. With reference to that suggestion it could scarcely be conceived possible for a tumour of the gland to grow in such a way as to carefully exclude from its substance the external carotid artery, the external jugular vein, and the facial nerve. Mr. Stokes observations contained the pith of the case—namely, that it was a cancerous tumour growing subcutaneously, and without any connection with the gland. With respect to the microscope, he assured Dr. Kennedy that the study of that instrument had made such progress of late that some three years ago, when he had occasion to do some histological work, he found himself so completely behind the times that he had to begin the study of it anew. If one wished to study the researches of the modern German investigators in that line, he would find that the education given fourteen

years ago was sadly behindhand. With reference to the recurrence of the tumour, he could only say that the man had left with a small lump below the ear, which might be the displaced parotid, or the contracted capsule, or the nucleus of a new growth; and the prognosis he gave was that the tumour would probably not recur, but he could not say for certain. Mr. Croly's case was more of a glandular form than his, and did not bear on the question here of whether these tumours grew from the epithelial surfaces or the connective tissue. A case such as the present, which was a cancerous tumour growing from the connective tissue, was an important one as bearing on a question still *sub judice*. The tumours on the scarp were common retention cysts, and had no connection with that in the parotid region. They were apparently hereditary, as for two or three generations many members of the patient's family had been affected with them.

OBSTETRICAL SOCIETY OF DUBLIN.

THE second meeting of the present session took place on Saturday, December 12th.

Dr. LOMBE ATTHILL, President, in the chair.

Dr. McCLINTOCK made a communication to the Society on the subject of the

MORBID RETENTION OF THE DEAD OVUM.

In the course of his observations, Dr. McClintock said that under the head which he had chosen as the title of his paper he included all those cases where the ovum or part of its involucre are retained *in utero* beyond some days after the death of the embryo. These cases were not very uncommon, and formed a group possessing great interest for the practitioner, the pathologist, and the medical jurist. He described very succinctly the grounds of diagnosis and the general principles of treatment of these cases, and specially insisted on their great importance viewed from a medico-legal standpoint. With reference to the length of time which the dead ovum may be retained in the uterus, his opinion, corroborated by that of Velpeau, was that the presence of the devitalised ovum is not tolerated beyond the ninth month of pregnancy. In one of the cases related from his own experience, the ovum, blighted at six weeks, was not discharged until the beginning of the ninth month of utero-gestation. On the subject of diagnosis the point of paramount practical importance to determine was, whether the patient carried a living ovum or not. In addition to the history of the case, the symptoms upon which he placed most reliance were enlargement of the uterus, patulencia of its orifice, recurring sanguineous losses, menorrhagia and fetor of the discharge, though he admitted this last symptom to be as often absent as present. Where the hæmorrhages were not severe he rather counselled an expectant line of treatment, at the same time keeping the discharge in check as much as possible; but that if active interference was required, they could dilate the os uteri with laminaria or sponge tents, and thereby gain access to the interior of the womb and remove the offending matters within by forceps or douching. He showed to the Society an ovum which had been expelled by a lady about seven months after conception, and five months from the time that its vitality had ceased.

Dr. CHURCHILL said that he had met with about half a dozen cases similar to those alluded to in the admirable paper of Dr. McClintock, and although he had no actual data to fix the period of retention of the ovum, still they were retained sufficiently long to give rise to great difficulty—and really there was much greater difficulty in practice in these cases than could be imagined from having them described in a paper. It was not easy to resist the one or two disturbing influences which were always found in these cases. A lady told them that she was quite certain she was not pregnant—a remark that could not fail to have some influence on them. He recollected the case of a lady who consulted him with reference to an abdominal tumour. She declared that she was not pregnant; there was regular menstruation, and an examination by means of a sound led to no discharge of blood or water. Subsequently, however, she expelled a blighted fetus of about four months' growth. Another case he had seen in consultation with Dr. Pollock. It was one of menorrhagia. The lady had lost a good deal

of blood, owing, as she said, to her having miscarried some three or four months previously. She was so positive of having miscarried that he (Dr. Churchill) thought probably she was right. He found the uterus enlarged, but not very much so, and a gaping-mouthed womb. For some time the menorrhagia diminished, but subsequently she had a furious attack of it; and he agreed with Dr. Pollock to plug and give her a little rye. When Dr. Pollock went to remove the plug he found something protruding from the os uteri, which turned out to be a blighted ovum. He (Dr. Churchill) did not know a case in which it was more difficult to give a positive opinion. Fortunately, the treatment was not so uncertain, because, in the first place, they must restrain the loss of blood. That effect would be produced by plugging, and probably the best remedy for menorrhagia would be the best remedy in a case of the nature under discussion.

The PRESIDENT said they were quite at sea with respect to the length of time a dead ovum might be retained, and he did not think there was sufficient data to clear up that point. He had twice been able to come to a pretty fair conclusion as to the period at which an ovum might be retained after its death, and both were comparatively short spaces of time. One was a lady who had been in the memorable Abergele accident, she being then five months pregnant. At the time of the occurrence she felt no remarkable effects, but afterwards did not increase in size. Thirteen weeks passed without any abnormal symptom; but at the end of that time profuse hæmorrhage set in, after which she was delivered of a dead fetus, which was no larger than it should have been at the time of the accident. In that case, therefore, the fetus had been retained thirteen weeks after its death. In the other case a lady came to consult him who said that she had aborted within eight weeks of her time for confinement. Recently she had had a scanty menstrual period, and suffered a good deal of pain at the time. When he saw the uterus it was considerable in size; but he did not make any examination with the sound; prescribed for her, and told her to come to him after the next menstrual period. On seeing her again she told him she had since menstruated, this time rather profusely, and suffered a good deal of pain. On examining her uterus he found that it was not enlarged. He introduced a sound, and a few days afterwards she expelled a small ovum. There was no doubt that several months elapsed between the time he passed the sound and the period when she thought she had aborted. In these cases the questions both of diagnosis and treatment were involved. If the symptoms of which she complained were due to the retention of the ovum, the duty of the medical practitioner was to get rid of it. If, on the other hand, there were other unhealthy conditions, they should have been treated. Of course they all knew that portions of the ovum might be retained for a considerable time. He did not think a fetid discharge was common in these cases.

Dr. J. A. BYRNE said that Dr. McClintock had touched upon a very important branch of obstetric practice. It was his (the speaker's) opinion that, as a general rule, ova were not aborted for a considerable time after the ovum perished. It was generally, however, taught in books that the ovum, when it had perished, was very soon afterwards expelled. His experience was not so. He thought they might fairly conclude that the ovum remained much longer *in utero* than was generally supposed, as a rule. If they took one hundred cases of aborted ova and examined them carefully, they would find no trace of vesicular degeneration; in fact, such instances were exceedingly rare.

Dr. DENHAM thought that the author of the paper had said all that was possible on the subject. It was one of the deepest practical importance, and one that every day came across their path and gave them a vast amount of anxiety and disappointment. He thought the Society was deeply indebted to Dr. McClintock for having brought the subject under observation. There were several points of interest connected with it. Whatever led to the safety of their patient should, of course, be their first and great object. The second was the life of the fetus, if it could be preserved; but that was a doubtful point with respect to the practice, whether the fetus is really alive or not. He thought these cases were surrounded by a greater amount of annoyance and perplexity than any others which crossed the path of the practitioner. If they could come to the conclusion that the fetus had perished, they then had no doubt as to their line of practice; but he thought it was most difficult to determine the question. He knew of a lady in a

state of pregnancy who had walked to such an extent while staying at Killarney that she brought on a menstrual discharge. She returned to Dublin, and remained under his care for two months, during which time she lost a vast amount of blood in clots and otherwise, and yet after all that the fetus survived, and she went on to the full time, and was safely delivered of a child. He knew another lady who, in stepping suddenly out of a carriage, felt conscious of something having given way. At the time of this occurrence she was not more than six weeks pregnant, and aborted without the loss probably of more than a teaspoonful of blood. Now, however, that lady was very ill: one day she had a severe hæmorrhagic discharge; another she was in a good deal of fever; and altogether, he found hers a most perplexing case.

Dr. McCLINTOCK, in closing the discussion, said the debate had certainly brought before them the fact that cases of this kind created a good deal of anxiety and suspense both to the patient and the practitioner, which suspense was often prolonged for weeks. He thought the tendency of Dr. Denham's observations was to confirm the statement that he (Dr. McClintock) had made in the body of his paper. The whole question narrowed itself into this: Does the patient carry a living ovum or not? If all the evidence led them to believe that the ovum was dead they were at once taken out of a difficulty, as the treatment was very plain and simple. On the other hand, as in the instance Dr. Denham had mentioned, there was very great difficulty when they approached the case of a woman who had been losing blood for weeks and months. Under such circumstances they might reasonably infer that it would be impossible that normal pregnancy could go on, or that the fetus could be living while that constant drain was upon her. And yet they probably all had seen occasionally similar cases. Many, doubtless, recollected an instance of this kind where six or eight experienced accoucheurs could not decide whether a woman was pregnant or not, and the result of the treatment they resorted to was the expulsion of a living ovum the next day. Unless the evidence was conclusive, they would not be justified in adopting means that would bring about a miscarriage, for then they might be placed in a very awkward position. The principle that would actuate him in a case of the sort, where he could not decide, would be that he would be free to adopt any treatment he liked. Still, however, if the hæmorrhage was so great as to endanger the woman's life, he would give ergot, or plug the vagina (which was a measure often very apt to induce abortion), or introduce a sound. But in a case in which he was not clear whether the fetus was living or not, he confessed he would be very slow to use the sound. He thought, in conclusion, that the weight of evidence went to show that a fetid discharge was a very rare symptom.

Dr. MACAN read a paper on

A CASE OF SPONTANEOUS AMPUTATION IN UTERO.

The left forearm was the part amputated; the seat of the amputation was just below the insertion of the biceps. The child was healthy, and well-formed in all other respects. The amputated portion of the limb was not found, though looked for. Dr. Macan reminded the members of the Society that it was Montgomery who first gave any rational explanation how such a deformity could be produced. His theory was that such amputations were caused by bands of organised lymph, themselves the product of inflammation—that these bands became twined round the foetal limb at an early period of intra-uterine life, and that as the limb grew these bands gradually became tighter and tighter, till finally all nutrition was cut off from that portion of the limb which lay below the ligature, and it dropped off. Before Montgomery this deformity had been ascribed to the effects of gangrene. As to how these ligatures become applied round the foetal limb Montgomery gives no explanation. Dr. Simpson noticed the curious fact that in some case there is an attempt at the rudimentary reproduction of the amputated limb on the face of the stump, and gives two cases in illustration, in which rudimentary fingers with nails attached were plainly seen on the face of the stump. Some have thought that such amputation could be caused by the cord. Any compression of a limb by the cord sufficient to cause arrest of nutrition in the limb would almost certainly so interfere with the circulation in the cord as to lead to the death of the fetus. It may, however, perhaps happen in cases where one artery of the cord is compressed or where the Whartonian jelly is very firm and plentiful. That the left side of the body is the one more generally affected, Dr. Macan thought might perhaps be explained by the fact that the foetal movements, as

deduced from the direction in which the cord is generally twisted, is usually from left to right. Scanzoni thinks that in some cases, as in Prof. Martin's case, especially where the child is well-formed in other respects, the cause of the lesion may be fracture. Where the deformity is symmetrical he thinks it could hardly be caused by adventitious bands formed by chance. Schröder thinks that these bands are caused by adhesions between the amnion and the foetal skin during early foetal life, the predisposing causes being too late or too scanty secretion of the liquor amnii. Fürst, in the 2nd vol. of the *Achiv. für Gynäk.*, gives three theories to account for their production, and himself inclines to the belief that they are caused by some interference in the due formation of the sac of the amnion with "plastic adhesion" of contiguous parts.

Dr. MACAN noticed the fact that if these bands, instead of encircling a limb, were only inserted into it, and thus produced a constant traction in the same direction, they might lead to the formation of other deformities, such as crooked limbs, dislocations, &c., &c.

observer remarking that there are some parts of the corpora striata which correspond to other points in the same hemisphere. Braun has endeavoured to weaken the reasonings deduced by Dr. Ferrier from his experiments by observing that when the cortical surface of the brain is sliced away weak currents applied to the white fibres will produce the same effect as when the grey matter is irritated.

The Colleges of Surgeons and of Physicians of London have not done anything very remarkable during the past year in the way of facilitating the attainment of one curriculum and diploma which shall in some degree resemble the licence to practise given in Germany.

Our nineteen Examining Boards still continue constant to but a few ideas; the first, of course, being that they shall try to exist as long as possible; and the second, that they shall offer as much opposition as they can to any change, since changes of all sorts are apt to hasten their doom.

During the past year the College of Surgeons was applied to by Mr. Critchett to grant an examination to such women as could prove that they had been properly instructed in anatomy, physiology, and other parts of a medical student's curriculum, and the reply was in the negative. Meanwhile, in the United States, 600 women are said to practise medicine; and in Russia the first fourteen women surgeons have just passed their final examinations and entered the profession.

Vivisection has been greatly revived in the last year, and, in consequence of this fact, doubtless, much discussion on an important question in ethics has taken place. On the one hand, it is clear that by operating on the lower animals, without the most solicitous care for their feelings, we seriously lower that high moral tone which should obtain among the class of the community which devotes itself to alleviating suffering and disease; and there can be little doubt that in several countries on the Continent there have been myriads of cases in which downright heartlessness and cruelty have been exercised on horses, dogs, cats, and, above all, on rabbits, guinea-pigs, and frogs. The school of Alfort, in France, has often been cited as a frightful example of such practices. On the one hand, it is clear enough that there are several difficult points in physiology which require us to summon to our aid the experiments on the lower animals. When such is the case, the experimenter is bound in honour, and ought to be bound by the fear of legal prosecution, to take the utmost care that some anæsthetic be given to the poor animal chosen for the experiment. If he do not take this care, he will inevitably lower his own *morale*, and by doing so tend to make his profession less esteemed by the world at large as a noble and tender-hearted calling.

In practical surgery the year 1874 has to chronicle the plan of bloodless operations recommended by Professor Esmarch, and that of elastic ligature, brought forward by Dr. Dittel, of Vienna. As to the former process, it here met with great approval, and will probably be adopted universally whenever applicable; and Dittel's elastic ligature is evidently of great use in many operations on fistula in ano, as has been well shown in the pages of the *MEDICAL PRESS AND CIRCULAR* by Mr. William Allingham quite recently. The method of galvano-caustic surgery, so much made use

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THE

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 6, 1875.

FAREWELL TO 1874.

EVERY year of this wonderful century in which we exist demands a careful record in journals that occupy themselves with the physical sciences. Year by year a band of devoted workers are clearing away obscurities and overcoming some of the myriad difficulties that encompass man in his contact with external Nature, and the year 1874 has had its fair share in the triumphs of human thought and skill. How could it be otherwise? Not only in Europe, but even in Asia and Africa there are now colonies of men from the most advanced nations continually sending contributions to the vast accumulations of knowledge we now possess, bequeathed by sages of the past; and within the last fifty or sixty years there has arisen a vast nation in North America, composed of descendants of the English and German races, which is already emulating in acuteness of research and in practical energy the best efforts of the most advanced of our old countries.

Among the novelties of 1874, we may advert above all to the discussions which have followed the remarkable experiments made by Prof. Ferrier upon the brains of dogs and other animals, which have so greatly added to our knowledge of the functions of the various parts of the brain. Similar experiments had been made by Hitzig and Braun, and also by Dr. Burdon Sanderson, the latter

of in Paris of late, has been much advocated by Mr. Bryant, and the chief difficulty, that of the acquisition of a good battery, has been overcome in great measure by the adoption of carbon and bichromate of potash elements. Dr. Billroth has performed the wonderful feat of extirpating the larynx and epiglottis successfully in cases of carcinoma in two cases. Sir Wm. Fergusson has made a further addition to his reputation as a finished operator in his recent method of cutting through the hard palate in cases of cleft-palate and bringing the flaps thus easily together. Mr. Hutchinson's paper on the "Mercurial Treatment of the Early Period of Syphilis" has done much to reinstate mercury in all its ancient splendour as an antidote to syphilis at its early commencement. Thoracentesis has been largely practised both in England and in America, and the aspirator of Dieulafoy has been tried, not only in emptying the chest in empyema, but even in puncturing the bladder in cases of retention of urine. Ovariectomy continues to be practised in all countries with increasingly good results; in one operator's hands we hear of 100 operations and only ten deaths.

Discussions on cancer and pyæmia have taken place at two of our London societies—the Clinical and the Pathological; but, although a great deal of valuable evidence was given by the various eminent speakers, we must say that these very important diseases are still very mysterious, and likely to remain so for a long time to come. The speeches of Prescott Hewett and Erichsen on pyæmia will be especially remembered; and those of Paget, Simon, and Jenner in the debate on cancer. The meetings of the Royal Medical and Chirurgical Society have been decidedly dull during the year 1874. We can scarcely remember any paper of great human interest which has been brought forward. There is, we suspect, too much stateliness and pomposity in this society to allow of its being so useful to the advancement of science as the less expensive and more popular societies, such as the Medical, the Clinical, the Pathological, and the Obstetrical. Were it not for the excellent library of the Royal Medical and Chirurgical Society, indeed, we should say that it is the least useful of all our London medical societies at present. We should suggest that the Council should encourage discussion on subjects of more general interest, and not dwell in details and decencies for ever. The Medical Society of London is, perhaps, the most popular and friendly gathering of the profession in London; and, under the presidency of a most able and eminent Fellow, Mr. Victor de Méric, the Society has for the first time published an excellent little volume of its transactions. Dr. Broadbent's lectures on the "Syphilitic Diseases of the Nervous System" were delivered there with great *éclat*, and have given the profession an idea of the numerous dangers which result from the virus of syphilis when once it has effected an entrance into the system. Mr. de Méric's eloquent oration on Ricord and his School was listened to with great admiration by a numerous auditory, and elicited an animated discussion. The last meeting of the society was signalled by a very remarkable paper, written by Mr. W. F. Teevan, on the "Treatment of Stricture of the Male Urethra," which will in all probability prove a death-blow to those processes for instantaneous splitting of strictures, lately so

much in favour with a certain number of London surgeons. Mr. Teevan mentioned thirty-nine deaths as having followed from the operation which was invented by Perrève, of Paris, but long ago abandoned in his own country, which, Mr. Teevan added, stands in the first rank in all that belongs to the surgery of the male genito-urinary organs. In the Obstetrical Society of London we have not heard of much novelty during 1874. It would seem as if the Society had done so much good work for some years past that it has determined to take a rest for a year. The discussion on perchloride of iron in flooding was, however, very instructive, but rather wanting in that courtesy which is quite imperatively required by us now-a-days *inter medicos*.

The British Association and the British Medical Association had particularly interesting meetings in 1874. The speeches of Tyndall and Huxley in Belfast have raised on all sides discussions upon some of the most important questions in physiology and psychology, which no medical man can afford to be ignorant of. The remarkable essays of Mr. J. S. Mill came just in time to add new fuel to the controversy as to the limits of our knowledge, and the suppositions we may legitimately make as to other revelations concerning Nature beyond those afforded by the experience of past generations of our race. The said essays are an attempt to hold out a flag of truce which both parties—the experientialists and the intuitionists—may accept for a time. Interesting discussions took place on the effects of alcohol and tobacco at Norwich; and we can only regret the distressing occurrence of a prosecution having taken place on account of certain rather careless experiments made on poor dogs by a French *confrère*. We hope that in future all *necessary* experiments may be thought out and conducted without pain to the animal. There is now a Pharmaceutical Association, and we sincerely trust that ere long there may ensue a separation between medicine and pharmacy, similar to that which is maintained by law and custom in France, and which, we are certain, will be to the benefit of both. Dr. Lyon Playfair's address on Public Health at the Glasgow meeting of the Social Science Association showed how terribly Glasgow yet suffers from drink and over-crowding, and how much is yet to be done in Scotland to bring the death-rate to its possible limit. The Society for the Advancement of Science, held in Lille, was graced by a most important paper, by Dr. Wurtz, on "Atomic Chemistry."

The General Medical Council has done very little in 1874 for the interests of the medical profession. It has languidly listened to reports concerning education, and recommended that teaching and examining should not be in the same person, a remark which has long been a truism. Why not have a set of examiners appointed to examine all students, wherever educated? This, of course, is too *thorough*, and will not be accepted by the Medical Council, which is a weary affair in many respects to think of and to write about.

In therapeutics there was but little novelty in 1874. The value of alcohol as a remedy in various diseases bids fair to be taken up as a subject of discussion very shortly. The treatment of typhoid fever by the cold bath, so much praised by Brand, has taken the wind from the sails a

those who alleged that a bottle of brandy daily was absolutely necessary in bad cases of this disease; and the articles written by Dr. Parkes concerning rum-rations served out to our troops in the late Cape Coast war tends to prove that men who had no alcohol did better than those who took it.

A distinguished member of the profession has, during the past year, been found to advocate cremation as a means of disposal of the bodies of our friends and relatives; and as far as we may judge, there seems to be a growing desire on the part of the better-educated classes to give this plan a fair trial. Not that this is so very pressing a matter as yet.

Cholera has now entirely disappeared from Europe. Plague has been heard of in Asia and Africa, and has, in some instances, caused great ravages among the filthy and ill-drained cities of Asia.

Dr. Hardwicke has been, we are glad to see, elected Medical Coroner for Central Middlesex. Dr. James Edmunds has been elected Medical Officer of Health and Public Analyst for St. George's and St. James's districts. Mr. Erichsen has visited the United States, and has received a most fraternal welcome from our able and scientific American brethren, which has done much to draw closer the ties of mutual esteem and reverence felt for each other by all true followers of the healing art.

Cambridge and Oxford have been visited severely by outbreaks of typhoid fever, attributed, we believe, to defects in drainage. The towns of Over Darwen and Lewes have also suffered greatly. Winchester, Woolwich, and Epping have all been visited by epidemics this past year; and all these are reported as most deficient in drainage requirements. Dr. Letheby's inaugural address on the Health of Towns has created quite a sensation, and will doubtless do much to bring the subject of town and country life again before public attention.

The London Hospital Sunday is now a success. As much cannot be said for Hospital Saturday, which movement has proved too costly, and is not popular with the profession, since it is supposed that artisans and operatives in the receipt of good wages may in future, by a small subscription, consider themselves entitled to medical relief in times of sickness, and behave rudely to medical men doing onerous and unpaid services. The whole system of London medical charities is under discussion, and something like a revolution is required to make medical charity at all compatible with the interests of those medical men in London who desire to live by their profession.

The end of the year 1874 has been signalised by a period of intense cold, which has greatly raised the mortality in all of our cities. The extra mortality obtaining in cold seasons is one of the clearest proofs, if any were wanted, of the comparative backward state of modern civilisation after all. That a few cold days should be able to cut off so many thousands of the weakly among the old and young is a sign how miserably a vast number of our poorer neighbours are housed, fed, and clothed. Dr. Letheby's admirable paper distinctly shows the evils of crowding into towns, and the benefits of country life; and it is clear enough that our population is far too urban.

We have to chronicle, alas! a terrible accident on the

Great Western Railway, where a large number of unfortunate Christmas travellers have been done to death by some carelessness in railway construction. Coming after the terrible catastrophe of Norwich, such horrors may make us pause and reflect that all is not progress in this our day; but that much careful thought and prudence is required yet, before even such civilised states as the one we inhabit are free even from the most glaring and hideous evils.

ADULTERATION ITEMS.

THE legal columns of the *Pharmaceutical Journal*, in which are, from week to week, reprinted a few out of a multitude of prosecutions for trade frauds, furnish us with some instructive items of reading as the product of the seven days before Christmas.

Four grocers in different parts of the country were prosecuted for selling pickles coloured by copper and acidulated with sulphuric acid. The attorney for Messrs. Lazenby, who supplied the pickles, admitted the presence of sulphuric acid, but denied the copper, and the magistrates, who seemed very willing to get an excuse for letting off the delinquents, granted adjournments in every case, in order that an independent analyst might be referred to. At Leek, in Staffordshire, two shopkeepers were charged with selling sophisticated pepper, which was sworn to contain "husks, starches, and micaceous and ferruginous sand to an extent injurious to health." They were mulcted in 5s. each, not, we presume, for cheating the public, but for shirking their taxes, pepper being an excisable article.

Two cases, more interesting to the profession, were heard at Tunstall, where druggists were found guilty and fined 10s. each for "selling a certain drug—viz., 'precipitated sulphur,' on the 23rd November, which the analyst's certificate stated was adulterated with gypsum to the extent of 62 per cent., and injurious to invalids and children."

It will be remembered that some years ago a large firm of drug contractors to Irish unions were caught supplying this article for pauper use, but we believe that no one incurred any penalty except the too honest doctors who discovered and exposed the fraud, and were at once snubbed by the board of guardians for doing so.

A soda-water manufacturer at Glasgow was also prosecuted for selling lemonade containing lead. The medical officer of health for the city, said that his attention had been frequently directed lately to the fact that lead to a dangerous extent was held in solution in some descriptions of lemonade or soda-water. Steps had therefore been taken by the inspector of nuisances. There were authentic cases on record where one-hundredth part of a grain of lead per gallon had produced symptoms of poisoning, and one-seventy-fifth part of a grain in other cases. One-sixth of a grain was a very serious proportion. No person could partake of such an adulterated liquid without incurring very much risk. As it transpired that this offender had been previously warned, he was fined £5 5s., and costs.

ADULTERATION OF MILK.

At Greenwich, an extensive farmer was charged with selling milk adulterated with water. Special interest was excited, owing to the prosecution having three analysts in

attendance to support the certificates made in this and other cases by Mr. Heisch, the district analyst, whose accuracy, or rather whose standard of milk purity, was questioned by the prisoner, because in April last a friend had drawn a sample of milk from a cow, and handed it to Mr. Heisch, who reported it as containing at least 12 per cent. of water, whereas it was said to contain none.

On the evening of the 19th November, between six and seven o'clock, a girl was sent to the farmyard of the defendant by the inspector appointed under the Adulteration of Food Act, and obtained two pennyworth of milk from a servant to the defendant in a jug given to her by the inspector, who was in waiting, and who took the jug, and whose analysis showed an adulteration of 10 or 11 per cent. of water. The defendant had been twice previously summoned and fined on similar complaints. The correctness of the analysis being disputed, the case was adjourned. In support of Mr. Heisch's analysis, Dr. Dupré and Mr. Wigner stated that portions of the same milk analysed by them after the dispute arose (one analysis only taking place the previous day, the milk then being just a month drawn) contained as much as 12 per cent. of water. This was after making proper allowance for decomposition. Mr. Heisch said he found it to contain at least 12 or 15 per cent. of added water and to be otherwise so abnormal that he placed samples of it in the hands of the three analysts for their opinion. The analyses all agreed and quite confirmed his own. Professor Atfield said he had analysed the April milk, and found at least 12 per cent. of added water in it and three times as much common salt or chlorides as ought to have been present. A fair percentage of non-fatty solids in pure milk was 9.3, especially in the case of large dairies or herds of cows, but in order to give the milk-seller the benefit of any doubt, analysts assumed that milk placed in their hands for analysis had been yielded by the poorest cows, the minimum of whose non-fatty milk solids was 9 per cent. In reporting on the April milk he had taken 9 per cent. of non-fatty solids as a standard, a lower percentage than he had ever known to be contained in genuine milk from a herd of cows. Dr. Dupré said, in answer to Mr. Balguy, that it was admitted that there was so much difference of opinion among professional men that meetings had been held at which to fix the standard for analytical purposes, and some analysts have adopted 9.0 and others 9.3 per cent.

The magistrate thought that the circumstances of the taking and keeping of the milk were not satisfactory and dismissed the case.

Notes on Current Topics.

The Alleged Case of Poisoning by Oxalic Acid at Scarborough.

The town of Scarborough has had a great sensation lately in the supposed death by poisoning of Mrs. Margaret Pickup, an elderly woman, who died on the 28th November under rather singular circumstances. Mr. Dale, the coroner in charge of the case, and who made the post-mortem examination, considered that the vomiting, which occurred before the patient's death, was caused by her

having taken a large quantity of oxalic acid in some gin and water at night before going to bed. He found also that there were some appearances in the stomach and œsophagus which looked as if some irritant poison had been taken. There were, it seems, red patches in the lining membrane of the gullet, the stomach, and upper part of the intestines. The patient had complained of sickness and burning pain in the epigastric region. The stomach and intestines were examined by Mr. Scattergood, formerly lecturer on forensic medicine in Leeds Medical School, and he found traces—half a grain—of oxalic acid in the contents of the stomach. On this the jury, acting on the evidence of Mr. Dale, gave a verdict that "Mrs. Pickup died from poison, but how, by what means, or by whom administered, there is no evidence to show."

We should have expected the evidence to be much more explicit and clear to warrant the jury arriving at this verdict, as there seems to be no proof forthcoming that the deceased had partaken of oxalic acid, and the appearances in the stomach and gullet seem to have been ill-marked.

Taxes on Quackery.

THE introduction of a Bill into the Texan Legislature to regulate the practice of medicine in that State, has afforded, according to the *Pharmaceutical Journal*, an opportunity for the Texas Medical Society to bring forward a rather eccentric amendment. This amendment provides that any person, who is not a citizen of the State, who shall advertise therein his ability to cure disease or perform surgical operations, shall pay the same tax as is paid by persons exhibiting a circus performance or menagerie, and shall be liable to the same penalties if he commence his public performances before paying the tax.

Deaths in Cold Weather.

IN the first week of December the cold in London was very great, and the mortality rose at once and surprisingly. In the four weeks ending November 7th the mean temperature was 51°, and the deaths 5,450; whereas, in the four weeks ending December 5th, the average temperature was 39°, and the deaths 7,359, or more than 2,000 in excess. These deaths occurred chiefly in children under five and in persons over the age of forty.

Aortic Aneurism.

AT a meeting of the Royal Medical and Chirurgical Society, on the 8th ult., Dr. C. J. B. Williams in the chair, a paper was read by Dr. George Johnson on the laryngeal symptoms resulting from the pressure of aneurismal and other tumours on the vagus and recurrent nerves. The main object of the paper was to demonstrate and explain the fact that bilateral spasm and bilateral palsy of the larynx may result from the pressure of an aneurism or other tumour on the vagus nerve of one side only. In support of this, Dr. Johnson quoted two cases. In the latter, a man, aged 45, suffering from shortness of breath and stridor, was found, on laryngoscopic examination, to have bilateral palsy of the vocal cords, which, preserving their natural colour, were nearly motionless on vocalisation, and were pushed together on inspiration and apart on expiration. There was impulse and dulness over the

manubrium sterni. The patient had become hoarse eighteen months before, and had suffered much from dyspnoea, especially at night. Tracheotomy was performed the day after his entrance into hospital, but he died. After death an aneurism was found springing from the posterior part of the aortic arch, and displacing the left vagus forwards, while the left recurrent laryngeal was carried behind the tumour and nearly buried in it. Dr. Douglas Powell, Dr. Sibson, Mr. Norton, Dr. Symes Thompson, and the President took part in the debate.

Testimonials to Medical Brethren.

THE inhabitants of Wrexham are about to offer a testimonial to Mr. T. Griffith, as a reward for the energy he has shown for forty-five years in aiding the infirmary. A portrait in oil has been fixed upon to commemorate his benevolent and beneficent activity. Mr. H. A. Reeves, of the London Hospital, has been presented with a handsome post-mortem case by some of his admiring pupils for his ability, perseverance, kindness, and courtesy as a teacher in the London Hospital Medical College.

Mr. Teevan on Dilatation in Stricture.

At a meeting of the Medical Society of London, on the Monday before Christmas, Mr. Teevan read a most valuable and convincing paper on urethral stricture in the male, which he summed up by quoting the following expression of Delpech, delivered many years ago: "Dilate when you can, cut when you can't." There was an unanimous expression of opinion on the part of the Fellows present that forcible rupture of strictures was a dangerous procedure, and Mr. Teevan mentioned that no less than thirty-nine deaths directly caused by forcible dilatation had come under his notice of late years. We have seldom listened to a more convincing paper than that delivered by Mr. Teevan, and as we did so, we felt again the value of these specialities, which are, of course, so often abused in London, but which are so serviceable in solving knotty questions such as this is. It is to be regretted that neither Mr. Barnard Holt nor Mr. John D. Hill were present at the debate, since the immense experience of these two most able upholders of forcible dilatation would have proved of great service in eliciting truth. As it was the verdict was given in favour of dilatation and cutting by all who spoke.

Dysmenorrhœa.

At a recent meeting of the Obstetrical Society of London Dr. George Hoggan read a paper on "The Nature, Cause, and Treatment of Membranous Dysmenorrhœa," illustrated by microscopic specimens and diagrams. The specimen was formed of two different structures, continuous with each other; one from the vagina, consisting of the pavement-cells of the part, the other from the uterus, formed of embryonic tissue in its early stage, and identical with the structure of the decidua. This rare specimen explained the different views on the subject; one school maintaining it to be an exfoliation, the other, an exudation; the fact being that different observers had examined different ends, and therefore structures of the same membrane. From the symptoms, the membrane seemed due to inflammation. To the naked eye, and under the micro-

scope, the vaginal portion resembled such products of inflammation as the skin of a blister, or the membranous cast of the urethra thrown off in urethritis. The conclusion, therefore, was that the uterine portion, continuous and contemporaneous with it, was also due to inflammation; but, *vice versa*, the uterine portion which was identical with the decidua was probably due to the same cause, *i. e.*, excessive vital stimulation, and the vaginal portion continuous with it likewise. It was, therefore, reasoned that inflammation and excessive vital stimulation were the same, the latter being now offered as a new and correct definition of inflammation. The rational treatment, which he had employed with success, was to lower generally the generative action by anaphrodisiacs, or the bromide of potassium in large doses, prior to the commencement of the period.

The Royal Institution.

THE programme announced for the coming session at this institution, for the Friday evening meetings before Easter, 1875, is as follows:—

Professor Tyndall will lecture on "Some Acoustical Problems."

Sir John Lubbock, Bart., on "Wild Flowers and Insects."

Professor Huxley, on "Recent Work of the *Challenger* Expedition, and its Bearing on Geological Problems."

James Dewar, Esq., on the "Physiological Action of Light."

Professor Frankland, on "Climate."

W. R. S. Ralston, Esq., M.A., on "Popular Tales: their Origin and Meaning."

Professor Abel, on "Accidental Explosions;" and Dr. Liebreich, on "The Real and Ideal in Portraiture."

The following are the lecture arrangements for 1874-75.

John Hall Gladstone, Esq., Ph.D., F.R.S.—Six Christmas lectures (adapted to a juvenile auditory), on the "Voltaic Battery."

E. Ray Lankester, Esq., M.A.—Six lectures on the "Pedigree of the Animal Kingdom."

Alfred H. Garrod, Esq.—Four lectures on "Animal Locomotion: including Locomotion on Land, in the Air, and in Water."

Professor P. M. Duncan, F.R.S.—Three lectures on the "Grander Phenomena of Physical Geography."

Professor Tyndall, D.C.L., LL.D., F.R.S.—Seven lectures on "Subjects connected with Electricity."

Edward Dannreuther, Esq.—Two lectures on "Mozart and Beethoven: with Pianoforte Illustrations."

J. T. Wood, Esq.—Four lectures on the "Discovery of the Temple of Diana, and other Results of the Government Excavations at Ephesus."

Professor W. K. Clifford, M.A., F.R.S.—Four lectures on the "General Features of the History of Science."

Ship Cholera.

THE English ship *Forfarshire* has been visited, while on her voyage from Calcutta to New York, *via* Demarara, with a fearful cholera epidemic, followed by measles, among the children, and fifty-two of the coolie passengers and the engineer have died. The *Forfarshire* left Calcutta in August, bound for Demarara with 510 coolies, and a cargo of linseed. The cholera broke out the second day, the germs of the disease undoubtedly having been brought on board ship, the first person attacked being a woman. The next day other cases developed themselves, principally among the women, and they were placed in

the hospital on deck and quarantined from the other coolies, who were apparently in good health. On the third day a young man, then a boy and two children, were attacked, and the disease triumphed over all attempts to stay its fearful progress. Within ten days as many as forty coolies were suffering from cholera. Previous to this the deaths averaged one a day. The third day the mate and the apothecary were attacked, and narrowly escaped with their lives. The engineer employed on board to distil water died. In five days thirty deaths took place, and it looked at one time as if every soul on board would be attacked. The majority of the deaths were those of children, who had not the stamina of the parents. As the cholera left measles came, but the disease was not nearly so fatal as cholera, and attacked merely children, not the adults. The cholera lasted from first to last about three weeks.

Trichina in American Pork.

ACCORDING to the *Allgemeine Medicinische Centralzeitung*, Dr. Rüper has examined a number of American sugared hams sent to Germany, and finds three per cent. of them trichinous. Twenty people were sickened at Bremen by these hams.

The Maine Liquor Law.

IN answer to an inquiry from a gentleman in England regarding the working of the Maine Liquor Law, Governor Dingley writes that the effect of the law has been wholly good, and adds: "In more than three-fourths of the State the law has been well enforced, and dram-shops are unknown. In the balance of the State, comprising the large cities, the law is not so well enforced, and in Portland and Bangor I regret to say that we are almost as bad off as we should be if we had a licence law. The result of the law on the whole, united with temperance efforts, has been greatly to reduce the consumption of intoxicating liquors and lessen drunkenness in a most noteworthy degree."

Sanitary Conference at Birmingham.

WE have been requested to mention that a conference on sanitary matters will be held at the Exchange Rooms, Birmingham, on the 14th inst. Out of about 1,500 invitations sent out, no fewer than 700 have already been accepted. The gentlemen who have intimated their intention to be present hail from all parts of the country, and include mayors, members of sanitary committees, officers of health, surveyors, and other officials connected with corporations and local boards of health who are associated and practically acquainted with questions concerning the public health. Dr. Balthazar Foster is to read a paper which will refer to the comparative death-rate of the town and other large places. The prominent subject for discussion in the afternoon will be that of artisans' dwellings, on which several gentlemen have expressed a desire to speak, but inasmuch as the time is short and the gentlemen interested in the subject are numerous, a selection will have to be made, and the allotment will be determined either by priority of application or by universally-recognised claims; but, of course, in their selection of "who is to speak," the committee must be prepared for

much hostility and dissatisfaction. Dr. A. will naturally consider himself a greater authority and a better speaker than Dr. B., and *vice versa*; however, in this particular, no doubt, great judgment will be used by those who have the direction of affairs. The responses which have been given to the invitations sent out show demonstratively the intense interest the subject of sanitary reform is exciting throughout the kingdom.

The late Sir Ranald Martin's Will.

THE will and codicil, dated May 2, 1864, and Nov. 29, 1873, of Sir James Ranald Martin, M.D., F.R.S., late of No. 37 Upper Brook Street, London, who died on Nov. 27 last, were proved on the 16th ult. by Sir Wm. Fergusson, Bart., and George David Pollock, the acting executors, the personal estate being sworn under £35,000. The testator bequeaths to Henrietta Lady Buller £200 free of duty; to his wife, Dame Jane Maria Paton Martin, certain furniture, to be selected by her, and the income of the residuary estate for life; at her death he divides his property equally among his three daughters—Miss Ann Macdonald Martin, Miss Julia Errington Martin, and Miss Amy Forbes Martin—with the exception of the articles of plate presented to him by the inhabitants of Calcutta and the medical officers of the Bengal service, which, on the death of his widow, he gives to his son, Simon Nicholson Martin; and, on his decease, to his son, with the intent that they may become heirlooms in the family.

Prize Essay on Rural Sanitary Science.

DR. LORY MARSH has asked us to publish the following:

A prize of twenty-five guineas is offered for open competition for the best essay on the following subject: "The Application of Sanitary Science to Rural Districts with a view to insure the highest Condition of Health and the Prevention of Disease."

The essay to be written in English, and to bear a motto, and to be accompanied with the name and address of the author in a separate sealed envelope, bearing the same motto as the essay, which must be limited to 25,000 words. The writing to be on one side of the paper only. Hard technicalities to be avoided as much as possible.

All essays to be forwarded not later than June 30th, 1875, to Dr. Lory Marsh, 10 Adelphi Terrace, Strand, London, to whom the copyright of the successful essay shall belong.

The essayist should address himself to the powers possessed, but not exercised, by the Local Government Board, and to the effect of diversity of opinion existing amongst its advisers; also as to any new powers it is desirable to invest the Board with. He should further address himself to the applicability of the standards of pollution of effluent waters recommended by the Rivers Pollution Commissioners, and the subject of the non-pollution of rivers.

Persons interested in the subject of rural sanitary science are specially invited to assist in making known the offer of this prize.

DURING the year 1874, one hundred and thirty-five works on medicine and surgery were published in the United Kingdom, exclusive of pamphlets, showing a slight decrease on some past years.

The Dublin Corporation and Public Health.

WE have kept our readers informed each week of the action which the municipal authorities of Dublin—through their Public Health Committee—adopted with reference to the Public Health Act. It will be remembered that, having resisted in and out of Parliament the proposal to reform themselves or their system, they consistently refused to consent to any change, and endeavoured to defeat the law by excluding the medical officers of health from its execution, and by keeping up a staff of ex-policemen and other corporate *protégés* to discharge the duties which were confided by Parliament to the medical officers. In pursuance, of this policy they voted nominal salaries to the dispensary officers, and thus forced the Local Government Board into action.

At a meeting of the Committee the week before last a letter from the Local Government Board was read transmitting order under seal determining the salaries of medical officers of dispensaries, as sanitary officers, at £25 each per annum. In relation thereto it was moved by a pawnbroker, who leads the Committee—"That, notwithstanding the order of the Local Government Board now read, we adhere to our former resolution in relation to the salaries of medical officers of dispensaries, and that the opinion ordered on last Friday be taken forthwith." A division having been called for, there appeared for the resolution, 10; against the resolution, 5.

We are very grateful for the characteristic wooden-headedness which induces the Committee to oppose the Local Government Board, and we trust that, having pledged themselves—as we anticipated they would—to a policy of stupidity, the Committee will not on any account be induced to act sensibly. Probably if they had been diplomatic, and fixed even £15 a year, making at the same time some empty promises, the Local Government Board might have acquiesced, and the medical officers would have been £10 the poorer. It is easy to predict how the Public Health statutes are likely to work under the hands of such a Committee.

Irish Pharmacy.

THE approach of the Parliamentary campaign inspires the profession with anticipations as to the contemplated adjustment of the pharmacy system in Ireland. No doubt Mr. Errington will make an early move towards passing into law the recommendation of his last year's committee, that a pharmaceutical society for Ireland should be established; but it is hardly to be expected that such a proposal would receive the assent of Parliament. The conclusions which remain fixed in the minds of the profession as the result of all the talking and writing which the subject has evolved may be epitomised, although the deduction from those premises is not so evident.

It seems to be agreed on all hands—

a. That the old practitioner-druggist licence of the Dublin Apothecaries' Hall is dead, and only awaits decent cremation by Act of Parliament.

b. That under no pretext can the directors be allowed, as they propose to do, to revive their old idol by the creation of a new and superior class of druggist-apothecaries.

c. That the requirements of the public in Ireland can

only be satisfied by the establishment of a thoroughly competent class of non-medical dispensers.

d. That if this object can be achieved by the instrumentality of an efficient and permanent Irish organisation, recourse shall not be had to the English society; but that, if not, the extension of the Pharmacy Act, *pur et simple*, would probably serve the purpose.

The consideration of these premises may be aided by a recapitulation of the last year's working of the examination system of the English Pharmaceutical Society as given in its official journal last week.

"The approach of the time for enforcing the amended regulations for conducting the examinations sanctioned by the Privy Council in 1873 has been marked by what might almost be termed an examination panic. The number of persons seeking to pass the Minor examination increased at each successive meeting of the Board until it culminated in June at 343. Of course, where the passing of the qualifying examination under the least stringent conditions was so manifestly the main object, the inevitable sequence was the appearance in the examination room of an unusually large proportion of imperfectly educated men. The result is obvious. Of 1,064 Minor candidates examined under the old regulations, only 352, or 33.03 per cent., passed, against 51.95 per cent. in 1873; and on the last occasion in London the percentage of successful candidates fell below 32 per cent. The statistics of the Major examination are somewhat more satisfactory; for although the number of candidates has been somewhat smaller the proportion successful has been larger. The figures are—1873: of 83 examined, 54, or 65.06 per cent., passed; 1874: of 69 examined, 51, or 73.91 per cent., passed."

These figures at least prove that there is no intention on the part of the Society to sell its licences too cheap, or to make money by the admission of candidates whose competency is doubtful; and it definitely disposes of the objection raised by the Dublin Apothecaries' Hall that the London pharmacists would flood Irish society with half-educated apothecary-druggists.

The objection which we entertain to placing Irish pharmacy in the hands of the London society arises not at all from any want of confidence in their vigilance or incorruptibility, but because we fear that an arrangement constructed to meet the requirements of the English general practitioner system will totally fail to accommodate itself to the Irish system. We may, however, congratulate the profession and the public that no alternative which has been proposed can possibly be worse than the continuance of the farce in which the Directors of the Dublin Apothecaries' Hall have so long pretended their belief. Whatever body wrests the control of pharmacy in Ireland from the Directors, the profession and the public will undoubtedly gain by the change.

The Adulteration Law of 1874.

THE *Pharmaceutical Journal*, in its summary of the events of the past year, devotes considerable space to an epitome of the prosecutions for adulteration which it has recorded in its columns, especially those of interest to chemists and druggists, and the list completely justifies the legislation against trade frauds which Mr. John Bright considered so superfluous. Amongst the prosecutions recorded, the following present points of special interest to the chemist and druggist:—

"Conviction of a druggist for selling mustard containing

flour, on the grounds that its efficacy as a drug was thus impaired; three prosecutions for the sale of sulphur containing varying quantities of gypsum, the first being abandoned because the preparation had been sold as "milk sulphur," the others resulting in convictions, because the preparation had been sold as "precipitated sulphur;" a prosecution for selling citrate of iron and quinine adulterated with cinchonine and quinidine, dismissed because of the small proportion of alleged adulterants and their possible origin from the same source as the quinine; a conviction for selling quinine largely adulterated with sulphate of cinchonine; two convictions for the sale of scammony containing in one case only 46.01, and in the other 47.96 per cent. of resin; a prosecution for selling scammony alleged to contain 5 per cent. of flour and 3 per cent. of chalk, but admitted to contain upwards of 70 per cent. of resin, which was dismissed and led to the abandonment of other prosecutions that had been initiated; a prosecution for the sale of red precipitate alleged to contain 5 per cent. of oxide of lead, which was dismissed, but defendant ordered to pay costs; a prosecution for the sale of soda-water devoid of soda, which was dismissed, but a case was granted; a conviction for sale of lemonade containing lead; and prosecutions for the sale of preserved vegetables containing copper, and vinegar containing sulphuric acid. Amongst the curiosities of analytical prosecutions may be recorded one for selling "conversation lozenges" containing one-ten-thousandth part of powdered glass, and one-tenth of starch, and another for selling "burnt almonds" containing too large a proportion of bitter almonds. Another conviction was for selling a "liquid extract of beef," described as consisting chiefly of extract of beef, wine, a small quantity of fine old brandy and quinine, but which the analyst certified to contain but a very minute quantity of beef, no quinine, and no brandy. Early in the year Mr. Mackay, of Edinburgh, brought forward a case in which a firm of analysts certified that some Natal arrowroot taken from an original package contained from 10 to 20 per cent. of torrefied arrowroot or other starch, a statement that was flatly contradicted by four other eminent analysts to whom samples were submitted. In this case the mistake only resulted in the annoyance of having the package returned by the customer as adulterated; but in July a prosecution was commenced for selling arrowroot that was certified by a public analyst to be adulterated with another starch, which was dismissed by the Bench acting upon a certificate of Dr. Voelcker that the arrowroot was pure. Another case of adulteration that has been before a law court, though not under the Adulteration Act, was in respect to a sale of adulterated musk pods."

DIPHTHERIA has almost vanished from the soldiers' huts at Woolwich; last week there was but one death.

A TERRIBLE famine prevails in Asia Minor, with the usual results, disease and death.

THE health of the Gold Coast is reported by latest telegram to be very bad.

SINCE the publication of our last, a new king has been proclaimed for Spain. Let us hope the act will put an end to that terrible conflict which for the past two years has devastated that beautiful country.

THE death is announced, on the 6th of Dec., of Dr. Friedrich Rochleder, Professor of Chemistry in the University of Vienna. A pupil of Liebig's, Rochleder was Professor of Chemistry at Prag for many years, and at Vienna for the last. His lectures in the new laboratory of the University were much frequented by the students.

DR. MACDONALD, Professor of Natural History for the past twenty-four years in St. Andrews University, died on Friday last.

MR. HORATIO PURSLEY, of Weston-super-Mare, has presented to the authorities of the hospital of that town a cheque for the sum of £1,000.

THE Lettsomian Lectures of the Medical Society of London will be delivered by Mr. Maunder, Surgeon to the London Hospital. His subject is "The Surgery of the Arteries."

MISS ALICE VICARY, the first and only registered lady pharmacist in England, has just passed, in company with Mrs. Kingsford, the first year's examinations of the School of Medicine of the University of Paris.

A MOVEMENT is on foot for the establishment of a society for the prevention of cruelty to animals in Bombay. Perhaps there is no city in the world where repressive measures of this kind are more needed.

TWO new medical journals have made their appearance in Italy: one, "La Rivista Calabrese di Medicina Chirurgia, e Pharmacia," edited by Dr. Placido, of Reggio; the other, "La Sferza," a popular journal of hygiene and education, edited by Drs. Temistocle and Ulisse Santopadre.

A DEATH from hydrophobia occurred last week at St. Bartholomew's Hospital. The deceased, a man, aged 47, was bitten three months ago, but nothing beyond a little pain occurred until a few days since, when symptoms of hydrophobia set in, which shortly terminated in death.

AN examination of candidates for commissions in the Medical Department of the Army will be held in London on the 15th February.

Examination of candidates for admission into the Medical Service of the Navy will also take place at the University of London, Burlington Gardens, at the same date.

By the will of Mrs. Emily Woolsey, late of 49 Westbourne Terrace, London, the Hospital for Sick Children, Great Ormond Street, Bloomsbury; the Consumption Hospital, Brompton; St. Mary's Hospital, Paddington; the National Hospital for the Paralysed and Epileptic, Queen's Square, Bloomsbury; and the Royal Hospital for Incurables, Putney Heath, are entitled to £500 each.

AT the hearing of the adjourned summonses against the owners of some houses for refusing to construct proper drains at Hollin Grove, the seat of the late fever epidemic at Darwen, the Bench made an order empowering the rural sanitary authority to carry out sewage works for the houses in question, and to charge the owners with all the costs of the same.

MR. FITZGIBBON, son of Master Fitzgibbon, and formerly medical officer of the Clondalkin Dispensary, near Dublin, has been appointed Surgeon of the City of Dublin Hospi-

tal, in room of Mr. Tufnell resigned, and Mr. Tufnell has been elected Consulting Surgeon in the room of the late Professor Hargrave. The other candidates for the vacancy we believe, were Mr. Josiah Smyly and Mr. Collins. Mr. Fitzgibbon is an M B., M.S. Univ. Dub., &c.

DR. J. F. CADLE, the surgeon on board the ill-fated *Cospatrick*, was a native of Newent, near Gloucester. He had previously been two voyages to the Antipodes, and after the last intended settling in private practice, but, yielding to a pressing solicitation, he agreed to take the voyage which has proved so fatal. He was about thirty years of age, unmarried, and gave great promise of achieving a reputation in his profession.

New Inventions.

ABDOMINAL BELTS.

Two belts have been forwarded to us by Messrs. Salmon and Ody, of 292 Strand, one for males and one for females. These belts are, it seems, patented by Mr. Dixon, of Nottingham.

The female belt is made of drab satin jean, lined with red flannel. Its special feature is, that flat pieces of cork, stitched through perpendicularly, are used instead of whalebone, to lend the required stiffness. By this means the wearer has much more freedom of movement, and all risk of bruising is avoided. The idea is novel. It remains to be seen whether the cork used in this way will become as brittle as cork socks usually do after being in wear a short time.

The belt is exceedingly well made. By means of a series of elastics gathered into a lappet furnished with a button-hole, and buttons placed at intervals, it can be adapted to almost any figure. There is also a narrow band running round the lower part of the belt, which can be tightened or loosened, according to the degree of support required. Doubtless this belt will be much in favour with pregnant women, and we highly commend it for such cases.

The male belt is also admirably contrived, and will prove of service in numerous cases, particularly in the saddle.

Correspondence.

THE IRISH COLLEGE OF PHYSICIANS AND THE "DISSENT."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the letter signed by three of the "Dissentients" in your issue of the 30th ult., permit me to remark that the College of Physicians had for forty years, without any objection being raised to its use, employed the ballot in all elections, whether of Fellows or officers of the College, and that in the case of the electors of King's Professors, they were by Act of Parliament bound to select them by ballot; it is therefore no proof either of "ignorance" or "disingenuousness" to say that the College

seeks to have that "restored" which under the belief of its legality it had so long used.

Also permit me to point out that the Report on Membership is dated December, 1867, and that the "one portal" scheme was not brought forward till long after, and that therefore the Report could not have been drawn up with a view to "a change of front" in opposition to that scheme—indeed, the "one portal" idea had not been even mooted in the College at the time the Report was drawn up; the fact is, that although in 1867 the College was sensible of the desirability of instituting an Order of Members, they were deterred from seeking the power to establish it, as they found an Act of Parliament would be necessary. The introduction of a Medical Bill by the Government in 1870 merely gave them an opportunity of obtaining the power, and furnished them with fresh ground for seeking it, as your correspondents point out, but was not the cause of the determination of the College, which had been formed more than two years previously.

Since 1867 nothing has occurred to alter the case; the injustice to the Licentiates of the College remains undressed.

The foregoing facts will enable your readers to judge to whom the epithets "ignorant," "disingenuous," "deficient in candour," so freely used by your correspondents, are most applicable.

Your obedient servant,

A FELLOW OF THE COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a letter signed by Dr. Lyons, Dr. Cruise, and the Rev. Dr. Haughton, which appeared in the *MEDICAL PRESS AND CIRCULAR* of 30th Dec., the following occurs: "The proposal at that time (*i. e.* Dec., 1867) to create the order of Member was a change of front rendered necessary by the action of the British Medical Association in favour of the 'one portal' system." The foregoing statement is entirely incorrect.

At the time referred to, 1867, I was the Registrar of the College, and in consequence of the repeated representations made to me by Licentiates who felt themselves aggrieved at their inability to obtain the title of Member, I obtained the appointment of a committee to inquire into and report on the whole subject of Membership. I was present at every meeting of the Committee, and drew up the Report, which was subsequently signed by the other Members of the Committee, and can positively affirm that no allusion was ever made to the "one portal" system either at the meetings of the Committee or at the debates which subsequently took place in the College, on the presentation of the Report. Indeed, it was impossible that the "one portal" system could have influenced the Committee, seeing that it was not brought forward till the autumn of 1869, the Report of the Committee being dated Dec. 1867; the reason why the College declined to act on the recommendation of the Committee at the time being mainly that an Act of Parliament would have been necessary in order to render the Membership registerable.

I am,

Your obedient servant,

1st Jan., 1875.

LOMBE ATTHILL.

CAUSE OF GOUT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In one of my articles in your paper I have stated that gout was, simply, increased vascular action of the part, or parts, or inflammation occasioned by a continued rush of arterial blood; since then I have been considering what was

the cause of gout, and it now appears that, when the blood of those who are in the habit of drinking those wines and liquors strongly impregnated with calcareous matter becomes, as it were, completely saturated with the same, it must be deposited somewhere to relieve the system, and as the arteries of the joints are the only ones which take upon themselves the deposition of such matter, Nature very naturally directs the process, and those arteries are therefore called into action, and this action will continue despite all medical aid until the whole of it is deposited, should the joints of the hands and even the elbows be called into requisition. As soon as the blood is relieved of its presence the action will cease, as I have proved but too often from personal experience; the extremes of heat and cold—even ice—had no effect upon it, and the excruciating pain was relieved only by either morphine or laudanum. If you were to see my own two great toes, as well as my knuckles, you would see what arteries can do by way of depositing such matter. I think this is the only scientific manner of accounting for the disease.

I am, Sir, yours truly,
ALEXANDER LANE, M.D. R.N.

Douglas, Isle of Man, Dec. 23rd, 1874.

Malvern College.—The following award of Scholarships and Exhibitions has been made at this School:—House Scholarships: H. Johnson, W. Hadow, E. Johnson, and J. M. Stewart, Malvern College; J. M. Smith, the Rev. S. Middleton's, Weston-super-Mare; J. T. Lawrence, Mr. T. Horsman's, Leeds. Founder's Scholarship: E. Back, H. Thomas, H. Roden, and J. A. Hauxwell, Malvern College. Entrance Exhibitions: A. Belcher, Magdalen College School; E. Theobald, Appuldercombe School; A. Greenwell and W. Thompson, the Rev. T. Gascoyne's, Spondon House, Derby; A. T. Knight, W. Salter, and G. Trevor, private tuition.

NOTICES TO CORRESPONDENTS.

COMPLIMENTARY.—It is encouraging to receive from time to time congratulatory letters from our readers; they materially help us in our uphill warfare against shams and abuses, and show us that there are men, and these not a few, in our noble profession, who have but one motive, and that is—its honourable advancement. During the past week we have been favoured with many such letters of encouragement, and with a larger number of new subscribers than usual, the new year has dawned upon us brightly and cheerily, which prospect we hope is shared professionally by all our readers. One of the letters referred to is from an eminent member of the profession in London, from which the following is an extract:—"I have long regarded your paper as the only free, unbiased journal that we possess." We esteem this as the greatest compliment the conductors of any journal can receive, for which we thank the writer, together with our many other correspondents, who will doubtless excuse us replying to them individually.

"ACUTE TETANUS."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir.—It would be well if Mr. H. Gray Croly, in his paper on "Acute Tetanus," published in your last number, had furnished the composition of Dr. Feile's *anti-tetanic pill*, as it seems the only new feature of his treatment, and is most probably unknown to many of your readers, in common with myself. I think it a great pity that any point connected with the treatment of so terrible a malady should be withheld from the profession, and have no doubt it was quite unintentional on the part of Mr. Croly.

Perhaps Dr. H. McDonnell, who had been a pupil of the said Dr. Feile, would be the best authority as to the composition of the medicine in question.

I am, Sir, yours faithfully,
REDLAND, near Bristol. THOS. WEBSTER, M.R.C.S., &c.

[The ingredients of the pill were communicated to the meeting by Mr Croly, and by some inadvertence not included in the report. We give the formula now:—

PILULA ANTI-TETANICA.
℞ Aloes hepaticæ, } aa gr. xij.;
Pulv. antimoniæ, }
Opii pulverizati, gr. ij.;
Syrupi simplicis, q.s.
ut fiat pil. xij. equalis; ij. ter die sumenda.

Mr. Robert McDonnell says Mr. Feile added a small quantity of *digitalis* each pill.]

VACANCIES.

Metropolitan Asylums District. Medical Superintendent for the proposed temporary Asylum for Imbecile Children. Salary, £100 per annum, with furnished house, &c. Forms of application to be obtained of W. F. Jebb, Esq., 27 Norfolk Street, London, W.C. (See Advt.)
North Wales Counties Lunatic Asylum. Assistant Medical Officer. Salary, £100 per annum, with board and residence. Address, Mr. J. Robinson, Denbigh.
Beckett Hospital. House Surgeon. Salary, £140 per annum, with rooms, &c. Applications to be addressed to the secretary, at Barnsey Hospital for Women, Soho Square, London. Surgeon and an Assistant Physician. Honorary. Applicants must address the Secretary.
Greenwich Union. Medical Officer to the Workhouse. Salary, £300. Candidates will be required to devote their whole time to the duties. Applications to the Clerk of the Guardians.
Scarborough Union. Medical Officer. Salary, £30 per annum, with fees extra. Candidates must address the Clerk to the Guardians.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, Jan. 6th.—Clinical Society, 8½ p.m. Mr. Teevan will exhibit a "Cases of Subcutaneous Urethrotomy." Dr. Farquharson, "On a Case of Hæmoptysis in a Syphilitic Patient." Mr. T. Holmes, "On a Case of Naso-pharyngeal Polypus."
THURSDAY, Jan. 7th.—Harveian Society, 8 p.m. Annual Meeting. Election of Officers. President's Address. Conversation.
FRIDAY, Jan. 8th.—Obstetrical Society, 8 p.m. Annual Meeting. Election of Officers. President's Address, Dr. Bathurst Woodman, "On the Treatment of Mammary Abscess by Rest." Dr. Madge, "On a Case of Labour complicated by Pelvic Tumour and by Convulsions." Mr. Ashburton Thompson, "On Zinc Phosphate in Cases of Amenorrhœa."
MONDAY, Jan. 11th.—Medical Society, 8 p.m. Ordinary.
TUESDAY, Jan. 12th.—Royal Medico-Chirurgical, 8½. Ordinary.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Manual of Hygiene and Compendium of the Laws relating to Sanitary Subjects, for the Use of Health Officers. By Charles A. Cameron, M.D. London: Baillière, Tindall, and Cox.
Chelera: How to Prevent and Resist It. By Dr. Max von Pettenkofer and Dr. T. Whiteside Hime. London: Baillière, Tindall, and Cox.
Forty Years of American Life. By T. L. Nichols, M.D. London: Longmans and Co.
Hereditry: a Psychological Study of its Causes and Consequences. From the French of Prof. M. Ribot. London: King and Co.
Inaugural Address in connection with the Chair of Clinical Medicine. By Dr. McCall Anderson. Glasgow: J. Maclehose.
Letta's Medical Diaries for 1875.
Therapeutic Means for the Relief of Pain. By J. Kent Spender, M.D. London: Macmillan and Co.
The Practitioner. Temperance Journal. The Clinic. Medico-Psychological Journal. Hardwicke's Science Gossip. The Obstetrical Journal. The Students' Journal. Monthly Microscopical Journal.

APPOINTMENTS.

BROWNE, Mr. LENNOX, Surgeon to the Royal Society of Musicians, has been appointed Aural Surgeon to the Society, vice Dr. Peter Allen, deceased.
DAKRYNE, T. E., L.R.C.P.Ed., Medical Officer for the Leek District and the Workhouse of the Leek Union, Staffordshire.
DAVY, Dr. J., Clinical Assistant at the West Riding Lunatic Asylum, Wakefield.
DUKE, D. W., L.R.C.P., an Assistant Surgeon to the Hastings Infirmary.
FORBES, D. M'D., L.R.C.P.Ed., Medical Officer for No. 1 District of the Basford Union, Nottinghamshire.
HARRIS, T. D., L.R.C.P.L., M.R.C.S.E., Hon. Surgeon to the Aberystwith and Cardiganshire General Infirmary.
M'KEOWN, W., L.R.C.P.E.J., L.F.P. & S. Glas., Medical Officer, &c., for the Dirraw Dispensary District of the Ballymoney Union, co. Antrim.
MULLIN, F., L.R.C.S.I., Superintendent Medical Officer of Health for the New Ross Urban Sanitary District.
PACKARD, J., M.R.C.S.E., Medical Officer for No. 7 District of the Blything Union, Suffolk.
RAYNER, E., M.D., Public Analyst for the Borough of Stockport.
ROSSITER, T., M.D., Sanitary Officer for the New Ross Urban Sanitary District.
SMYTH, W. J., M.D., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for No. 7, or Shipley District of the North Bierley Union, Yorkshire.
SUTTON, F., M.R.C.S.E., Medical Officer, &c., for the Willingham District of the Gainsborough Union.
THOMAS, W. H., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Maesteg Urban Sanitary District.
TIDBURY, R., M.D., C.M., L.M., House Surgeon to the Male Lock Hospital, Dean Street, London.
WADD, T. H., M.R.C.S., an Assistant Surgeon to the Hastings Infirmary.

Deaths.

BEAMAN.—On the 31st Dec., Chas. Hulme Beaman, fourth son of the late George Beaman, M.D., of 3 Henrietta Street, London, W.C., aged 89.
BUTLER.—On the 24th Dec., at his residence, Hammersmith, James Butler, M.R.C.S., late of Seething Lane, London, and Beadonwell, Kent, aged 78.
KIERNAN.—On the 31st Dec., at his residence, 80 Manchester Street, London, W., Francis Kiernan, F.R.S., in his 75th year.
OOLE.—On the 21st Dec., Geo. Fortescue Ogle, M.B., of Monument Place, Liverpool.
O'TOOLE.—At Vernon Square King's Cross Road, London, Richard Bernard O'Toole, L.R.C.S.I., Surgeon R.N., aged 88.
THOMSON.—On the 27th Dec., Robt. Thomson, L.D.S.R.C.S.E., of Denmark Hill, S.E.

LETTERKENNY DISPENSARY.—A MEDICAL OFFICER not having been appointed to the above Dispensary on Tuesday last, as was advertised, the Committee will again meet on Friday, the 15th inst., at 12 o'clock, and Candidates are invited to renew their applications, and make an appearance on that day.
Lisliennan, Jan. 1, 1875. ROBERT RAMSAY, Hon. Sec.

SURGICAL SOCIETY OF IRELAND.—The THIRD MEETING of the SOCIETY will take place on FRIDAY EVENING, 8th JANUARY, 1875.
Chair will be taken at half-past Eight o'clock precisely.
B. WILKS RICHARDSON, F.R.C.S.I., } Hon. Secs.
HUMPHREY MINCHIN, F.R.C.S.I., }
Royal College of Surgeons, Dublin,
25th day of Nov., 1874.

METROPOLITAN ASYLUM DISTRICT.—The Managers require the services of a MEDICAL SUPERINTENDENT for their proposed temporary ASYLUM for IMBECILE CHILDREN, which will contain about 450 patients. Salary £400 per annum with a furnished house, coals, and gas. Candidates, who must not exceed 45 years of age, must possess the double qualification required by the Regulations of the Local Government Board. The gentleman appointed will be required to do his own dispensing and to provide a Substitute at his own expense whenever absent from the Asylum for more than three consecutive hours. Forms of application may be obtained at the Office, 37 Norfolk Street, Strand, where applications, accompanied by testimonials, must be delivered by or before 12 o'clock on Wednesday, the 13th January.

By order,
1st January, 1875. W. F. JEBB, Clerk to the Managers.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, FEBRUARY 1. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, FEBRUARY 8. Gentlemen who have completed four years of Professional Study according to the College Regulations, are eligible for admission to this Examination.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special Bye-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Full Hall East. H. A. PITMAN, M.D., Registrar.

MALVERN COLLEGE.

This COLLEGE contains TWO DEPARTMENTS—the CLASSICAL and the MODERN. There is also a Preparatory LOWER SCHOOL.

There are Boarding Houses within the College Grounds, held by the Head Master and others of his Staff; a Gymnasium, &c.

Board and Tuition under 14, £80; over 14, £90. Non-shareholders pay an extra fee of £6. Special advantages for Sons of Clergymen and Home Boarders.

For further information apply to the Rev. ARTHUR FABER, M.A., Head Master, late Fellow and Tutor of New College, Oxford.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office.

40 MOLESWORTH STREET, DUBLIN.
W. O'NEILL, Secretary.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

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PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

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J. BAXTER LANGLEY, LL.D., M.R.C.S., F.L.S., &c. (KING'S COLL.), and Author of VIA MEDICA.

Has always upon his books a large number of desirable Investments and available Appointments for negotiation.

The business of the Professional Agency is based upon the general principle, that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

PRACTICES AND PARTNERSHIPS NOW OPEN for Negotiation (in addition to those advertised in Dr. Langley's List, which is sent post free on application).

Z 82. **DEATH VACANCY.** The SUCCESSION to a GOOD FAMILY PRACTICE in a pleasant Southern County, and within 60 miles of London, can be secured to a doubly qualified gentleman accustomed to good society. The Practice has been actively carried on up to within a few days of the decease, and a reliable "Locum Tenens" is in charge. The receipts are estimated to have been upwards of £700 a year, and the books are open to full investigation. Valuable public appointments are connected with the practice. No proposal for payment out of receipt will be entertained.

Z 83. **PRACTICE or PARTNERSHIP.**—The SUCCESSION to a FIRST-CLASS PRACTICE in a good market town within easy access of London can be secured by an effective introduction by Partnership or otherwise. Receipts upwards of £1000 a year. Midwifery fees £1 ls. to £10 10s. The house contains ten rooms, with detached offices, garden, conservatory, stabling, &c. The premium required will depend upon the length of introduction agreed upon.

Z 81. Within 15 miles of London, a JUNIOR PARTNERSHIP in a good GENERAL PRACTICE, in a suburban locality. A fourth share for disposal, with succession to further share hereafter upon equitable terms. The receipts are £1,350 a year, and there is great scope for increase. There is little dispensing. The Junior could at first reside at the branch surgery. Premium, £675, part of which may be left on security, and paid by instalments.

Z 78. First-class LONDON PRESCRIBING PRACTICE, held by the Incumbent for many years. A Partnership introduction would be given, but the connection could not be transferred to any gentleman not highly qualified nor unless he were accustomed to the best society. The income averages about £4,500 a year. Midwifery fees from 7 to 10 guineas. The residence is well situate near the most fashionable west-end squares.

Z 80. In a prosperous and picturesque district, an OLD-ESTABLISHED PRACTICE, yielding in actual receipts £1,100 a year. Age the cause of retirement. Appointments bring in £62 a year. The house is well situate, contains 10 rooms, with detached surgery, offices, stabling, and large garden. Rent 40 guineas. The working expenses amount in all to about £300 a year. An effective introduction by quasi partnership or otherwise as long as may be desired. Part of the premium may be paid by instalments. The whole connection is safely transferable to a suitable gentleman, and there is great scope for increase, as there is a population of about 15,000 inhabitants.

DR. LANGLEY'S LIST of SELECTED PARTNERSHIPS and PRACTICES for disposal, for January, is now ready. Post free on application.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

ON AN EPIDEMIC OF CONTAGIOUS SORE-THROAT (PASSING INTO SCARLET FEVER)

WHICH OCCURRED IN THE CRIPPLES' HOME, AND THE PROBABLE CAUSES OF ITS PRODUCTION.

By C. H. F. ROUTH, M.D., M.R.C.P.,

Physician to the Home; Senior Physician to the Samaritan Hospital for Women and Children; Consulting Physician for Diseases of Women to the North London Hospital.

THE remarkable papers of Dr. Farquharson on "Infectious Tonsillitis," and of Dr. Pearson, on "An Epidemic of Sore-throat, with marked Constitutional Symptoms," read during last session, called special attention to phases in the character of cynanche not usually observable in this disease. The following paper is a contribution in the same direction, but over a much more localised sphere, and where necessarily the etiology of the disease was more easily traceable. Dr. Farquharson did not (so far as I can judge from the abstract given of his paper) enter into the question of the etiology of the disease described. Dr. Pearson referred the cause to malaria in general terms. The chief interest of this communication lies probably in the fact that bad water here, as in cases of typhoid fever, was possibly the *foetus et origo* of the disease; and secondly, in the fact that the sore-throat assumed three different leading forms, which are usually believed to originate from distinct blood poisons.

A short account of the institution appears to me, however, to be a proper introduction to the subject. All diseases require a fit nidus for development, and it appears impossible to estimate the progress or arrest of any epidemic in this nidus, unless we have an idea of the nidus itself.

But, then, as regards the sanitary appliances at the institution, even at the risk of egotism, I am disposed to believe

they are as complete as in any other institution with which I am acquainted. Primarily as to ventilation.

In every room on a level with the ceiling are openings which are only closed by perforated zinc, not, indeed, of that variety where the apertures are so small that they are rapidly choked by dust and smut, and so soon cease to be perforations at all, but apertures about a line in diameter, and, therefore, remaining pervious continually. Nor are these openings small, but vary from two to three feet in diameter one way, by six inches to a foot in the other, and sometimes several of these are placed in the room, if it be a large one. In the dormitories the windows, which are first pulled down to admit of the insertion of perforated zinc plates, varying from 3 to 6 inches, are secured in this position by padlocks, so that the window can no longer be pulled up or down. In this manner there is a free passage of the external air at all times into the rooms. These openings, however, are not confined to the window-side of the room. Similar openings, also guarded by perforated zinc, are placed opposite to them, which open on the large central staircase, which acts as a sort of shaft for the reception of the foul air. This same arrangement of opposed ventilating openings is carried out in the basement, where several of the doors have the panels taken out, and fitted also with perforated zinc, so as to admit pure air to the bottom of the house, while at the top of the house, at the end of the large staircase before referred to, three large doors have been placed to give free exit to any air which may be impure, and has travelled there from the inhabited rooms. In this passage indeed there is invariably a strong upward current of air. It is remarkable how soon the slightest bad smell passes out this way.

Great care has also been taken with the water-closets. All communicate with the external air, and this air is admitted from the external atmosphere through large channels which come into the closet on a level with the ground, and is carried away superiorly by long shafts, so that here also there is a constant upward draught to remove all bad odours.

The means to secure a good quality of water were until lately excellent. All water drunk by the inmates was

received into a large funnel, kept constantly full by a ball and tap, in connection with the water service, and the water was made to filter through seven or eight layers (each layer of about one inch thick) of silver sand and animal charcoal. Both these latter agents were made red-hot before used, or at least put into crucibles to be purified of any retained impure vegetable or animal matters. Indeed, the sand was boiled in two or three quantities of boiling water before calcined. The water then was made to fall from a height into a reservoir, was thus excellently well filtered and aerated, and to the taste unexceptional.

Exception might, perhaps, be taken to the girls themselves. Seventy-three of these are cripples of every kind, hunchback, paraplegic, with diseased lower extremities, intensely scrofulous of temperament, weakly, many of them the children of diseased or depraved parents, and having been much neglected in infancy. The remaining girls which make up the complement of 100 are so-called refuge girls, not cripples, but occupied in the domestic work of the institution, and to assist the cripples.

With such an assemblage we need to look for much disease. The mortality is, however, remarkably small. For the most part they are under 20, but a few older girls are kept as monitors. But they are well-fed and well-clothed, and the utmost regard is paid to their comfort and regular habits.

The strictest cleanliness is observed in the Home, not only in the rooms, but as there is a large laundry and large bath-room, to the cleanliness of the garments of the girls, and of the girls themselves. The latter are obliged by the rules of the house to be thoroughly washed in a warm bath at least twice a week, and as all this is done under the personal supervision of experienced matrons all source of impurity from want of cleanliness is removed.

The arrangements adopted in cases of infection are also complete. The entire floor of the upper part of one of the houses comprising the Home has been constituted into sick-rooms, with bath and water-closet in an adjacent room in free contact with external air. It is in the passage immediately without this that the two large doors before referred to forming the summit of the stair-shaft out of which the impurities of the rooms are conveyed are placed, but in the sick-rooms themselves not only are the ventilators placed opposite to one another at the windows, but, as the ceilings here, which are about twelve feet at their highest point, are slanting in direction, ventilators are placed superiorly on the roof in addition. Lastly, in case of emergency, the dormitory beneath can be adapted for hospital purposes, being equally well ventilated. Again, whenever there is a contagious case, the doors are guarded by sheets dipped in a solution of carbolic acid, kept constantly wet, and all water used for purposes of ablution mixed either with carbolic acid or Condy's fluid. A separate nurse is provided, and all intercourse with the other inmates rigorously prevented. As the cases get well, they are compelled to take baths, and to be thoroughly washed over with carbolic acid soap and water. All their old garments are washed, and then fumigated in sulphur, before allowed to be worn again, for twenty-four hours in the sulphur steam bleaching room.

The worse cases were sent, during my temporary absence, to the Fever Hospital.

The visits of friends to public institutions are often necessary evils, and in those where, perhaps, the surroundings of the inmates' parents or friends are neither the most cleanly nor refined their visits often do harm. A middle course has, then, been adopted, and friends are only allowed to visit the inmates, except in cases of disease, once a quarter; but very rarely, if ever, are they allowed to visit their friends. However, they go out regularly, and once a year the greater number are sent for change to the sea-side.

The result of these measures has upon the whole been very satisfactory. Up to this year cases of fever and small-pox have occasionally appeared, but never spread, and when deaths have occurred, and these have been very few

and far between, the fatal disease has generally been bronchitis, to which cripples, as a rule, and especially the hunchbacks, are peculiarly obnoxious.

The following gives particulars of the epidemic in its origin and progress in a tabular form:—

FROM OCTOBER, 1873, TO OCTOBER, 1874.

	AGE.	MEASLES.	SORE THROAT.	SCARLET FEVER.	ERYSIPELAS.	CRIPPLE OR DUMB, &c.
E. B.	24		Oct. '74			C
E. R.	16				Oct. '73	C
M. A. M.	14		Oct. '73		Jan. '74	D
W. M. W.	16	Nov. '73	Aug. '74			B
E. L.	18	Dec. '73				C
S. L.	16					C
J. M.	14					C
W. H. M.	14					C
M. A. M.	15					C
E. H.	15				Dec. '73	C
"	"				May, '74	"
"	"				Sept. '74	"
M. R.	22				Feb. '74	C
S. C.	32		Mrch, '74			C
"	"		May, '74			"
"	"		6 weeks			"
M. A. L.	15		Mrch, '74			D
E. H.	16		April, '74			D
M. A. R.	15		May, '74			D
E. B.	13		{ Taken ill in morning, died at night.			C
"	"		{ Sickness all day. May, '74			"
M. W.	16	May, '74				D
E. R.	16	"				C
E. S.	13	"				C
E. B.	30	"				C
E. F.	15		May, '74			C
E. P.	16		"			C
E. S.	13		"			C
M. A. C.	15		"			D
E. G.	15		"			D
E. D.	13		"			D
E. R.	14		"			D
A. F.	16		"			D
A. G.	15		"			D
A. H.	15		"			D
E. R.	15		"			D
E. D.	15		"			D
R. R.	14		June, '74			D
H. R.	19		"			C
C. B.	15				{ Very ill, June, '74	C
H. P.	15				"	D
E. B.	14				"	C
E. W.	13			Sept. '74		D
A. F.	16			"		D
E. T.	15			"		D
E. L.	16			"		D
A. S.	19			"		D
H. M.	14			Oct. '74		C
M. A. S.	14			"		D
M. W.	15			"		D
M. A. L.	15		Sept. '74			D
A. P.	16		"			C
A. G.	15		"			D
E. G.	15		"			D
E. D.	15		"			D
E. F.	14		"			D
M. A. J.	12		"			C
E. H.	12		"			C
E. H.	14		"			C
S. C.	32		"			C
M. A. S.	18		Oct. '74			C
King	13		"			D
Pyke	14		"			C
E. B.	15		"			C
L. H.	52		"			C
M. A. G.			"			D

It will be seen by reference to the table above given that about October, 1873, the state of the Home gave evidence of some malarious influence. The last

batch of inmates had returned from the sea-side, and one of these, who came home ill in the early part of October from the sea-side, soon sickened with typhoid fever. She was removed to Middlesex Hospital, where she died on the 26th October, 1873. No other case, however, occurred at the Home.

In the meanwhile, a new matron was introduced in the place of one who had left, and she soon afterwards had a severe attack of low fever, with very acute sore-throat, which lasted several days. On October 14th, 1873, another case among the girls occurred, and from this time till October, 1874, last month, when the epidemic appeared at least for a time to cease, forty cases more were treated, all of which recovered. But during that period two other diseases made their appearance—measles, of which there were ten cases, and erysipelas, of which there were six cases.

The epidemic of measles was mild, and gave little anxiety. It was believed that its origin could be easily accounted for. The disease had broken out with some virulence in a neighbouring school, and the inmates of this school were in the habit of occupying of a morning the pew sittings in a church which the cripple girls occupied in the evening. These sittings being placed in the upper gallery of a very ill-ventilated church, and it was believed the infection was retained in this *locale*, and so communicated to the cripples.

Of the erysipelas cases, one occurred twice in the same patient, once in October, 1873, when the sore-throat epidemic began, and again in January; but this girl had a natural disposition to this malady, which had several times before attacked her, and therefore it did not at that time lead to much alarm or inquiry. Of the three next seizures of erysipelas in other girls, only one occurred while the sore-throat epidemic was *not* prevailing; the other two occurred synchronously with the sore-throat outbreak, and the remaining three occurred when the sore-throat epidemic was apparently subsiding. One of these erysipelas cases was very ill. The disease seemed to fix its malignity on the palpebræ, both of which swelled tremendously, and a large quantity of matter formed, which, however, on being liberated, had no further bad consequences. The erysipelas was in all cases except one confined to the face and head. In this one it was confined to the thigh, and also terminated in diffuse abscess; but the girl had a scrofulous wound there.

The first three cases of sore-throat observed were slight, and apparently simple cases; two occurred in Oct., 1873, one in August, 1873, two in March, one in April. But it was in May that the virulence of the epidemic showed itself. One little girl, a weakly cripple, æt. 13, was taken suddenly ill. She did not complain exactly of sore throat, but of chest pains; but intense sickness supervened, and she died the same night. No post-mortem was allowed, and I am still at a loss to know the cause of death—whether it was due to suppressed scarlet fever, or whether it was simply a case of death from exhausted vital powers. The body rapidly decomposed and discoloured. At the same time a girl who had some slight sore-throat symptoms, and which had disappeared rapidly, two months back sickened, and this time with severe symptoms. The throat was not only very sore, and the tonsils and neck-glands much swollen, but the mucous membrane had a sloughy appearance, and here and there distinct diphtheritic threads. With this there was great exhaustion, and we once or twice thought she would have slipped through our fingers as the other had. She continued ill for six weeks, and the whole character of her attack was one of marked adynamic type. Seventeen cases sickened from this time up to the end of June, 1874. Some of these were very slight, others severe, lasting ten days to a fortnight.

Speaking generically, I may say three types were observed:—

1. Simple cases, which might in different company have been regarded as simple cases of tonsillitis, with more or less fever.

2. More severe cases, in which the throat was unusually red and inflamed, the tonsils considerably enlarged; the fever and temperature very high, with delirium; frequently sickness, followed by unusual depression and exhaustion. In some of these cases something like roseola had been observed in parts of the body, lasting for three or four hours, and then disappearing—for I may say eruptions were carefully looked for; but it was an eruption in patches about the size of the palm of the hand, and which ran no regular course, and certainly, if the patients had not been carefully watched, they would have escaped observation.

3. The distinctly diphtheritic sore-throat, characterised by great bodily exhaustion from the first. These cases formed the minority. In these the same red roseolar patches on the skin were noticed, but equally notable in character, as were observed in the former; but in none of these was a distinct scarlet fever rash, or strawberry tongue observed. In two cases petechiæ of a violet colour made their appearance towards the end of the seizure.

It was not to be doubted that the continued recurrence of these cases, and their occasional severity, should have given rise to much anxiety.

I caused inquiries to be made as to the probable cause of this epidemic, but I found nothing satisfactory to account for it. All the measures usually observed for ventilation and purification from noxious odours were more scrupulously adopted. Complete isolation was enforced, and by the end of June, as before stated, the epidemic seemed to have terminated.

But it was not so. In the month of September, extending to the middle of October, another epidemic of sore-throat broke out, and this time marked cases of scarlet fever were among the number. It was during my absence from town, when Mr. Cheyne, of Nottingham Place, kindly undertook the medical charge of the Home. His letter bearing upon this outbreak I shall read later; but I find from inquiries made, and which he kindly replied to with full particulars, that he seems to have had also three forms: Simple mild cases of what might be called common cases of tonsillitis; these he regarded as non-contagious, and after a few days they were allowed to resume their ordinary avocations, no bad results following; 2nd. Cases where the throat symptoms were much more marked, and the throat and tongue assumed that peculiar red or strawberry appearance noticed in cases of scarlatina faucium; and 3rd. Unmistakable cases of scarlet fever, with the characteristic eruption on the skin as well as the sore-throat. These two last classes were sent to the Fever Hospital, to the number of eight, and all recovered. On this point Mr. Cheyne writes:—

“Fourteen cases of sore-throat at the Cripples' Home occurring in little more than a fortnight, suggested an inquiry into the nature and cause of the outbreak, with the following results: Between Sept. 9 and 12, 1 cripple and 3 domestics were attacked with scarlet fever; and between Sept. 11 and 25, 5 cripples and 5 domestics suffered from inflammatory sore-throat. Prompt and thorough isolation was adopted in every case, and the four cases of scarlatina were sent away to the London Fever Hospital as soon as possible, the early removal of contagious cases being deemed the only effectual method of preventing an epidemic. The cases considered non-contagious recovered in a few days and returned to their usual avocation with no bad result.

“In considering the cause of the illnesses, there is no clue as to contagion; but it is believed that sufficient sources of infection have been found in the building to account for all. In the first place, it was found that the waste-pipes of the drinking-water cisterns communicated directly (*i. e.* untrapped) with soil pipes, and the smell on opening one of the cisterns was very offensive. The water, owing to an imperfect filter, had been noticed recently to be disagreeable both in taste and smell.

“A further examination of the drains disclosed some faulty traps, and this was particularly the case of a pipe from a sink near the dormitories. It was also noticed that rain-

water pipes with faulty joints were used as soil-pipes both inside and out of the house. There was also a very bad smell in the garden area, probably from unemptied closets there. To improve matters as much as possible, it was directed that all the cistern waste-pipes should be at once cut off from drains, so as to discharge in the open air. The filter has also been cleaned out, and the wood charcoal replaced by proper animal charcoal. The constant supply of water has also been stopped by the removal of the ball, so that the charcoal may be exposed to the air at least once a day to facilitate its oxidising properties.

"While it is hoped that these slight alterations may be of benefit to the institution, it is strongly advised that all drains and traps should be carefully looked to by some competent authority.

(Signed) W. A. CHEYNE."

From this masterly and succinct report, it is clear Mr. Cheyne believed that the bad water drunk and the imperfect drainage had been productive of the disease—in other words, that scarlet fever and severe tonsillitis may be produced by water contaminated with, or by the effluvia of, volatile sewage matter, as well as typhoid fever.

I confess I was surprised, after all the care I had taken to supply the Home with good water, that the reverse had been the result, and on inquiry I learned that the change in the character of the filter had been carried out by some master-workman, acting under the direction of some new officials. Being directed to clean it, he had substituted a few solid lumps of vegetable charcoal for the freshly prepared animal charcoal-powder and calcined silver-sand. This was done entirely upon his own responsibility, and kept secret, of course, from other officials, and from me in particular.

The peculiar disagreeable flavour and smell of the water was only observed during the months of August and September. This is the period when, perhaps, decomposition is most rapid, at least in London, and no doubt it was only more evident now, but perhaps had existed many months previously; but here a remarkable coincidence was observed. Only one of the monitors (*i. e.*, girls who are placed in authority over the others) suffered from the epidemic, and she was a water-drinker. The other five were allowed beer, in one case wine, and therefore did not partake of the water, except when boiled to make tea and coffee. Five of the matrons (of which there are also six) escaped in the same way, but this sixth one was a total abstainer, and therefore a water-drinker, and she was the first seized, soon after her appointment, and it was said, as before remarked, that she had brought the disease in the Home. Whether this was true or not, there is a remarkable coincidence to be observed between the water-drinkers and the cases obnoxious to the epidemic.

The periodical odour in the yard was an old grievance. Unfortunately for the managers of the institution, it is too true that mischief is not excluded from the Home, and the girls are sometimes very neglectful; and I have frequently been obliged to have the yard drains taken up to remove large pieces of house-flannel and dust-cloths, which of course fell into the drains by accident, or in some unaccountable way. But no epidemic had ever before resulted from this source, although it cannot be denied that it must have had an influence for evil.

In tracing other sources of infection, we must not omit the visits of friends and the sea-side trips.

Visitors are not admitted weekly in this Home. Once every six weeks they are allowed to come; but only half the girls at the Home see their friends then, so that the concourse of strangers from without and the inmates is very rare compared to what it is at other institutions. Of the girls who caught the first sickened 13 days, the second 14 days, the third 15 days, the fourth 16 days, and then there was a lull of new cases for 18 days, when a fifth case occurred, and next day a sixth case. Five days after two other girls were affected; but sore-throat cases, 16 in number, occurred during the same period, manifestly influenced by the same cause.

On inquiry being made among the friends, we could not hear of any cases of scarlet fever amongst them. But I am afraid to trust such statements too implicitly, because I quite feel where the knowledge of such cases existing would be made an obstacle to friends seeing them, not much dependence could be placed on their veracity.

Then, as to the importation of the infection from the sea-side. I am not aware of anything special, either at Lowestoft or Great Yarmouth, the two places visited at the beginning or end of the epidemic. Lodged in very fair and well-ventilated houses, we did not learn of the previous infection of these places, though full inquiry is always made. Still, where it is in the interest of lessors to keep such a contingency secret, there is always room for deceit.

The questions I would venture to suggest for discussion are—

1st. Are we justified in concluding that the ordinary cynanche, diphtheritic sore-throat, and scarlatina were one and the same disease, *i. e.*, produced by the same poisonous miasm, only modified by the state of the patient? It is commonly believed that scarlet fever and scarlatina faucium are the same disease, but variola and varicella are not; nor are diarrhoea and Asiatic cholera; yet the class of diseases here mentioned in pairs together do prevail conjointly, and seem to be produced by the same cause. Moreover, some of the girls who had simple cynanche had second attacks, sometimes of cynanche again, others of diphtheritic sore-throat and scarlet fever.

2nd. Was there any similarity in the miasm which produced the erysipelas? We do know both scarlet fever and erysipelas infection will produce the same puerperal fever in lying-in women. It is noteworthy that the sore-throat epidemic was noticed in two synchronously with erysipelas cases, *i. e.*, in October, 1873, and May, 1874, and temporarily ceased synchronously with erysipelas cases also in June and October, 1874.

3rd. Can the water contamination, on the evidence given, justify the belief that, like typhoid fever, sore-throat, diphtheria, and scarlet fever can be produced by sewage impregnation?

Lastly. Had the typhoid fever epidemic, then so prevalent in London, any influence in developing the epidemic. The disease was so rife at one time that the medical officer of health sent to make enquiries, it is believed, in every institution, to look for typhoid fever cases, and there are those who believe the contagious sore-throat and typhoid fever are intimately related. Only lately the opening of a drain in York Street, I am informed, has developed several of these cases, in which sore-throat and typhoid fever were conjoined.

ON A CASE OF EXCISION OF THE KNEE FOR BONY ANKYLOSIS WITH DEFORMITY (a)

By WILLIAM THOMSON, M.D., F.R.C.S.I.,
Surgeon to the Richmond Hospital.

THE case to which for a very few minutes I wish to direct the attention of the Society is one rare enough to make it of more than ordinary interest in a surgical as well as a pathological sense. The operation of excision of the knee has asserted its position in practice so strongly that it has long since lost its novelty. If it now forms subject for controversy it is in relation to the alternative of amputation, to the comparative mortality which attends it, to the actual benefit which it confers upon the subject of it; but that it is in a large number of cases a justifiable proceeding is, I think, a proposition which is now accepted by nearly all operating surgeons. It is not so, however, in cases of simple deformity, where all active disease has

(a) Read before the Surgical Society of Ireland, December 11th, 1874. The discussion will be found in the proceedings of the Society at page 30.

ceased, and the individual only complains of the clumsy attitude of the limb, and wishes relief from it. To subject an otherwise healthy person to the risks attendant upon excision of the knee-joint is a proceeding of so much gravity that one cannot be surprised that it has been seldom attempted, and that it has been by some fiercely opposed. A group of twenty cases in which it was performed gives but a gloomy result: eight patients died; amputation followed in two instances; so that the failures amounted to 50 per cent. The statistics, however, which I have been able to consult are not sufficiently definite to justify an accurate conclusion as to the actual mortality; thus, many of the cases were no doubt very dissimilar as to the actual condition of the subjects. In some, deformity may have been but a complication of existing disease in the joint, coming at the close of a period during which the patient had been undergoing gradual exhaustion. The removal of diseased structures and of an awkward distortion may have been effected by the one procedure, while fatal cases of this class have not unlikely been included in the category of operations for correction of deformity only. What we want is, statistics of the operation in cases in which the original disease has actually been recovered from, and in which the surgeon has interfered with the single object of correcting the acquired angularity. It is obvious that only from such facts can we arrive at a proper estimate of the propriety of the operation at all.

Judging from the success which has attended excision of the knee-joint in its various stages of disease, the removal of a portion of bone from an ankylosed knee would seem *prima facie* to be a most hopeful proceeding; yet Cooper and Cloquet are represented as declaring it to be unjustifiable; but it seems to me that the condition of a person so afflicted is sufficiently miserable to make its relief a most fitting object of surgical skill. Of course there are cases in which the flexion is slight enough to enable the patient to compensate for it by apparatus specially devised for the purpose; but in the more exaggerated instances he is doomed to move about with a crutch, on a wooden stump, the leg meanwhile sticking out behind and being a constant source of inconvenience and annoyance.

Amputation would be at once a radical and unsatisfactory solution of the difficulty. With risks admittedly about equal to those of excision, it would bind the patient to the constant use of an artificial limb, a condition which I think no one will claim to be comparable to the results attained in most excision cases.

We owe it to our American brethren to say that their boldness and ingenuity have contributed most to the surgery of this affection. The names of Barton, Buck, Brainard, and Gross are all identified with methods of correcting this deformity. Rhea Barton, of Philadelphia, was I believe, the first to suggest resection as the proper treatment in true bony ankylosis of the knee. His plan was to make a triangular flap immediately above the condyles, the apex being internal, and the base measuring two and a-half inches external. All the soft tissues were divided down to the bone. A wedge-shaped piece was then removed from the shaft of the femur, but not including its whole thickness. The remaining slight band of bone was broken through by increasing the flexion, and the limb straightened. Buck, of New York, modified the operation by removing the wedge from the front of the joint. Brainard, of Chicago, suggested the subcutaneous drilling of the ankylosed joint, and the operation was afterwards successfully performed by Gross. An incision half an inch long was made over the internal condyle, and a drill passed through the mass. It was then partly withdrawn, and passed in another direction, until the parts were completely honeycombed. The remaining connections were broken up, the limb was placed upon a double inclined plane and gradually straightened.

The patient whose case forms the subject of these notes was admitted to the Richmond Hospital on the 8th of January, 1874. She was a healthy-looking country girl, of good muscular development, *æt.* 21. She did not present any traces of recent illness. Her history was that

six months previously she got a severe wetting. In a day or two afterwards she was seized with pain in the left knee, which swelled considerably. She was compelled to go to bed, and had severe rigors, feeling, to use her own words, as if buckets of cold water were being thrown over her. The pain was intense and persistent, and from the first week she was troubled with violent startings in the knee as she was about to fall asleep. She did not seek any surgical or medical aid. No stupes or poultices or any of the ordinary domestic remedies were applied. She simply lay in bed with the knee flexed, as being the most easy position, and remained thus until the acute symptoms had subsided. In four months the startings began to diminish, and they soon ceased. At the end of five months she left her bed, and she then found that the joint was firmly fixed in the bent position. In a month afterwards she came to hospital in the hope of having some remedial measures adopted.

Her general aspect and condition, then, I have described. The knee did not present externally any appearance whatever of recent severe disease. The integuments were normal in colour, and perfectly healthy. There was no thickening, no effusion, no sinus. The limb was, however, bent, almost at right angles, and the girl was obliged to move about with a crutch. Closer examination revealed that the deformity did not depend upon muscular contraction, or the presence of fibrous bands. By no amount of reasonable force could the hamstring tendons be made tense. The joint was perfectly rigid. The patella was firmly adherent to the femur at the outer side, and there was some displacement of the tibia in the same direction.

The case seemed a favourable one for operative interference. The patient was healthy, there was no history of delicacy in her family, and there was good proof of her constitutional powers in her general appearance after having undergone so serious an illness. With the concurrence of my colleagues, operation was proposed to her. I made her aware of the risks attendant upon it, and having given her some days to consider, she said she would consent to anything short of the loss of the limb itself.

The operation was performed on the 21st January. I adopted Esmarch's method of bloodless surgery, with the most satisfactory results. It seems to be specially adapted to cases of excision and of necrosis, for the parts which you wish particularly to see are free from blood. The excision was U-shaped. When the flap was raised not a drop of blood escaped, the knife being only soiled by the fat through which it had passed. The patella was first removed; then a wedge-shaped piece of bone. The whole thickness of the ankylosed mass was cut out and the thin connecting-band, which remained posteriorly, was broken through by increasing the flexion. It was found necessary to take away some additional slices, and the limb was then placed upon a simple back splint, extending from the buttocks down, with a fixed foot-piece. At this point the elastic tubing was removed from over the femoral artery. Some slight oozing naturally followed, but it was not found necessary to secure any vessel. After waiting for some time, the anterior edges of the wound were brought together with pins and twisted sutures. A firm plaster of Paris casing was then applied, care being taken to prevent tilting forwards of the femur by placing a short splint anteriorly. The wound, which was of course not included in the bandage, was then dressed with some slips of lint dipped in carbolic oil, and the patient was removed to bed. There was no shock from the operation. There was slight oozing from the wound, but it soon ceased. She passed a restless night, being kept awake by vomiting, which I attributed to a morphia draught, and next morning she had frequent chills, which ended at mid-day in profuse sweating. On the second day after the operation the temperature, which had risen to 102.8° on the evening of it, fell to 99°. From that time the temperature decreased slowly. She was without pain, in good spirits, and always slept without any draught.

The dressings were first removed on the 25th, when the

whole of the wound, where the edges had been brought together, was found to have united. The sutures were allowed to remain in for ten days, as they were not causing any irritation whatever.

On the 24th of February, the plaster was removed, as some discharge had got down under the limb, and caused slight excoriation. The parts were then well cleansed, and a McIntyre's splint was applied in the straight position. In the early part of April I substituted a very light scored splint, and, finally, on the 27th of April, I put the limb up in dextrine bandage. There was then sound and strong union of the bones. The patient could move her leg from side to side, and with a little assistance raise it. The wound had closed throughout its entire extent.

On the 29th (being the fourteenth week from the operation) the patient was enabled to sit up. Her subsequent progress was retarded by the formation of a small abscess, which, on being opened, was found to be caused by a small fragment of the femur, about the size of a pea, which bore upon it the marks of the saw, and which had probably been chipped off at the operation, and allowed to remain in the wound. After this, nothing occurred to interfere with the progress of her convalescence, and she was enabled to move about on crutches early in July. She was then able to stand on the leg, to make her bed, and to get into it without any assistance. She left the hospital on the 31st August, about six months after admission, quite well. The shortening of the limb amounted to about two inches, or a little less; but with a high-soled boot she was able to go about with ease by the aid of one crutch. I have since heard of her as enjoying excellent health, and having a useful leg.

The portions of bone removed which I beg to submit form, you will perceive, a wedge-shaped block, and include the whole of the condyles of the femur, and a very thin slice of the tibia. It was found necessary to remove so much of the femur in order to bring the extremity into proper position. The patella is firmly ankylosed to the outer and lower part of the external condyle and the displacement of the tibia from the direct line is manifest. On that portion of the internal condyle, which is not in contact with the tibia some of the articular cartilage remains, but nowhere else is there a trace of this structure. The semilunar cartilages have altogether disappeared. When the flap was raised there was no sign of a synovial membrane. There was not a particle of broken-down structure, nor was there anything to show that suppuration had gone on. The bones are perfectly healthy.

The case seems to me worthy of bringing under the notice of the Society for various reasons, which I can do little more than enumerate. Operative interference of so serious a character for simple deformity of the knee-joint has been very rarely indeed attempted in this city or country. I am aware only of two such cases, one of them, I believe, having been under the care of Mr. Croly. I am fully alive to the weight to be attached to the hostile judgment of the eminent surgeons whom I have named, founded as it is upon very special experience and powers of observation; but I think the results attained in recent years must modify that judgment considerably. That the operation is one attended with much danger, no one will deny; yet it appears to me that the benefits likely to be conferred upon the patient are too great to be withheld because of the dread of possible misfortune. There are, however, conditions which are essential to the very hope of success, and these no surgeon would fail to look for.

Other points of interest in the case are the rapidity with which, judging from the symptoms, the cartilages were affected, the joint was disorganised and repaired, and the probable order in which the parts were attacked. The symptoms of ulceration of the cartilages date from a few days after the wetting was received. Judging from what we now know, it seems probable that even so early this most serious mischief had begun. Again, the whole period during which the patient lay in bed was five months. For a month before she got up, the startings had ceased, and the swelling had diminished. At the time of

the removal of the parts, six months afterwards, they are found entirely healed, with sound osseous union.

It is a case, too, which serves as a caution against the too common inclination to regard every disease of the knee-joint as depending upon struma. Here there was no degeneration of the bone. The affection was evidently acute synovitis, resulting from ordinary causes, wet and cold. I believe that the membrane becoming intensely inflamed, the destruction of the cartilage was commenced by its agency; that the membrane itself disappeared in the general ruin; that finally the bones were exposed, granulations were thrown out, and the osseous union between the femur, tibia, and patella was perfected.

INTESTINAL OBSTRUCTION TREATED BY CATHETERIZATION OF THE BOWEL.

By N. W. COLAHAN, M.D.

CASE 1.—On Sunday, the 1st November I was called at 11 o'clock at night to the workhouse hospital to see a man who had been admitted with obstruction of the bowels. He told me his bowels had not been moved for six weeks. He had taken eleven purgative pills, three doses of salts, and, on the day of admission, a large dose of castor oil, none of which produced any effect. His abdomen was enormously distended, hard and tense on pressure, he had stercoraceous vomiting, and was extremely weak. I ordered him a warm bath, to be followed by a purgative enema—

R. Ol. ricini, ℥i.;
Ol. terebinthinæ, ℥ij. M

to be given with warm water; beef-tea during the night. On Monday his bowels had not been moved. The stercoraceous vomiting continued, and he was decidedly worse. I ordered the warm bath to be repeated, prescribed a purgative pill containing croton oil ℥ij., followed by an enema similar to the first. On Tuesday the bowels were still unmoved; the stercoraceous vomiting had increased in frequency and amount. The pulse was almost imperceptible, and the man was evidently sinking fast. The stomach would retain neither nourishment nor medicine, enemata had proved useless, and there was but one chance left—to catheterise the bowel with the long tube. I sent for the tube of the stomach-pump, as it was the only one long enough, and passed it *per anum* to its entire length. When it reached the top of the large bowel an enormous quantity of gas which had been confined there came away through the tube with a loud roar. I then gave a strong purgative enema—

R. Ol. ricini, ℥ij.;
Ol. terebinthinæ, ℥ij.;
Ol. crotonis, ℥ij.;
Mucilagum, ℥iv. M.

followed by large quantities of warm water, and withdrew the tube and in about three minutes there was a copious evacuation from the bowels, and the man felt much relieved. Beef-tea to be continued. Brandy every fourth hour. On Wednesday the vomiting had ceased, the pulse was strong, but the bowels had not been moved naturally, and, as there was still great distension of the abdomen, I again passed the tube, and the bowels were again moved by an evacuation that lasted several minutes. From that moment the bowels began to move naturally, and the man improved rapidly, and on Tuesday, 10th November, nine days after admission, I discharged him cured.

CASE 2.—On 11th December I was called to see a woman who was suddenly attacked with convulsions. She was suffering great pain from the over-distended state of the abdomen, and the ascending colon stood out like a large tumour on the right side. It was a case that required immediate relief, as the convulsions were recurring again and again. So I ordered the long tube to be passed *per anum* to draw off the gas from the distended colon, and gave a strong purgative enema, and in the morning the convulsions had ceased and the woman was out of danger.

CHOLERA: ITS ÆTIOLGY, CONTAGIOUSNESS, AND TREATMENT.

By WM. BOYD MUSHET, M.B. Lond., M.R.C.P.,
Late Physician to the North London Hospital for Consumption, formerly
Resident Physician at St. Marylebone Infirmary.

PATHOLOGICAL APPEARANCES.

(Continued from page 6.)

In Dr. Parkes' forty-seven cases, all had vomiting and purging previous to admission into hospital. Cramps were not universally observed. There was diminution of animal heat, laborious respiration, and embarrassed action of the heart. There was no ratio between the vomiting and purging and the algide symptoms, and cases were often more malignant and more rapidly fatal with little vomiting and purging. The skin often became lighter after death, and the shrivelled appearance of hands and feet diminished. The most marked appearances in the head were venous congestion. *The lungs were diminished in weight, from 17 to 20 oz., taking European lungs as a standard.* They were collapsed, and deficient in crepitation, pale or dark, becoming lighter by exposure. Right heart filled, often distended with blood; left heart generally empty, or almost so; blood generally fluid, sometimes coagulated, dark or fibrinous; no spasm of ductus communis choledochus. *Small intestines in every case contained more or less fluid, which consisted of flocculi and a serous portion, consisting of water, salts, and a protein compound.* Urinary bladder in every case contracted. In the lungs there was remarkable want of air. In the most rapid cases, also, a want of blood in the minute texture, causing the lung to collapse when the chest was opened, and its weight to be diminished in a very great degree. Gorged and congested lungs occasionally happened; yet in some of the worst cases there was a singular deficiency of blood in the pulmonary texture. Appearances therefore satisfactorily prove that there is more or less complete failure in the transmission of blood through the lungs; but this is not due to failure of the heart, as it beats in many cases till stopped by want of blood on the left side. Moreover, the respiratory muscles are not paralysed, and the lungs can be inflated readily after death, or the patient can breathe deeply during life if told to do so. We must look, therefore, to the blood itself for arrest of the circulation through the lungs. The exuded fluids in cholera occur not apparently as secretions, but as exhalations, i.e., they are not subjected to the vital influences of cells—true secretion seems arrested. Parkes considers the cold stage the true stage, and not the initiatory one, as in ague.

In twelve carefully reported post-mortems, recorded by Mr. G. G. W. Callender, Registrar of St. Bartholomew's Hospital (Committee for Scientific Inquiries, 1854, Appendix), most of the patients dying during collapse, the rigor mortis was well marked in all, the left side of the heart contracted, the right flabby; the veins (venæ cavæ, &c.) gorged with fluid blood or soft clots, the aorta and pulmonary arteries mostly containing soft clots, or, in some cases, fluid blood. In the aorta, small in quantity. In most subjects the kidneys natural, or pale. Capillary congestion of lungs and bronchi in most cases. Mucous membrane of intestines in some cases congested, in some pale. *Lungs in some cases natural or œdematous; in two or three, red in colour, and more or less carnified.* Peyer's patches in most cases natural. Liver pale or natural. Gall bladder in most cases contained much bile. Spleen natural. Bladder contracted, and empty in all the cases which died in collapse. Brain and membranes natural in every case, and a small quantity of serum in the ventricles of the brain.

On referring to my own notes of autopsies performed on adults and children dying during collapse, I find that the whole intestinal tract may be as pale, if not paler, than in the normal condition, and that the liver, spleen, and kidneys have been found not markedly congested.

I have never seen spasm of the ductus communis. *The lungs have been at times congested more than any other organ, and I have not noticed the marked pulmonary collapse spoken of by other authors.* The most striking appearance has been the extreme fullness of the great veins on the inner surface of the thoracic and abdominal cavities. The blood on both sides of the heart mostly fluid. Gall bladder moderately full or distended, and contents natural. Bladder empty. The intestines usually filled with the characteristic fluid, and I have met with large masses of scybala in the colon, in a patient dying after copious dejections in the collapse stage.

I do not believe the effusion from the alimentary canal is dependent on a congested state of the internal organs attempting to relieve itself by increased secretion, but that it is (as Dr. Parkes observes) an exhalation arising from relaxation and heightened irritability of the intestines, which favour its egress from the vessels, and then eliminate it from the system—not an effort to throw off a poison, but an endeavour of the muscular coat of the bowels to overcome and relieve distension.

With regard to an eruption in cholera, Dr. Roupall states that an eruption has been seen in some few instances in this country, and occasionally abroad, and Rayer also mentions a roseola cholericæ, which is thus described by Erasmus Wilson: "After the period of reaction, there occurred in some patients (Paris, 1832), especially in women, an eruption, which most generally appeared on the hands and arms, and then extended to the neck, the breast, the belly, and the upper and lower extremities. At its commencement, it was characterised by patches, for the most part of an irregular circular shape, of a bright red colour, elevated above the surface, and but slightly itchy. Very numerous on the hands, arms, and chest, they were less on various other parts; in some places they were crowded together, tended to confluence, and had an appearance very analogous to the efflorescence of slight scarlet fever; in other places, the aspect of the eruption was rather like that of measles; and in others, even more like that of urticaria. I have seen this inflammation complicated with an inflammatory affection of the fauces and tonsils, and its disappearance followed by an aggravation of the general symptoms, and sometimes even by death. On the chest the spots occasionally became confluent, and gave rise to patches as broad as the hand, raised above the general level, and pretty well defined. The eruption then acquired a dirty pink, or rose colour. About the sixth or seventh day the epidermis cracked, and was thrown off in large flakes on almost all the places where the eruption had existed." ("Skin Diseases," page 155.) (See also "Guy's Hospital Reports" for 1857-8.)

Treatment.—As a prelude, it must be borne in mind that practitioners publish cases successfully treated, without statement of their intensity, or of the period of the epidemic. It is agreed by all that attacks are proportionately much less fatal during its wane.

In the premonitory, or choleric stage, before the advent of algide symptoms, sulphuric acid is, in my opinion, the most valuable medicine; but it becomes less and less useful after incipient collapse. It is perhaps, on the whole, the most reliable of any single agent, and, if serviceable, generally proves so after one or two doses, which should be given at intervals of ten minutes, to the extent of forty minims of the dilute acid in an ounce and a half of water or peppermint. If it fail to arrest the diarrhoea and vomiting, the disease often proves intractable to every remedy. At the same time, the patient should be put to bed and well covered, though in the algide stage there is a general tendency to push off the bed-clothes, for, as Dr. Parkes remarks, "cold is more grateful than warmth to the patient." Ice, iced water, or cold water, may be supplied *ad libitum*, which Professor Maclean also recommends. Cold drinks are generally eagerly desired during collapse, though Dr. Rae, of Newcastle, allowed only a limited supply of fluid, and administered opium and styptic injections. Opium is

certainly useless during the collapse stage; but Dr. Parkes speaks in favour of it, in combination with acetate of lead, calomel, creasote, and bleeding. He never found frictions, blisters, or mustard of any service in relieving the algid symptoms, though they might allay spasm; but I have found chloroform give more relief from the cramps. It only causes cessation of pain, without producing any permanent improvement. All patients died who were treated with castor-oil on the eliminant plan by Dr. Filliter and myself; and this treatment was adopted towards the end of the epidemic, at which period a large percentage usually recovers under any plan of treatment. I know nothing of the treatment by sugar which has been advocated. Emetics of mustard appear occasionally to rouse the patient; but I never observed any ultimate good from their administration. They do not allay the vomiting, which has however yielded, I believe, at times to creasote, capsicum, and calomel combined. Chlorate of potash does no harm, and perhaps no good. Salines seem to exert little action in deep collapse, but are useful in consecutive fever. They were extensively tried in the St. Marylebone Infirmary, after the formula of Dr. Stevens; but I have never seen the effect of saline injections into the vessels. They are good theoretically, but it is unfortunately all exosmosis, and Dr. Parkes relates that injections never saved one patient. Sinapisms, hot-air baths, and other external applications are of little use, and fail to warm the patient. The hot-water bath I have never seen tried, but frictions of the extremities and trunk with the hands, or turpentine or warm fomentations give ease in early stages of collapse, but are useless in its profounder forms. Large doses of chloric ether and ammonia have now and then a temporary beneficial effect. This treatment roused a woman apparently dead, but although she spoke, she sank within a quarter of an hour. I have never given trial to the sulphur treatment, so strongly recommended by the late Mr. Grove. Quinine in a few cases was of no benefit. Chalk, catechu, and remedies of this class are of course useless.

Calomel, strongly recommended by Dr. Ayre, whatever its *modus operandi*, seems at times to be of service. If not absorbed, it can do no harm, and there is little fear of its absorption causing salivation in the consecutive stage. Of course, it is mostly rejected as soon as swallowed, and no practitioner of intelligence would push its exhibition to extremes. If I have a theory, it is in favour of the mercurial controlling the capillary circulation. Dr. Ayre thought the calomel converted into grey oxide by the alkalies of the stomach; but I have found the ejecta acid. Dr. Hassall, however, says the rice-water discharges are always, as far as he has observed, highly alkaline.

In the worst cases, perhaps, Dr. Parkes is not far from the truth in asserting that one remedy is not more useful than other; but I cannot agree with Dr. Parkes, Dr. Johnson, and Mr. Sedgwick that bleeding can be of service, as the state in cholera is vastly different—altogether dissimilar—from conditions such as pneumonia, asthma, bronchitis, and other forms of apnoea, in which there is a loaded state of the right heart, a full venous system, and a mechanical impediment to the circulation through the lungs, so that carbonic acid accumulates in the blood. In cholera, on the contrary, there is arrest of oxidation, non-formation of carbonic acid, little embarrassment of the respiration, and no dyspnoeal symptoms, as the patient almost invariably lies recumbent on one side, whilst in the former diseases there is alarming orthopnoea or coma.

In future epidemics, carbolic acid and the carbolates, advocated by Dr. Sansom, deserve a trial as well as the sulphites so strongly spoken of by Dr. Polli, of Milan, and by Mr. Spencer Wells. Yet I have given the hyposulphite of magnesia in the more malignant forms of scarlatina with disappointing results. Much is also to be expected from the hypodermic employment of the alkaloids, especially of atropia and digitaline, or a combination of morphia and atropia in the manner adopted by Dr. Brown-Séguard.

Since the foregoing was written, I have to add (without discussing the theory which suggested its adoption) that

hypodermic injections of chloral, decimally diluted with water to the extent of two to ten grains, are reported to have been very efficacious in a few (nineteen) sporadic cases in Oudh. This remedy deserves, and will doubtless obtain, a more extended trial.

In addition to drugs, if the vomiting cease, pure iced milk and lime-water in small quantities may be given, if agreeable, to support the patient over the consecutive symptoms. Brandy does no good in collapse, and may prove subsequently harmful, if the patient survive till reaction. It will be gathered from the foregoing outline that the experience of one who had charge of the cholera wards in a parish of 160,000 inhabitants affords the dismal prospect that the best remedy in incipient cholera is sulphuric acid, and that in the more aggravated forms therapeutics are almost helpless. The most experienced practitioners are inclined to leave their patients unmolested, with unlimited pure water to allay the thirst, the excretions being received into a vessel disinfected by carbolic acid and sulphate of iron, or chloride of zinc; the symptoms being carefully watched that the access of consecutive fever may be, as much as possible mitigated, and the action of the kidneys restored in prevention of uræmia, success in our efforts being much determined according as the renal organs are diseased or sound. (a)

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

THE Society met on the evening of the 11th December, Dr. E. HAMILTON, Vice-President, in the chair.

Mr. WILLIAM THOMSON, Surgeon to the Richmond Hospital, read a communication on

A CASE OF EXCISION OF THE KNEE FOR BONY ANKYLOSIS WITH DEFORMITY,

which will be found *in extenso* at page 26.

In the succeeding discussion,

THE VICE-PRESIDENT said the important question raised by Mr. Thomson's paper was, whether they should run the risk of a serious operation in order to cure a mere deformity. He remembered a case some years ago, in the practice of the late Mr. Symes, which made an unfavourable impression on him. The patient was a strong young woman, in good health, but having this deformity of the knee. The operation was performed of cutting out a wedge from the knee, and she died a few days afterwards. It would be a very important point if they could come to any decision as to the class of cases in which the operation should be performed, for undoubtedly it was an important matter not to allow a person to go about with a deformity if they could venture with safety to interfere.

Mr. H. G. CROLY had a case of excision of the knee-joint some three years ago. The patient was a very healthy-looking young countryman, who was recommended to come up to Dublin from Roscommon to have his knee straightened. His leg was flexed at right angles to the thigh by true bony ankylosis. Having found nothing could be done by tenotomy or forcible extension, a consultation was held upon the case, and it was considered whether it would be justifiable to amputate the limb or to excise the knee-joint. His (Mr. Croly's) opinion was against amputating the limb for a mere deformity, and he put before the patient the risk of an operation on the knee-joint, and asked him whether he would run that risk or keep his deformity. All his colleagues being favourable to the operation, and the man himself urgently desiring it, he excised the knee-joint, and he never went through the steps of any operation where he had experienced such difficulty.

(a) The injunction of the venerable Diemerbroëck, *fuga cum timore Domini copulata est prestantissimum et certissimum prophylacticum à peste*, savours of a bygone age. The true and universal preventive of cholera is to be sought, as Mr. Simon admits, less in quarantine than in national sanitation—that is, in cleanliness, interpreted in its most comprehensive definition.

The popliteal space was filled up entirely with bone. The case went on well for some time, healing so that the line of union could hardly be seen. However, an unfavourable change occurred; the man got all the symptoms of surgical fever, and died. Within the last month a similar case came to him from the country, with a view to excision of the knee-joint. The patient had lateral displacement, with bony ankylosis; but the unfavourable result of the former case made him reluctant to interfere. He remembered a case occurring in the practice of the late Mr. Hutton, where he cut out a wedge-shaped piece of bone, and a fatal result followed. Sir William Fergusson, a high authority, was of opinion that in the case of a bent knee excision of the knee-joint was the operation that should be performed. In many cases the deformity could be remedied by stretching; but in bony ankylosis excision must be resorted to, and might be justifiably undertaken if the disease had ceased to extend.

Mr. STAPLETON said it was a confusion of ideas to speak of cutting out a knee-joint where there was bony ankylosis, for in that case the knee-joint had ceased to exist, and the operation would be more properly described as cutting out an ankylosed portion of bone.

Mr. THORNLEY STOKER had had an opportunity of watching both the cases described (Mr. Thomson's and Mr. Croly's), before the operation and afterwards, and he could endorse every word which these gentlemen had said of their respective cases. As regards the propriety of Mr. Croly's operation, he had no opinion in the matter. He never saw a man more anxious for an operation, and Mr. Croly's colleagues were all of opinion that it ought to be performed. He was a healthy subject, and apparently a favourable one for operation, as was Mr. Thomson's, but there was one great difference between the two cases. The case in which Mr. Thomson operated was due to acute synovitis. She had no struma, and the fact of the disease of the joint having followed on a wetting proved that there was no constitutional taint. In the case Mr. Croly operated on, the man had been suffering a much longer period from the disease, and although at the time of his admission to hospital he did not present any trace of constitutional disease of a strumous character, still the history of the case pointed to the existence of some taint at the time the disease in the knee originated, and this might have had something to do with the difference of the result in the two cases.

Mr. BARTON said that Mr. Thomson had brought forward the successful result of an operation in a class of cases which caused great anxiety and gave rise in the mind of the surgeon to great doubts. If the operation for such deformities was open to very great doubt, perhaps the study of Mr. Thomson's case might enable them to answer the question the Vice-President had thrown out—namely, what were the circumstances in the case which would render the operation favourable, or should, on the other hand deter the surgeon from adopting it? One thing which struck him was the great rapidity of the pathological action in that case. It was only six months before Mr. Thomson excised the bone that the morbid process began; it was evident, therefore, that the process was not only acute but non-suppurative. These were the cases in which excision of the knee-joint was most favourable. The age of the patient, too, was another favourable feature in considering the propriety of the operation. He remembered the case referred to occurring under the practice of the late Mr. Hutton, and the fatal result there was due to the rupture of the popliteal artery. It had deep attachments, and the sudden straining of the limb caused the rupture of the artery; whereas, as the joint had only recently been fixed in Mr. Thomson's case, that danger could hardly arise. He could not agree with Mr. Stoker in thinking that the urgent demands of the patient should compel a surgeon to operate in a case which would probably end fatally.

Mr. STOKER explained that all he meant to say was that when the question of operation was an open one the choice of the patient had some influence.

Mr. BARTON did not think that the wish of the patient ought to have as much influence as it sometimes had in these cases. Surgeons ought to make up their minds on more certain data. If the successful result of Mr. Thomson's case led them to extend the practice more widely to cases of a more chronic character it would be a great misfortune, but it would be of great value in inducing them to act in cases so suitable for operation as his was.

Professor STOKES: All the pros and cons in connection with the operation were most anxiously and carefully considered, at not one, but many consultations, and it was with the

high advice of their revered colleague Dr. Adams and the unanimous opinion of Mr. Thomson's colleagues that it was a desirable operation to perform that he undertook it. We had a case in which the disease was very rapid, in which the patient was young, and the deformity so great as to render her a perfectly useless member of society. There were four courses open: One was to make forcible extension; another to adopt the operation which Professor Grosse recommends so strongly; the third was to amputate the limb; and the fourth was to perform excision. The case under Mr. Hutton to which Mr. Barton alluded I have often heard the late Professor Smith dilate on in his lectures, and he used to warn us never to perform the operation of forcible extension if bony ankylosis existed. With regard to Professor Grosse's plan of drilling holes through the bone, it was not desirable. The third course, amputation, had to be set aside, and therefore nothing remained open but the excision of the bone. Of course it was a hazardous operation, but I do not think with Mr. Croly that because one case proved unfortunate it should deter us from performing the operation when a suitable case arises. If such considerations influenced surgeons, the operation of ovariotomy, now well established, would never have been so. The unfortunate results that attended the early performance of the operation would have prevented it being ever brought into practice had surgeons been influenced by that idea. There was no question as to the propriety of the operation in this instance, and we must all congratulate Mr. Thomson on the success of his first excision of the knee-joint.

Mr. THOMSON in reply said, with respect to Mr. Stapleton's objection to the unsuitability of the term used in his paper, he was quite aware there was no knee-joint, and he used the term merely in a familiar way, so that the part that was engaged might be localised. The whole tenor of the discussion had taken the turn which the Vice-President had given it at first—namely, what were the cases in which this operation would be justifiable? He agreed with what had fallen from Mr. Barton and other speakers, that the cases for this operation ought to be particularly chosen, and that probably in cases in which the ankylosis had arisen from some affection of the joint which was clearly strumous, and where the constitution of the patient was more or less engaged, an operation so serious would not be desirable. But in this case, as he had stated in the paper, he had examined carefully into the previous history of the patient, and her family history, and was satisfied that there was no strumous taint whatever, and that the condition of the knee-joint had simply arisen from a local disease, and that if there ever was a case in which the operation of excision should be undertaken, it was this one. He agreed with Mr. Stokes that the want of success which may attend operations at their outset ought not to deter surgeons from pursuing them. Ovariotomy and other operations were at their outset attended with but a very limited amount of success, but as they had gone on the surgeons had learned from each successive operation, and the proportion of success in the later cases was far greater than in the earlier ones. Since he had written the paper he had looked into Mr. Grosse's book, and found it stated that Mr. Buck, whose operation he followed in this instance, had performed the operation ten times, and had eight successful results, two of the cases dying of pyæmia.

The Society then adjourned.

SIR WILLIAM JENNER is to be President of the Pathological Society of London again.

THE third meeting of the Dublin Obstetrical Society was held in the College of Physicians, on Saturday last, when the following communications were set down for reading:—

Dr. Johnston, "Clinical Report of the Rotunda Lying-in Hospital for the Year ending November, 1874." Dr. T. More Madden, "Case of Metro-peritonitis following Vaginal Injection." Dr. Denham, "A Case of Extra-Uterine Fœtation." Dr. Nicolls (Longford), "On Protracted Labour, Hour-glass Contraction, Hæmorrhage, and the Introduction of the Hand into the Uterus."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 13, 1875.

ARMY MEDICAL REPORTS.

I.

THE Army Medical Department Report for the year 1872 lies before us. It is the 14th volume issued by the department, and consists of 557 pages, many of which are composed of carefully prepared tables. It is a most creditable production, and well worth perusal by all medical men interested in public medicine. As far as page 55, the book is devoted to the health of the troops serving in the United Kingdom; then, up to page 71, the health of troops in the Mediterranean is considered; from page 72 to page 76, the work treats of the troops in Canada; from 76 to 80, of the troops in Bermuda; from 81 to 90, of those in the West Indies; from 90 to 93, of those serving in Western Africa; from 93 to 98, of the troops at the Cape of Good Hope; from 98 to 108, of those in Mauritius; from 104 to 112 about those in Ceylon; from 112 to 128 concerning those in China; and from 129 to 211 we have an important history of the health of our troops in the East Indies. The work is enriched with an appendix, wherein Dr. Edmund Parkes writes a Report on Hygiene, and where various essays are printed by army medical men of great experience upon consumption, water-supply, gun-shot wounds, heart disease, dengue, chloroform, and numerous other important points in practice.

Beginning at the beginning, we find that during the year 1872 no less than 92,218 men served their country in the United Kingdom alone. These troops seem to have been very healthy, for, in 1872, out of 1,000 men, 784.3 were taken into hospital, of whom only 7.95 per 1,000 died, a very low death-rate indeed. Of the febrile cases, 4,502, admitted into hospital in 1872, only 67 died; and of 14,044 styled constitutional diseases, 253 died out of the whole force. The ratio of admissions from the febrile group was highest at the dockyards, seaports, and manufacturing towns, and lowest at the camps and London and Windsor. The febrile diseases refer to eruptive fevers, continued and paroxysmal fevers, to influenza, erysipelas, and other febrile cases. The consti-

tutional group contains rheumatism, syphilis, scrofula, phthisis, scurvy and purpura, anæmia, &c.

CONSTITUTIONAL DISEASES.

The ratio of cases of scrofula, phthisis, &c., admitted per 1,000 into hospital seems to vary but little in various towns, the extreme number being 16 and the lowest 11. The admissions per 1,000 for syphilis, however, seem in 1872 to have varied greatly in different localities. Thus, in seaport towns (p. 6), 74 is the number given; in dockyards and arsenals, 67; in camps, 78; in large manufacturing towns, 126; in London and Windsor, 230; in Dublin, 198; in remaining stations, 85.

ERUPTIVE FEVER

Were much less prevalent than in 1871, notably variola and scarlatina, there being 131 admissions for small-pox, with 14 deaths. Of 53 admissions for scarlatina, only 2 died, and of 204 admissions from measles there were 4 deaths. Typhus fever caused 6 admissions and 2 deaths; enteric fever caused 22 deaths. In some places it was very fatal. Thus, of 10 admissions in seaports, 6 died; of 7 in dockyards, 3 died; of 8 in camps, no less than 7 died; whereas of 8 admitted in London and Windsor, only 1 died.

CONTAGIOUS DISEASES.

It appears that "syphilis" was more prevalent in 1872 than in 1871 at seaports, camps, London and Windsor, Dublin, and the remaining stations, and less at the dockyards and arsenals, and large manufacturing towns. The result for the whole force in the United Kingdom was an increase of 9.73 per 1,000 in the ratio of admissions, 6.84 of that amount being in primary syphilis, and 2.88 in secondary syphilis. The ratio of admission at London and Windsor, and Dublin, was nearly three times, and that at the large manufacturing towns, though reduced, nearly twice that at the seaports, dockyards and arsenals, and camps.

In places where the Contagious Diseases Acts are carried out, which are Devonport and Plymouth, Portsmouth, Chatham and Sheerness, Woolwich, Aldershot, Windsor, Shorncliffe, Colchester, Winchester, Dover, Canterbury, Maidstone, Cork, and the Curragh, the admissions per 1,000 men into hospital for primary venereal sores are given in a table in page 8. It is there stated, for instance, that in Devonport and Plymouth, in 1867, the figure was 76; in 1868, 66; in 1869, 74; in 1870, 58; in 1871, 50; and in 1872, 59. Portsmouth is stated to have had in 1867, 116 venereal sores per 1,000 men; and in 1872, only 40.

In other large towns and places not under the Acts, London had in 1867, 163 cases of venereal sore per 1,000 men, and in 1872, 199; Manchester in 1867, 177, and in 1872, 98; Dublin in 1867, 129, and in 1872, 165. Taking all the stations in each group together, the ratio of admissions for primary venereal sores per 1,000 of strength was 54.18, at those under the Contagious Diseases Acts, and 123.15 at those not under the Acts.

In page 10 are some interesting tables concerning the amount of gonorrhœa and other contagious diseases at the different stations. From one of these tables we find that in stations not under the Acts, there were

108.6 cases of venereal sores per 1,000 of strength, in 1864, and 112.5 cases of gonorrhœa. In 1872 there were 123 venereal sores, and 105 cases of gonorrhœa per 1,000. Again, in stations under the Acts, there were 120 cases of venereal sores in 1865, and only 54.2 in 1872, whereas cases of gonorrhœa have not been so much altered, being 140 in 1865 and 104 in 1872 per 1,000.

Here are the remarks made, we presume, by Dr. Balfour: "In 1864, the year in which the Contagious Diseases Act was first passed, and the year before it came into operation, the admissions into hospitals at these 28 stations (under the Acts now) were in the ratio of 108.6 for primary venereal sores, and 112.5 for gonorrhœa per 1,000 of mean strength. In 1872 the admissions were 54.2 and 104 respectively at the 14 stations under the operation of the Act, showing a reduction of 54.4 per 1,000 in primary venereal sores, or that form of disease which is likely to produce great constitutional deterioration, and 8.5 per 1,000 in gonorrhœa. Again, if the average of the eight years during which the Acts have been in operation, be taken, it will be seen that at the stations not under the Act, in an average force of 32,500 the ratio of admissions for primary venereal sores was 103 per 1,000, and for gonorrhœa 111.9 per 1,000; whilst at the stations under the Act, in an average force of 31,000 men, the proportion was 63 and 114 per 1,000. These results show a difference in favour of the stations under the Acts of 40 per 1,000 in the case of primary venereal sores, and an excess of 2.9 per 1,000 in cases of gonorrhœa. Or again, if the results for 1872 alone be compared, they show the admissions at the stations under the Acts to have been 54.2 per 1,000 for primary venereal sores, and 104 for gonorrhœa; whilst at those not under the Acts there were 123.1 and 105.9 per 1,000 respectively, showing a difference of 68.9 per 1,000 in venereal sores, and 1.9 per 1,000 in gonorrhœa, in favour of the stations under the Acts."

Such are the remarks made by Dr. Balfour, and they will, of course, be canvassed very freely at this time, when feelings run so high both within and without the precincts of the profession upon the very interesting and important question of how to diminish venereal contagion among our military and civilian population. It would not become us to decide all at once so intricate a question as that involved in the figures before us. That the health of the troops in as far as venereal contagion is concerned is better in France, Belgium, and some parts of Germany, where similar acts obtain, seems clear enough from statistics. What is not clear is whether towns like Paris, Berlin, or Vienna are less free from venereal contagion than London, Manchester, or Glasgow—in a word, it is not clear whether in keeping military men supplied with healthy prostitutes, other people have not given civilians the habit of having recourse to prostitution.

Notes on Current Topics.

Drinking Human Blood.

It appears in the heartrending account of the sufferings of the survivors from the wreck of the *Cospatrick* that on

the 23rd of December four men died, and the thirst of the remaining unfortunates was so great that they drank some of the blood of the dead men. Horrible as the idea is, there is no clear reason why there should be much danger to health apprehended from so doing. Some nations have delighted in the blood of horses, and cannibals are said to boast of drinking the blood of their enemies.

Lead Palsy.

In paralysis caused by lead, says Dr. Charcot (*Le Progrès Méd.*, Dec. 26), a lesion of the peripheral nerves takes place. This was first pointed out by Dr. Lancereaux. The muscular atrophy caused by lead seems then to be analogous to those seen in rheumatism or wounds, in this respect, that it seems to depend also on a lesion of the peripheral nerves, and this is more marked when it is seen that Faradic electricity fails to cause contraction.

Registration of Births.

THE new Act for the Registration of Births and Deaths in England has just come into operation. Medical men are now compelled to grant certificates of death, if they have last seen the patient. In the case of a birth, information must be given within forty-two days, and of a death within five days.

Dr. Stark.

A PENSION of £130 a year has been granted to Dr. Stark, Regist ar-General of Scotland.

Rational Treatment of Consumption.

DR. PIETRA SANTA (*La Tribune Méd.*, No. 329) sustains the doctrine of the curability of phthisis, after having combated the theory of the germals of cellular proliferation, and the fatalism of the school of Broussais.

In his view, phthisis is an affection essentially general and constitutional, a profound alteration of the nutrition, a disease of the blood. There can then be no panacea for a disease which is a symptom of an enfeebled vitality, and of which the various phases of evolution form as many distinct morbid entities. There can be no antidote for a morbid diathesis which pre-exists before the anatomical lesions of a local nature which characterise the affection.

The only specific for phthisis pulmonalis is the intelligent association, reasonably applied, of that collection of medications the value of which has been recognised by clinical experience, and which are summed up in these precepts:—

1. To summon to our aid, during every stage of the disease, the uncontested resources of private hygiene (hygiene and moral treatment, pure and often renewed oil, tonic régime, moderate exercise, milk diet).

2. To utilise the modifications impressed on the economy by mineral waters (sulphur, arsenical, and chlorine).

3. To invoke the salutary effects of the change of climate and emigration (stay in the temperate southern climate in winter, in the mountains in summer).

4. To neutralise the morbid ferments which purulent absorption causes in the organism, when the softening and evacuation of tubercle takes place. This capital medica-

tion, which for the past ten years has furnished the happiest results, is obtained by the administration of the hyposulphites and neutral alkaline sulphides.

A True Nobleman.

MR. ATTWOOD, of Cheshunt, has just died. He was that grand anonymous benefactor of hospitals who used to send £1000 gifts as it were from heaven.

The New Irish Public Health Act.

LAST week the sub-sanitary officer at Galway had two prosecutions under the Sanitary Act, the first which were brought in this county. The persons summoned were farmers living immediately outside the town, and the cause of complaint was that of having dungheaps in their yards so convenient to the doors that it became dangerous to health. *Dr. Clayton stated to the bench that he had been threatened by the inhabitants of Castlebar, who said if they caught him in the locality for the future they would destroy him.* When the result of the case was stated to one of the defendants, who spoke but Irish, he said, "Fined for making my own manure in my own yard. Well, that is d—d bad law, but like all the rest the poor man gets in Ireland." He grew infuriated on the table, and was removed.

Hypertrophy of the Anterior Lip of the Uterus.

DR. BLOX (*Le Mouvement Médical*, Dec. 26) reports on a case where an accoucheur, Dr. Calmeil, was called to a labour by a midwife, to a woman in labour already twenty-seven hours. A fleshy tumour, consistent and depressible, protruded from the vulva; the fetal head was placed above and in the position left occipito-iliac, and delivery was effected. The tumour was the size of a foetal head, and hung from a voluminous pedicle, following which with the fore-finger, the anterior lip of the os uteri was reached. The placenta had come away entire; the uterus had commenced to contract. Dr. Calmeil placed a waxed thread around the pedicle, which he tied tighter daily. On the fifth day this pedicle was only the thickness of the little finger. In a few days the pedicle was cut through. The tumour thus removed was solid, covered on its external surface with a strongly adherent mucous membrane, and formed of dense fibres traversed by numerous vessels. Dr. Blox had observed fifteen years ago an analogous case in a young woman, who had been long in labour when he was called in. A tumour like that described hung from the vulva: the forceps terminated the labour, and the tumour retired into the vagina, where it became so atrophied that in a month it was barely possible to recognise an hypertrophy of the anterior lip of the os uteri. Dr. Verneuil mentioned the case of a woman who had died from total obstruction of the vagina by a soft tumour which was found to be the anterior lip of the os uteri.

Typhoid Fever.

WHILE the prevalence of this mysterious affection is so marked, and its victims are daily and often so suddenly carried off, it is a matter of intense interest to acquire reliable information on the possible sources of such an

increasing pestilence, and more particularly as to its means of propagation. Amongst the readers and supporters of this journal there are members fitted by experience and means of observation to give valuable information, and to bring forward cases illustrative either of total apparent means of explaining the origin of the affection, of assigning its origin to a certain independent springing into existence, or of its contagiousness.

So great is the severity of this scourge of both the poor and wealthy classes that, we believe, no subject could be of greater interest to the public and to the profession, and we would therefore request members of the profession throughout the country, and more particularly those in isolated country districts, to forward for publication in our columns any illustrative cases either in support of or against its contagiousness, or its spontaneous origin. We shall be glad to give the views of all contributors.

We find such authorities as Bretonneau and Gendren believing that the poison of typhoid or true enteric fever can adhere to the clothing, and so be carried as *fomites*, and spread the disease. We find also so accurate an observer as Dr. Wm. Budd maintaining that the contagious nature of enteric fever is the "master-truth in its history," and Sir Thos. Watson endorsing this view; Trousseau stating in his lectures, when tabulating a number of reports, that "the contagious nature of dothinenteria is incontestable;" while, on the other hand, Andral, Chomel, Stuart, and others doubt if contagion really exists; while hospital experience seems on the whole to contradict the view of its contagiousness.

There seems no doubt that lately isolated cases of great intensity have arisen without apparent cause, and therefore information from observed and closely investigated cases would be valuable, and of great interest. It might be suggested to adopt the following headings:—

1st. Cases illustrating contagion (1) from the person; (2) from *fomites*; (3) from stools.

2nd. At what stage of the disease did contagion seem most active?

3rd. In country districts, did enteric fever seem to arise from contact with excremental poisoning, or from excremental fermenting emanations, where no typhoid stools could have had existence, where contagion was not possible, and where no typhoid case had been in the proximity?

Reports on the subject, restricted to true typhoid, or enteric fever, particularly from the Irish Poor-law districts, would, we are certain, be of much value.

Medical Missions.

THIS subject is thus treated in a recently published address by the Bishop of Kaffraria, Dr. Callaway, who has long been engaged in the work in South Africa, and is now in England for the purpose of urging the claims of his newly created diocese on the liberality of the English public.

"The Hospital System must be completely carried out. For this purpose friends in England sent me about £300, and £200 were contributed by colonists. This sum, with accumulated interest, now amounts to over £600; and since I came to England I have received nearly £60 more. This will be sufficient for the necessary building and furniture, but will leave nothing for the current expenses. The Natal Govern-

ment, on my application, had agreed to place £100 a-year on the estimates for this purpose, but this sum is not transferable to Kaffraria.

"It has been suggested that an appeal might be made to medical men to aid this mission, which is headed by one formerly in the profession. Medical men may well be asked to give to this especial department. They are, I know, great givers in their own circles, if not of money, of time and talents, and often of money too; and from a scanty purse not only provide the medicines they prescribe, but also the wine and nutriment without which mere medicines would frequently effect nothing.

"Medical education acts on the mind in a manner peculiarly calculated to make an efficient missionary. I know it has been said that it tends to produce scepticism—that dealing as the physician does with natural facts, and trusting to bring about results by attention to surrounding circumstances, and obedience to natural laws, he may be tempted to overlook the Great Author of Law. But there is no more necessary tendency in the study of medicine to produce such a result than there is in the study of any other branch of science. Unsteady, one-sided minds may go wrong anywhere, even in the study of the most strictly religious subjects; and if it be true that 'the undevout astronomer is mad,' much more true is it that he is mad who can study the human body, in health and in disease, and can remain an undevout looker-on, or can irreverently refuse to believe in the Great Designer. And men of the highest order of mind have found it possible to penetrate to the very depths of medical science, and to add largely by their labours to medical knowledge, and at the same time to be devout worshippers of God, and to retain unsullied their faith in Christ. I shall never forget the effect produced by one, who has since attained to the highest position in the profession—I mean Sir James Paget—when, as a comparatively young man, he broke through the ordinary cold routine of the Introductory Lecture at St. Bartholomew's, and told the assembled students, and men grown grey in their profession, what a high and holy calling that of the physician is. And I believe no heart remained untouched as there thrilled from his eloquent lips the words of good old George Herbert:—

'Man is the world's High Priest: he doth present
The sacrifice for all; while they below
Unto the service mutter an assent,
Such as springs use that fall, and winds that blow.'

"The physician is only a little less the delegated minister of Christ than the divine. It may be truly said that the priest and the doctor were united in our Lord; the healing of bodies and the healing of spirits was His mission. He came to heal all the ills which sin—that is, deviation from all-wise laws—has introduced into the world; and whilst it is well that there should be a division of labour, yet the divine would more effectually do his work if he were acquainted with medicine, and the physician would more effectually do his if he regarded himself as a humble follower in the steps of the Great Physician, the Saviour and friend of man, and made the healing of diseased bodies the means of leading his patients within the more sacred precincts of the temple, where there is healing to be found for spiritual maladies.

"The physician studies an organised body with all its wonderful complications in health; he sees it in disease, and watches disease in its progress as one of the evidences of the terrible power of law, which admits not of deviation from strict obedience without inflicting punishment; and yet he watches at the same time the self-renovating power of the organisation, which counteracts by a higher law the effects of disobedience, and himself coming in with medicines, as with grace, and so interfering with and sometimes succeeding in entirely preventing what would naturally result from unrestrained, uncounteracted law-operation. The devout, intelligent physician should be a walking, living example of the Christ.

"Then the physician is trained to seek truth as truth for truth's sake, without any strong *a priori* prejudices, or a too great disposition to listen to the mere dicta of other men, or a too great servility to the opinions of a dead antiquity. He is of necessity forced to live in the *now*; he is practical rather than theoretical, and values a theory not for its mere beauty and consistency, but for its practical benefit, in enabling him to cope with diseases, and to alleviate suffering.

"Then his system is elastic. He has learned to deal with disease, not as though it had one stereotyped form fully represented by a name, but as ever varying, with infinitely minute shades of difference, in relation to the constitution and previous

history and surrounding circumstances of the patient. So he will be prepared to see in spiritual matters the same ever-varying character; he will regard sin as spiritual disease, and not expect to find it an invariable known condition, requiring an unvarying known system of treatment. No one is more likely to comprehend than the well-trained physician.

"Might not the medical profession yield me for Kaffraria a man of skill and learning as a physician, and of deep religious sensibility; one who loves his God and his profession too well to seek for worldly gain or honour, who might unite with me at the Central Station? His work would be, to heal disease; to teach the elements of medicine to those, white or coloured, who were being trained for Holy Orders; to investigate the fauna and the flora of the country; and to make such inquiries into the system of the native doctors, and the remedies they employ, as might enable him, probably, to add valuable medicines to our own materia medica."

The Treatment of Lupus.

ACCORDING to Dr. Lailler, of the Saint-Louis Hospital (*La Tribune Méd.*, No. 329), everyone knows what a terrible disease lupus is. His general treatment consists in cod-liver oil associated with the iodide of iron, a tablespoonful of the former and half of the latter, taken in the morning, fasting, or before dinner. A little quinine wine is also given, and iodide of potassium is very frequently added, in case the lupus may have any affinity to syphilis. It is especially in lupus exedens that this is indicated. Appropriate mineral sulphurous waters are of great assistance, and sea-bathing. The topical treatment in lupus erythematosus is emollient and calmant: poultices of starch, or astringents with a few drops of perchloride of iron mixed. In cases of papulo-erythematous and tuberculous lupus, when not ulcerated, he advises caustic iodine in the form of five grammes of iodine and five grammes of iodide of potassium in ten grammes of distilled water. When hypertrophy is added to this variety of lupus, M. Lailler makes use of the iodhydrargyrate of iodide of potassium ointment. In simple ulcerated lupus, it is important to make, with care and precaution, washings which do not excoriate or produce bleeding, and to dress with the preceding ointment. If this be too exciting, it may be suspended and replaced by carbonate of lead ointment.

In lupus exedens the use of iodoform is doubly advantageous, as it modifies, and is an anæsthetic. If it do not succeed in two or three days in arresting the progress of the disease, we must not hesitate to have recourse to truly active caustics, such as mercurial ointments, Vienna paste, or Filho's caustic. When Vienna paste is used the eschar produced should be dusted with quinine powder. And Dr. Lailler insists on the use of iodide of potassium in lupus exedens.

Syphilitic Infection.

DR. HOURTELOUP read at the Société de Médecine Légale (*Le Mouvement Médical*, Dec. 26) a report on the case of an individual accused of having given syphilis to a little girl, two and a-half years old, and to a young boy, her brother, aged six and a-half, the latter having also been the victim of an *attentat à la pudeur*, of which the syphilis, as the accusation alleged, was the consequence. Here are the conclusions of the report: As to the little girl, there seems, according to the practitioner who wrote to the society, desirous to be enlightened as to its views before the court, to be nothing more than simple vulvitis.

With regard to the brother, Emile E.—1. It is certain that he presents some secondary syphilitic accidents, and the members of the society admit this. 2. His syphilis is not hereditary, and has been contracted directly. It is a pity, however, that under the report on hereditary transmission, the documents given by the practitioner are not satisfactory. M. Cornil, on this head, makes the remark that if there were here a question as to hereditary accidents, the syphilis would be characterised by marks different from what it now shows, and that there would be visceral or osseous lesions to be remarked, which is not the case. 3. The circumstances indicated by the boy, Emile E., are contrary to what generally takes place in such attempts. Resting on the question of facts, and on proofs, several members demand of the honourable reporter to suppress his proposition, which appears to them, if not hardy and rash to decide, at any rate, useless for the moment. 4. B., the accused, according to the report of the practitioner, has no actual sign of syphilis upon him. 5. The careful examination of B. does not permit the society to conclude that he could have been able in the month of July last, two months before accusation, to communicate syphilis, since the man presents absolutely no symptom or trace of syphilitic lesion.

The Adulteration Act.

THE Society of Public Analysts has agreed on the following rules to be adopted as a guide in determining whether articles are pure or not:—If food or drink contain any ingredient injurious to health, or any substance that sensibly increases its weight, bulk, or strength, unless such substance be necessary for the manufacture or preservation, and be acknowledged at the time of sale. If any important constituent have been wholly or in part abstracted, without this being mentioned. If it be a colourable imitation of, or be sold under the name of another article. In such cases the article is to be called adulterated. In the case of drugs, they are adulterated when retailed for medicinal purposes under a name recognised in the British Pharmacopœia and not equal in strength and purity to the standard, or when sold under a name not recognised in the Pharmacopœia and not coming up to the standard they profess to follow.

Arterial Embolism.

DR. MOULARD MARTIN (*Le Mouvement Médical*, Dec. 26) mentions the case of a lady, aged 48, for some years affected with blowing murmur at the apex, with the systole and palpitation. One day she had violent and sudden pain in the right leg, extending from the great toe to the knee, chilliness, insensibility, and paleness of the foot, with absence of arterial pulse in it. Above the knee the member preserved its sensation. The diagnosis was arterial embolism from cardiac clot. Pain was diminished by friction with chloroform liniment. On the next day sensibility returned, but incompletely, at the level of the calf, but the foot remained cold and insensible. In the evening the calf had a certain amount of tension and pain. The next day the pain in the calf still continued, but was limited to the internal and inferior portion. Under the fingers were felt some obliterated venous branches; there was then in this patient phlebitis of the popliteal region

and arterial embolism of the foot. There is here a singular coincidence between these two accidents, although the phlebitis was developed only forty-eight hours after the first accident.

Dr. Dujardin-Beaumez, in remarking on this case, said that in gangrene from arterial obliteration there are two categories: in the one the obliteration is slow, incomplete, and then there is no swelling; in the other, the obliteration is sudden, and then there is swelling of the whole limb. M. Maurice Raynaud, in his article in the *Nouveau Dictionnaire*, has well pointed out the difference between sudden and slow obstruction of arteries. In the cases which M. Dujardin-Beaumez and M. Vidal have observed, the arterial obstruction was complete, and in both cases the swelling was present.

Longevity of Statesmen.

MR. GLADSTONE is now sixty-five, and Mr. Disraeli has attained to the good old age of sixty-nine.

Pseudo-Hypertrophic Paralysis.

DR. CHARCOT (*Le Progrès Médical*, No. 52, 1874) says: that pseudo-hypertrophic paralysis is met with especially in young children, but may occur also in adults. The first stage lasts only a few months, and is characterised by a paresis of the lower limbs, owing to the weakness of some muscles, which at this stage may be even atrophied. In the second period, much longer than the first, the paresis tends to become generalised, and the affected muscles, especially of the calf, augment in volume. Dr. Charcot is not inclined to consider the point of departure of this lesion to exist in the nervous system or the spinal cord; it is in the muscle itself that we must look for the cause. What is most striking in the muscles in this disease is that the three plates of connective tissue, which in health scarcely separate the muscular fibres, are replaced by thick plates, which sometimes equal in diameter those of the muscular fibres. The interposition of adipose cells marks a new phase in the process; they gradually become substituted for the muscular fibrillæ, especially when the augmentation of volume of the muscle is very pronounced. With regard to the muscular fibrillæ, the alteration which ends in their complete disappearance is seen from the very first, when the connective tissue commences to become hypertrophied, and when fat cells have not yet appeared. The diameter of the fibrillæ becomes much reduced; many of the fibres are so atrophied that the greatest attention is required to distinguish them in the thickness of the interstitial tissue; the greater part of them preserve unto the last limits of emanation striation well marked. Neither the sheath of the sarcolemma nor the nuclei are altered. We cannot fail to be struck with the analogy existing between such muscles and that disease which is described when attacking the viscera as cirrhosis. The history of pseudo-hypertrophic paralysis presents an example of generalised myopathy, developed without any influence from the nervous system.

DR. MAGNAN, of Paris, has had a prize of £100 granted him by the Académie des Sciences for his experiments on dogs.

Biliary Calculi.

DR. LABORDE (*Société de Biologie*) asserts that morphia and hydrate of chloral administered together form the best drugs in hepatic colic, as they both produce anæsthesia and destroy the spasm of the canals, causing at the same time distension of the ducts with bile which by its *vis à tergo* sweeps away the stones into the intestina.

Anæsthesia in Labour.

DR. FRIEDLANDER (*Deutsche Kl.*, No. 30, 1874) has obtained, by rubbing with chloroform and ether, in the proportion of one of the former to two of the latter, total cessation of the pains of labour in many instances.

The Fixing of Sanitary Salaries in Ireland.

THE Local Government Board has evinced admirable firmness, and at the same time commendable moderation, in dealing with those boards of guardians who have endeavoured to defeat the operation of the Public Health Act by fixing nominal salaries for their officers. We noted last week that they had put their foot down upon the policy of the Dublin Corporation, and they have since followed suit with the Cork Corporation, and the guardians of Waterford, Kilkenny, Cavan, Longford, and other unions. In every instance they have previously invited the guardians to a reconsideration of the scale of payment, and have a second time appealed to them to be reasonable, and not compel them to act decisively in the matter; but in almost every instance these appeals have been entirely fruitless, and the guardians, having committed themselves to a policy of obstruction, have with characteristic stupidity refused to reconsider anything. Some of the boards have endeavoured to satisfy their own vanity and escape from the humiliating alternative of submission by disputing the authority of the Local Government Board. The South Dublin Union Guardians fled to counsel to advise them as to their liability to pay, and received for their money the information that "it was not possible to say that the matter is free from doubt;" and that "any order by the Local Government Board for payment of the salaries in question out of the poor-rate would be *ultra vires* and illegal." This method of dealing with the matter has been very fortunate for the medical officers, for it has enabled the Local Government Board to grant much more nearly adequate salaries than the guardians would have voted.

We cannot withhold from the Local Government Board the testimony of our unqualified approval. We express this feeling not because they have granted our constituents a few insignificant pounds, but because they have shown themselves to be earnest and liberal-minded in the carrying out of the functions confided to them by the country.

Prof. Mastin on Dilatation in Stricture.

We have been favoured with the following extract from a letter of Professor Mastin to Mr. Teevan. Coming as it does from a distinguished American surgeon, who has had great experience in the treatment of stricture, it will not fail to receive the attention it deserves.

"On general principles I am an advocate for dilatation

whenever it can be done; failing in that, I prefer internal urethrotomy: to this date I have performed that operation 202 times without an accident or any unpleasant result. It is true I have been forced to repeat the operation a second time upon a few cases where I had been negligent in not making the incision free enough in the first operation. Divulsion has not afforded me satisfactory results, and I now seldom if ever use it."

Human Spontaneous Combustion.

THE cases of alleged spontaneous incineration of the human body which have been recorded from time to time may be grouped with those of *morbus pediculosis* and of cured hydrophobia, to be accepted with hesitation by the profession. Although Charles Dickens, by his narrative in "Bleak House," has popularised the idea that such an occurrence is possible, it has been recently pronounced with unchallengeable authority that spontaneous combustion of the human body is impossible and incredible.

M. Chassaniol, of Brest, has recently presented to the *Société de Chirurgie* a communication on this subject, which has been reported upon by M. Horteloup.

After having shown that no person worthy of credence had ever been present during a spontaneous combustion, and that in consequence science possesses no authentic facts on the subject, he points out that it has been demonstrated that dead bodies or portion of the same, immersed for a longer or shorter period of time in spirits of wine, burn with great difficulty. It has also been attempted without success to set fire to the expired air in animals into whose veins ether and alcohol have been injected.

Spontaneous combustion has also been explained as the result of the action of electricity. It has in addition been attributed to the presence in the human body of a gas inflaming spontaneously on the approach of a light; but precise analyses demonstrate the absence of the phosphurets of hydrogen in all parts of the economy. Of late years it has been sought to refer the occurrence of spontaneous combustion to the same causes as in the case of spontaneous inflammation of various porous bodies, such as straw, hay, flax, &c. Here, again, the comparison is impossible, since combustion is due in these cases to the influence of chemical phenomena, the conditions of which are not found in the human organism.

It is thus seen that it is impossible to form any theory which shall admit spontaneous combustion. M. Horteloup does not conclude that the idea is to be entirely rejected; he simply maintains with Tardieu that it is not theory and experiment to which appeal should be made, but rather observation.

Poisoning by a New Hydro-carbon.

"ODONTOCROLL," or "carvocroll," is a heavy, oily liquid, of smoky odour and taste, and has been introduced in the dental market as a local anæsthetic for toothache. The patient was the inventor of it, and he claimed for it great efficacy as an anæsthetic in toothache, and his narrow escape from fatal poisoning is recorded in the *Philadelphia Medical Times*.

"The inventor and a friend met in the chemist's laboratory, and tested the drug by placing a few drops upon smoking tobacco and inhaling the vapour. He placed ten drops in his pipe, and, having smoked in the usual manner for a few minutes, poured ten more drops in it. After puffing a few times, he suddenly dropped, insensible, upon the floor, but in a few seconds revived entirely, and insisted upon resuming his smoke. To this his friends objected, and, during the discussion following the refusal, he again became insensible. They then removed him about two blocks, and on the way thither he fell, "collapsed," two or three times. An hour afterwards, says the writer, while I was listening to his story, he fell upon the floor again, unconscious. Upon examining him during his fall, I found the countenance somewhat dusky, the pulse normal in force and frequency, all the voluntary muscles relaxed except the abdominal, and the pupils responding quickly to light. I endeavoured to arouse the breathing, which was completely suspended, by placing one pole of the battery over the right phrenic nerve, and the other over the stomach, using the current from one cell, interrupted and secondary. The electricity did not seem to quicken the return to consciousness or respiration. Another physician was called in. He advised the administration of brandy, of which about half an ounce was given. The attacks gradually became less frequent, and, after some time, gave premonitions of their approach by grimaces and bodily contortions, which were invariably followed by the insensibility. In the morning he reported himself as feeling as well as usual, though somewhat weak and sore from his falls and struggles on the way home.

"The unconscious state lasted usually from twenty to thirty seconds, came on suddenly, and passed off as quickly as it came on. During this time respiration was entirely suspended, and all sensibility lost. The conjunctiva and dorsum of the tongue were repeatedly touched without producing any reflex muscular action, and his appearance was that of a person in a state of complete anaesthesia. While conscious, he acted as usual in perfect health, nor was he himself aware, by any premonitions, of an impending seizure."

Royal College of Physicians of London.

THE lectures of the present year will be delivered at the College on each of the following Wednesdays and Fridays, at five o'clock, as follows:—

The Goulstonian, by Dr. R. J. Lee, on February 19, 24, 26, subject, "On Puerperal Fever;" the Croonian, by Dr. Greenhow, on March 3, 5, 10, subject, "On Addison's Disease;" the Lumleian, by Dr. Beale, on March 12, 17, 19, subject, "On Life, and on Vital Action in Health and Disease."

Testimonial to Dr. Apjohn, Professor of Chemistry in Dublin University.

It has been resolved to present a testimonial to Professor Apjohn on his retirement from the Chair. Dr. Apjohn has for so many successive years been the accomplished and successful teacher of large classes of students in theoretical and practical chemistry, both in

the Royal College of Surgeons and in the University of Dublin, that it is needless to enlarge upon his merits. In order to allow of all his former pupils and admirers participating equally in the testimonial, it has been resolved to limit the subscription to one guinea.

A MEETING of the Surgical Society of Ireland took place on Friday evening last in the Royal College of Surgeons, when the following communications were read:—

Mr. H. Gray Croly, on "The Removal of a Hair-pin from the Female Bladder." Mr. Barton, on "A Case of Excision of the Hip."

WE learn that Dr. E. M. Grace, the well-known cricketer, is a candidate for the coronership of West Gloucestershire, rendered vacant by the resignation of Dr. W. S. Garsford, who has held the office for nearly twenty years.

A VACANCY in the surgical staff of University College Hospital has been created by the resignation of Sir Henry Thompson, F.R.C.S. This early retirement from the public duties of the hospital is due to the pressure of private professional work.

It appears to be a settled question that the Metropolitan Asylums Board will proceed to the erection of a fever hospital at Hampstead, notwithstanding the protests of the inhabitants. At a meeting on Saturday the following resolution was carried:—

"That having regard to the letter of the Local Government Board, dated 18th of December, 1874, the Hampstead Committee be and are hereby now requested to proceed under the reference to them of the 24th of October last, to obtain plans for the construction of the buildings at Hampstead."

AT the Rugby weekly Board of Health meeting on Saturday, Dr. Wilson, medical officer of health, reported that the town was now free from small-pox, and he hoped that the public alarm which had naturally arisen in consequence of the outbreak would now subside, and that the reputation for healthiness which the town had hitherto enjoyed would be restored.

SUNDAY was held as a day of thanksgiving by the inhabitants of Over Darwen, in consequence of the complete purgation of fever from the town. During the recent epidemic no less than 2000 persons were attacked, more than 100 of whom died. Over Darwen has, therefore, cause for rejoicing.

Literature.

THE PERIOD OF INFECTION IN EPIDEMIC DISEASE. (a)

THIS is a very valuable pamphlet. The first object in collecting the observations was to define with all possible accuracy the interval between the reception of infection

(a) "The Period of Infection in Epidemic Disease." By William Squire, M.D. London: Churchill. 1874. Pp. 80.

and the appearance of symptoms in some of the more common epidemic diseases. This interval is the period of incubation. The shortness of the incubation of scarlatina is a ready means of distinguishing that disease from measles. The old quarantine, or six weeks' isolation, says our author, considered necessary for those who had suffered from an infectious illness, is a near approximation to truth, three weeks being allowed for the course of the disease, and three weeks for the precautions after convalescence. Small-pox, vaccinia, measles, rubeola, mumps, varicella, typhus, and typhoid fever represent diseases having a long incubation period; relapsing fever, scarlet fever, diphtheria, plague, cholera, yellow fever, diarrhoea, influenza, dengue, erysipelas, and whooping-cough have short incubation. "A long incubation period is generally followed by a very definite illness, terminating in a crisis, and, excepting debility, with sequelæ neither very prolonged nor very definite, the infection ceasing at a comparatively early period of convalescence. A short incubation period commences a sudden morbid disturbance, having either a long or a short process, very liable to relapse, and to prolonged or definite sequelæ, infection persisting far into convalescence. It follows that infection is spread most at the end of these diseases, with a short incubation, generally from impatience of their lingering effects, and as the earlier, or even the earliest part of these, from disregard of their premonitory symptoms." In 48 cases of measles the incubation period was found to be about a fortnight. Small-pox has been taken *in utero*, and the rash of measles three weeks after birth. The youngest infants often go through scarlet fever favourably, and whooping-cough may occur a fortnight after birth. Small-pox incubates about fourteen days, when infectiously acquired; seven or eight days when inoculated.

AN EXPERIMENTAL INQUIRY INTO THE NUTRITION OF ANIMAL TISSUES. (a)

THE object of this excellent memoir is to give a description and explanatory statements of the investigation the author has undertaken into the phenomena of the nutrition of animal tissues, those relating more particularly to the nutrition of muscles and lungs in health and in cases of phthisis. Professor Graham noticed that, as a rule, substances possessed of the property of crystallising (such as common salt or sugar), yielded solutions much more diffusible than those of substances which were not possessed of the power of crystallising, such as gelatine; hence he classed substances into crystalloids and colloids. Kühne, of Heidelberg, has obtained a jelly he has called *myosine*, from muscular tissue. Bone may be considered as consisting originally of a jelly of a colloid matter and water. From his experiments, Dr. Marcet comes to the conclusion that muscle is not a solid colloid body, although formed of colloid molecules, but is permeated in every direction through its mass by a multitude of minute channels charged with the material destined to its nutrition, to which the albumen belonged. The constituents of the solid material are bound together in every molecule by a force similar to that which connects gelatine and water in a jelly. Muscle contains nearly 25 per 1,000 of its weight of potash and magnesia salts. Its tissue is constantly undergoing change. Very soon after it attains its highest stage of development, or state of maturity, it dies, and is decomposed into crystalloids. All tissues, says Dr. Marcet, are formed of three different classes of substances; those which constitute the ripe tissue, or the portion of the tissue insoluble in water; next, those constituting the nutritive material of the tissue, which are soluble in water and colloid; and finally, those of which the effete material is formed; these are soluble in water, crystalloid, and diffusible.

(a) "An Experimental Inquiry into the Nutrition of Animal Tissues." By William Marcet, M.D., F.R.S. London: Longmans. 1874. Pp. 52.

TOBACCO AND ITS EFFECTS. (a)

THIS is a well-written and convincing pamphlet, and should be read by all males, since, as the author says truly, three-fourths of that sex partake of tobacco in some shape or other. "Discussions," says Dr. M'Carthy, "have arisen from time to time in medical circles regarding the probable effects, present and ultimate, of tobacco on the public health; and recently, one medical gentleman in particular, Dr. Drysdale, of London, has with much force condemned its use, accusing it of being the direct cause of certain ailments, and believing that a certain want of stamina may result from its already too extensive use, and maintaining that thus to admit it into the list of luxuries is a violation of the laws of hygiene." Generally, the first indulgence in tobacco sickens, and tobacco is a narcotico-acrid poison. As a rule, narcotics, such as opium and tobacco, have, in small quantity, stimulating qualities. The nicotine contained in the smoke drawn through pipes and cigars is taken into the circulation through the mucous membrane of the mouth and tongue, and any inhaled by the lungs. When the young smoker smokes a second time, the semi-deprived nervous monitors cannot as readily perceive the deleterious properties of the tobacco; they are, therefore, tardy in admonishing the system; so that, on account of the additional depravity superadded after each successive smoke taken, the smoker may in this manner go on gradually and habitually increasing the tobacco, both as regards quantity and strength, and actually must do so if he wishes to feel at all times equal gratification in the act. It is in youth especially that tobacco-smoking is detrimental. In the Strasbourg tobacco factories the workmen employed in the chambers where fermentation goes on are said to lose their memory in a marked degree, and their complexions are sallow. Such pamphlets are much needed.

UNE LEÇON ORALE DE CLINIQUE CHIRURGICALE DONNÉE A L'HÔPITAL SAINT-PIERRE DE BRUXELLES. (b)

IN this pamphlet Dr. Guillery speaks of the treatment of fractures of the thigh, that is, of the body and neck of the femur. In all other bones but the femur it is easy to keep the bones in correct position whilst uniting; it is always difficult in fractures of the femur. The thigh-bone, the longest in the skeleton, furnishes for its muscular apparatus an arm of a lever of greater length and more powerfully acted on than anywhere else. The difficulty increases the further up the fracture is. Continuous extension, one of the chief means of treating this fracture, does not date from yesterday, for Hippocrates and Galen invented it. Extension permits us to combat displacements of the bone in the path of its length. With regard to displacements in the direction of the thickness of the limb, we employ sand-bags and bandages. The apparatus made use of by Dr. Guillery in such fractures consists of a rectangular box, the distal end of which has a slit in it, over which a cord passes to a pulley attached to the post of the bed, to which cord a weight is attached. The edge of the box prevents the rotation outward of the foot and thigh-bone. A little zinc bowl is employed as a weight, and this can be filled with shot until the weight desired is attained. The bandage is applied from the pelvis down to the knee. Old persons with fracture of the neck of the femur are kept sitting in bed. The weight used for extension is generally 600 or 700 grammes, and no counter-extension is used.

(a) "Tobacco and its Effects." By Dr. C. W. M'Carthy. Dublin: M'Glashan and Gill. 1874. Pp. 32.

(b) "Une Leçon Orale de Clinique Chirurgicale donnée à l'Hôpital Saint-Pierre de Bruxelles." Par M. le Prof. Guillery. Pp. 13.

AUTOBIOGRAPHY OF A. B. GRANVILLE,
M.D., F.R.S. (a)

DR. GRANVILLE, of late years well known to the profession as the enthusiastic advocate of the waters of Kissingen, and who practised many years in London, was born an Italian, and only after a series of extraordinary adventures became naturalised in England, and rose to be a Court physician. He has written for us his own life, and for variety of adventure, as well as other merits, these two volumes can scarcely fail to interest our readers. He was mixed up in most of the political movements which resulted in the freedom of Italy under her present king. When he had graduated at Pavia he escaped the conscription by joining a travelling party of comedians. He then bade farewell to Italy, suffered shipwreck, visited Greece, the Holy Land, Turkey, Spain, Portugal, Russia, Germany, France, &c. In Turkey he became second physician to the Sultan's fleet, where, however, he only served a few months. After several years' travelling, he obtained an appointment as assistant-surgeon on a British man-of-war. He became full surgeon in our navy, but in 1813 he left that employment and settled in London. He was employed for some time in translating documents for the Foreign Office, and he was entrusted with other commissions. His later life is better known to the profession. Obviously the record of a life so full of unexpected vicissitudes is agreeable reading, besides which, Dr. Granville was possessed of great powers of mind, and these were set off by many accomplishments. Perhaps it is these which give here and there a touch of vanity to the narrative; but as his political prophecies proved true, we must credit him with a good deal of sagacity. The account of the last years of his life is from the pen of his youngest daughter, and concludes two very interesting volumes.

Foreign Medical Literature.

SYMPTOMS ARISING FROM OVER-APPLICATION
IN SCHOOLS AND WORKSHOPS; SHORT-
SIGHT; HYGIENE OF SCHOOLS; COLOURED
LIGHT; CORRECTIVE GLASSES; EMPLOY-
MENT OF HOT WATER; TREATMENT OF
SHORT-SIGHT IN CHILDREN BY ATROPINE
AND REST.

(Translated from the *Journal de Médecine* for December,
by FRANCIS M. LUTHEB, M.D., Cappelouin.)

GREAT progress is daily made in the study of the lesions of the organ of vision. The remedy doubtless naturally locates itself alongside the evil, for the progress of civilisation contributes powerfully to the production of disease of this organ. The very rapid augmentation of disturbance of refraction, and especially of myopia, in young people, have attracted attention to the hygiene of schools; the symptoms observed in a great number of working people pursuing certain trades; and those to which a crowd of professionals who are compelled to follow their avocation uninterruptedly in a broad glare of light, are subject, come daily under the notice of the practitioner. Accordingly we have collected the most certain information on the subject, and deduced practical rules for our readers' guidance.

Much has been written on this subject. Among the most recent works we must notice that of M. Gayat ("Ocular Hygiene in the Schools and City of Lyons") and that of M. Grand ("Hygiene of Sight in Work which demands Close Application of the Eye"). We have borrowed from

(a) "Autobiography of A. B. Granville, M.D., F.R.S., being Eighty-eight Years of the Life of a Physician." Edited by Paulina B. Granville. In 2 vols. London: H. S. King and Co. 1874.

them most of the following considerations. The latter author dwells upon the fact that for the examination of small objects the eyes have to be approximated, an effort of accommodation, convergence of the eyes is requisite, and if the object is on a flat table, a bent posture of the head and body. Hence result ocular congestion, a tendency to inflammation, premature presbyopia, paralysis of accommodation. Lastly, among the gravest consequences of those efforts must be signalled myopia. Erisman, in Russia, has demonstrated by statistics of schools formidable and conclusive results; he found 34 per cent short-sighted. Boarding schools suffer more from it, for in the German schools where the pupils are extern the percentage he found to be but 24, and in a similar establishment he found the figures to be—pensionnaires labouring under myopia, 43 per cent.; externs, ditto, 35 per cent.

It is during the period of growth, from 12 to 18 years, that this result is produced; under the influence of augmented pressure the eye is elongated, the fundus yielding to the distension.

The influence of the luminous rays vary with their colour. Red light, for example, with its calorific rays, exerts an unfavourable influence on the eye; so also the violet rays are prejudicial. Boehm has shown that the blue rays are the least injurious.

Experience has caused blue glasses to be employed in order to diminish the irritation caused by light, and Boehm uses them not only with this object but as a therapeutic means. Moreover, the impression of the blue rays, as well as being the easiest tolerated, is likewise the most enduring upon the retina.

Other authors agree with M. Dobrowski in thinking that blue glasses have the inconvenience of not weakening sufficiently the red and violet rays. The employment of smoked glasses would be preferable.

M. Grand thinks that for inflamed eyes the employment of smoked glasses would be preferable; that during work requiring close application one must avoid diminishing too much the intensity of the light. If it is too dazzling you will use smoked glasses; if it is too much charged with yellow or red rays, such as gas, or mineral oil, blue, or greenish-blue glasses, will be employed with benefit.

One should avoid too intense a light, and likewise gazing fixedly at objects that impair the sensibility of the retina.

Insufficient illumination is as prejudicial as an excess of light; it leads to a diminution of visual perception. Certain circumstances, such as want of movement, want of variety in luminous sensations, and dwelling in dark places are very hurtful.

M. Grand lays down some hygienic rules.

For the worker the light should come as much as possible from the left side, that is to say, from the side towards which one turns in working.

Day-light is the best; but one should avoid direct sunlight; that of reflecting mirrors should also be avoided. The aspect should be northern, and the light should come a little from above. Light coming from the right, too high or too low—all those defective conditions cause school children particularly to take all sorts of awkward positions.

White walls should be avoided, highly varnished tables, and in workshops, shining articles like silk should be protected from the sun's rays.

Artificial light is always bad, on account of the heat and the exhalation of carbonic acid. The best is that of lamps fed with vegetable oil and furnished with a glass shade. Gas is bad, because of its heat, brilliancy, and mobility; the light of mineral oils is too hot; that of candles insufficient and flickering. An oil lamp should be covered with an opaque moderateur; the eye of the workman should avoid the light coming to him directly or diffused through the room. The moderateur should be white, green, or grey.

Working after meals is injurious. Inclination of the head should be avoided. One should write on an inclined plane; and in schools it would be good to supply a movable back-board for the children.

Application of the eye must always be interrupted from

time to time. Reading in bed, lying down, is to be deprecated from every point of view.

M. Grand recommends, when the eyes are fatigued by constant work, lotions of cold water, and, if the eyes are subject to catarrhal inflammation, of tepid water. As regards this our advice is totally different.

We believe that washing with cold water, and the employment of iced water is bad. We see well-known ophthalmologists, M. Galezowski, for instance, recommending hot water for the slighter maladies of the eye. We have always seen washing with hot water, *very hot water*, after continuous application, render very great services to the weary eye. We beg of our readers to urge this method on their patients.

If the eyes are fatigued by bad artificial illumination, blue, or slightly smoked glasses, will be useful, and in order to avoid the lateral rays they should be large and round.

If the irritation of the eyes persists all work must be abandoned, and an examination made to see if there be any disturbance of refraction of power of accommodation or of the mobility of the eyes.

Presbyopia supervenes earlier with those who are constantly at work than with other individuals, and as soon as it does, convex glasses should be at once resorted to, without which the muscle of accommodation would be fatigued to no purpose. At first they should be used for working in the evening, after the fatigue of the day; but a long-sighted person should only use spectacles for looking at near objects, not at far ones.

Work requiring close application, favour the development of myopia precisely in proportion as the conditions of illumination are bad.

If the action of those causes continues the myopia continues to increase until vision is lost.

A slight degree of myopia may be favourable to close work, but, as a general rule, work requiring close application, by the derangement of circulation that it inevitably induces in the eye, is much more injurious to the myopic, and is the great cause of the development of myopia and its complications. Young people should be examined, and, *if they are myopic, hindered from undertaking tedious studies and all professions demanding close application of the eye.*

For myopic persons especially, the precautions above indicated should be observed. More light is required; the eyes must be rested; exercise in the fresh air must be taken; mustard foot-baths from time to time. In the sunshine slightly smoked glasses are advantageous.

As to corrective glasses, they have the advantage of permitting the object to be studied to be held at a distance, but they diminish the size of the images; the individual approximates the eyes, and makes efforts of accommodation, particularly if his sharpness of vision is impaired. The short-sighted person ought then only to wear glasses for looking at near objects when there is no complication or diminution of perception.

The hypermetropic, by constant efforts of accommodation, succeed in seeing near objects. Then, when constant work has fatigued the eye, accommodative asthenopia supervenes, pain is produced, and vision cannot be accomplished. The indication for those who have to work continuously is to wear convex glasses. By-the-way, there is a popular prejudice that one ought not to wear strong glasses. That is a mistake. Whatever best relieves the eye is the one to choose. Glasses have, moreover, the advantage of diminishing the tendency to convergent strabismus.

Certain circumstances, astigmatism, lesions of the cornea, paralysis of the muscles supply special indications.

The employment of magnifying glasses and microscopes does not cause special accidents to the eye. The inconvenience of illumination and continuous application are the same as for other kinds of work. Still, prolonged microscopic observations leave a contraction of the muscle of accommodation leading to transient myopia, which finally becomes permanent and progressive. Frequent repose and the alternate use of the two eyes is recommended.

Dr. Guyton has studied most carefully the derangements

of refraction of the eyes in schools, and myopia in particular, which is of such frequent occurrence, most frequent, as Malakoff shows, in the higher classes. In girls' schools it is more frequent than in boys'.

It has been asked, if there is no therapeutic means of combating the development of those lesions, and the recent work of M. Schiess-Gemuseur, of Bâle ("*Annales d'Oculistique*"), makes one hope for good results. He there gives an account of the results obtained in treating young persons suffering from short-sight by rest and atropine.

M. Dobrowski had already noted the following fact: In myopia, especially in the beginning of it, part is referable to a cramp of the muscle of accommodation, which is accompanied by injection of the eyes, by catarrh, and very often by winking. The ophthalmoscope shows that the fundus of the eye undergoes some change, and many reasons permit one to suppose that those results are the result of the continual tension of the muscle of accommodation.

Consequently the indication was to suppress this cramp of the muscle of accommodation, and atropine (*a*) does this. The favourable results obtained by the employment of this substance whenever we wish to diminish the tension of the globe of the eye are well known.

Nothing but rest of the eye in very pronounced myopia can much diminish the myopia. But the instillation of atropine caused the myopia to disappear in a fifth of the children under observation, diminished it much with others, and remained without any effect in some. The author was led to conclude that the employment of atropine can ameliorate definitively a great many cases of myopia, and in some slight cases cause it to disappear entirely. In such the benefit has lasted long after the treatment has been discontinued.

The treatment consists simply in the instillation, once or twice a day, of one drop of solution of atropine of strength 1-120, the use of blue spectacles, and total cessation from all work requiring close application of the eye; the treatment was only continued for three or four weeks.

This rapid *résumé* shows how the physician can interfere with benefit to hinder the development of the diseases of the eye referred to, and even to effect their cure. We must cease to consider myopia (*b*) as a congenital defect and an inevitable evil. We must also advise those suffering from defective vision not to rest satisfied with going to a spectacle-maker, since we have much to tell them.

COMMUNICABILITY OF SCARLATINA AND MALIGNANT SORE-THROAT BY WATER.

WE publish to-day, from the pen of Dr. Routh, an interesting and valuable communication upon an epidemic of scarlatinoid disease observed by him, and in it he raises a very important question, upon which our readers will bestow well-deserved attention. The epidemic had an immediate relation to the occurrence of a peculiar foulness in the cisterns of the house.

The peculiar disagreeable flavour and smell of the water was only observed during the months of August and September. This is the period when, perhaps, decomposition is most rapid, at least in London, and no doubt it was only more evident now, but perhaps had existed many months previously; but here a remarkable coincidence was observed. Only one of the monitors (*i.e.*, girls which are placed in authority over the others) suffered from the epi-

(a) Atropine is said to be injurious in glaucoma—a disease produced by intra-ocular tension. More likely it is the glare of the ophthalmoscope.

(b) The extract of Calabar bean, when first introduced into France, was asserted to cure myopia. Perhaps it may be suited for a different stage, since it affects the pupil differently from atropine.

dem, and she was a water-drinker. The other five were allowed beer, in one case wine, and therefore did not partake of the water, except when boiled to make tea or coffee. Five of the matrons (of which there are also six) escaped in the same way, but this sixth one was a total abstainer, and therefore a water-drinker, and she was the first seized, soon after her appointment, and it was said, as before remarked, that she had brought the disease in the Home. Whether this was true or not, there is a remarkable coincidence to be observed between the water-drinkers and the cases obnoxious to the epidemic.

A CENSURE FOR PRESENCE OF MIND.

WE publish in our present issue two cases of intestinal obstruction treated by catheterization *per rectum* which the author, Dr. Colahan, of Galway, has desired to submit to the judgment of his brethren. We invite their criticism upon the cases, because, curious as the statement may be, they have been made the subject of a vote of censure upon Dr. Colahan by his Board of Guardians, and of a subsequent excited debate, upon which the censure was reversed.

The proceedings of the guardians are too extended to permit their transference to our columns. It is sufficient to say that Dr. Cleland, the colleague of Dr. Colahan, thought it right to pen a note in the prescription-book, in which he expressed his opinion that "it is highly improper to use for such purposes a tube intended to be put down patient's throats," and that note was brought under the notice of the Board by Dr. Brodie, the Local Government Board Inspector.

Without making any inquiry, or rather, we should say, in the teeth of Dr. Colahan's explanation that the stomach tube was used in an emergency, and to save life, there being no rectum tube, the guardians voted a censure on Dr. Colahan. This course compelled Dr. Colahan to enter into a full justification of himself, which he did at the following meeting of the guardians, giving in his letter, the professional authority and approval under which he had acted, and the guardians, seeing that they had been induced to commit an injustice, unanimously resolved that—

"The Board having heard Dr. Colahan's explanation, withdraw any censure that may have been implied in the letter of the Secretary to him, arising from the proceedings at last Board meeting, in reference to the report of the apothecary upon Dr. Cleland's observations about the use of the stomach-pump in the workhouse hospital. And that Dr. Colahan's letter be inserted on the minutes."

As to the position occupied by the guardians in the matter, we have nothing to say but that, having been hastily induced to pursue an unjustifiable proceeding they adopted the only course open to them as gentlemen, and, at the earliest opportunity, made the necessary *amende*.

The figure cut by the medical men who lead the attack upon Dr. Colahan is entirely different, and it strikes as being creditable neither to themselves nor their profession. They had the means of satisfying themselves of the urgency of the cases before they undertook to censure Dr. Colahan, and their professional experience ought to have made them aware that, under the circum-

stances, such a censure was entirely undeserved. It is humiliating to the profession to observe that its own members, whose professional knowledge and personal acquaintance with the facts ought to have called upon them to testify that Dr. Colahan acted with propriety, stepped to the front with one accord to throw the stone and follow up the blow aimed at him.

DR. R. V. FLETCHER, now Resident Medical Superintendent of the District Lunatic Asylum, Waterford, has been appointed Resident Medical Superintendent of the District Lunatic Asylum for the counties of Galway and Roscommon at Ballinasloe.

THE Dublin Hospital Sunday collection has realised over £3000, a sum which, though small for such a city as Dublin, appears large when the circumstances are considered. Not only did the Roman Catholic community, which constitutes a large numerical majority of the population, stand aloof, but a few of the unsectarian hospitals also refused to give any aid or to throw in their lot with their neighbours. In doing so we fancy they committed a cardinal mistake, and have deprived themselves of a share in the distribution without at all increasing their chances of private donations thereby. The money will be distributed at once, upon what principle we know not. We hope that a really equitable method of assessment has been hit upon, such as will ensure that the money will really reach the deserving poor.

THE election of a Professor of Midwifery in the Irish College of Surgeons in the room of Dr. Sawyer, resigned, will take place on the 14th inst. The Fellows of the College have, as is usual, been summoned to witness the election, and the choice will be made according to the charter arrangements by seven of the Council, who will be chosen by lot. The candidates, as far as we are aware, are Dr. John Cronyn, who formerly acted temporarily as Professor during the illness of Dr. Sawyer; Dr. William Roe, Assistant Obstetric Physician to the Coombe Hospital; Dr. Thomas More Madden, Assistant-Physician to the Rotundo; Dr. Rutherford Kirkpatrick, an Examiner in Midwifery in the College; and Dr. Arthur Hill Ringland, Assistant-Physician to the Coombe. The emoluments of the chair consist of pupil fees amounting to about £150 a year.

Correspondence.

FRACTURE OF SKULL WITH HERNIA CEREBRI.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with considerable interest in the last number of your valuable journal a case of "Fracture of the Skull followed by Hernia Cerebri," by Dr. Adamson, and am induced through it to bring to mind an almost similar case treated by myself about two years since, when medical officer of the Coolmountain dispensary district.

The case was that of a strong, hearty boy, about 12 years of age, who sustained (by what means never came to light) an extensive, open, compound comminuted fracture of the right frontal and parietal bones of about an inch and a half in circumference. He was found lying in a field close to his

house in a pool of blood, and although conscious all through his illness, he could not account as to how he came by the accident, if such it was.

The membranes of the brain were ruptured, and the brain substance protruded externally.

It being night when I saw him, and the boy being frightened and restless, and there being no urgent symptoms, I merely applied a little water dressing, and directed perfect quiet, &c.

Next morning he was nothing worse, and the portion of brain which I saw the previous night beginning to come away, I perceived beneath it the glistening surface of a piece of bone, which, on examination, finding detached, I removed immediately.

The following day I detected two other portions of bone, which I removed. Suppuration was now setting in, and light poultices of linseed meal were ordered, with carbolic lotion, nourishing drinks, head shaved, and cold application applied, with small doses of calomel given at intervals, which was continued afterwards until he was slightly salivated, and this kept up for a short time.

As the suppurated brain substance came away, I detected almost daily, pieces of bone, both frontal and parietal (as well as I remember), thirteen in all, which were at once removed. It will be observed that in the first instance the bones were driven deep into the anterior lobe of the cerebrum.

All went on well, with, of course, variations of pulse, temperature, &c., notes of which were carefully taken daily, but subsequently lost.

The vacuum left in wound began to fill in, and wound itself now began to look healthy. Simple dressing was ordered, with a pad and bandage, lightly applied.

On my daily visits the edges of wound were noticed to close more and more. Subsequently the brain (beginning to adapt itself to its diminished and irregular space) forced itself, together with the remaining gangrenous-looking and unhealthy edges of membranes, through wound, and had to be sliced off on two successive occasions, to prevent its further protrusion and enable wound to heal.

Simple dressing with pad and gentle pressure was still continued, until, at the end of three months, everything going on well, wound closed completely, and to my entire satisfaction.

I now gave permission to my patient to get up for a few hours daily, and, in ceasing my attendance, left him rejoicing at (to my mind) the recovery which, under Providence, I was instrumental in bringing to a successful termination, after a three months' attendance of over four miles daily.

I was doomed, however, to disappointment. My little patient, equally rejoiced at being again able to go among his companions, engaged in boisterous and wearisome exercise, which, under any circumstances, could not continue long. In a week afterwards I was sent for to see him. He was delirious; the freshly-united edges of wound opened up. He sank gradually, and in a few days was no more.

Every allowance must be made for the disadvantages under which the above is given, which must be taken as an imperfect account of treatment and other particulars, which I could not be supposed to remember after such a lapse of time. I think, however, the case is interesting, as showing—firstly, the great amount of injury which the brain in some parts (particularly the anterior cerebral lobe) can suffer almost with impunity, and also the power of self-repair possessed by it; secondly, the time this boy lived without any untoward symptom, and the probability of his ultimate recovery only for his own incautiousness.

I remain, your obedient servant,

RICHARD O'KELLY,

Resident Physician Cork Union Workhouse.

Jan. 1st, 1875.

to these infants prevents their growth; or, lastly, on account of a congenital feebleness. At the Lourcine Hospital almost all the children attacked by syphilis have succumbed rapidly; at the hospital of 'Enfants Assistés' the proportion of the deaths is still more considerable, because, at the Lourcine Hospital, there are still some mothers who can suckle their children. Death supervenes generally from diarrhoea and convulsions."

My object in calling attention to the gloomy prognosis in infantile syphilis, however treated, was to lessen the disappointment naturally felt by persons who expect the disease at once to give way to specific treatment. The circumstances of such infants are often as bad as it can be imagined; and hence the great mortality of frail creatures infected at birth with an animal poison.

I remain, Sir,

Your obedient servant,

CHARLES R. DRYSDALE, M.D.

NOTICES TO CORRESPONDENTS.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—Subscriptions in advance for 1875, at the reduced tariff of 21s. per annum, post free, are now due, and will be thankfully received by the Publishers in London, Dublin, and Edinburgh.

SCARCE NUMBERS FOR 1874.—The Publisher will be glad to purchase clean copies of May 30, June 3, November 18, or to exchange any other numbers for them.

DR. T. JONES, Manchester.—The recent deaths from chloroform inhalation point to the fact that as yet busy practitioners have not learnt to use ether so well as chloroform in this country. Ere long it is to be hoped public medical opinion will enforce attention to the fact that ether is infinitely less dangerous to life than chloroform, and that with a well-constructed apparatus, admitting of a large evaporating surface, and plenty of air, the administration of ether is not much more difficult than that of its more dangerous allies—chloroform and methylene.

MR. COOPER will find the subject noticed in our columns of May 13th, 1874.

MR. J. M. will find the matter about which he writes in another column of the present number.

AN INQUIRER.—You will find Bellamy's "Handbook of Anatomical Plates" the best work for your purpose.

MR. J. C. D.—Received too late for the present number. Proof will be sent you.

INDIAN CANDIDATE.—The next competitive examination for appointments in the Indian Medical Service is definitely fixed for the 15th proximo. Our advertising columns will supply full information.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. John Harley, London. Mr. Teevan, London. Dr. Stead, Manchester. Mr. McLean, Norwood. Dr. Lory Marsh, the Medical Club. Mr. Jebb, Metropolitan Asylums Board. Dr. Carey, Taunton. Dr. Bothwell, Worcester. The Registrar, Royal College of Physicians of London. Mr. Norton, London. Mr. Webster, Bedland, Bristol. Dr. E. Williams, Colchester. Dr. Lombe Atthill, Dublin. Mr. Gray, London. Mr. Heathcote, London. Mr. Sloane, Forest Row. Mr. Lennox Brown, London. Dr. Purdon, North Riding Asylum. Dr. Clark, Staines. Dr. Edward Lane, Edinburgh. Dr. Alexander Lane, Douglas. Mr. Hughes Jones, Carnarvon. Mr. Atherton, Thatto Heath. Mr. Bean, Ashburton. Mr. Love, Brandon. Mr. Aston, Kirton-in-Lindsey. Mr. Redman, Lincoln. Dr. Mapother, Dublin. Mr. Squire, London. Dr. Bartley, Dr. Bryant, Brislington. Mr. G. H. Jones, Bloomsbury. Mr. Lunn, Edgbaston. Mr. G. Tatham, Brighton. Dr. Morgan, Dublin. Dr. Boyd Musher, Birkenhead. Mr. Fitzsimons, Dublin. Mr. Claudius, London. Dr. Cousins, Newport. Mr. Barker, London. Mr. Harding, London. Mr. Fowler, Greenwich. Dr. Oscar T. Woods, Warwick County Lunatic Asylum. Dr. Harrison, Audlem. Dr. Purdon, Belfast. Mr. W. Wood, New York. Dr. Gubler, Paris. Dr. Kennedy, Dublin. Dr. Wilson, Brookbrook. Dr. McVeagh, Dublin. Dr. Atkin, Virginia. Dr. Gordon, Dublin. Dr. Vesey, Rostrevor. Dr. Moore, Dungiven. Dr. Hobson, Ballylinan. Dr. Murphy, Croom. Dr. Walter, Dublin. Dr. Ross, Newry. Dr. Black, Ballymena. Dr. Adams, Killisnoe. Dr. O'Flynn, Glanmire. Dr. McDowell, Carlow. Dr. White, Castletown-Conyers. Dr. Mooney, Dunganun. Dr. Byrne, Kings-town. Dr. Johnston, Instige. Dr. Sandiford, Castlemartyr. Dr. Macaw, Bushmills. Dr. Spence, Lettirkenny. Dr. Fry, Moate. Dr. Sheehan, Buttevant. Dr. Barber, Coleraine. Dr. McCaul, Londonderry, &c., &c.

VACANCIES.

Metropolitan Asylums District. Medical Superintendent for the proposed temporary Asylum for Imbecile Children. Salary, £100 per annum, with furnished house, &c. Forms of application to be obtained of W. F. Jebb, Esq., 27 Norfolk Street, London, W.C. (See Advt.)
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Scarborough Union. Medical Officer. Salary, £30 per annum, with fees extra. Candidates must address the Clerk to the Guardians.
Lettirkenny Dispensary. Medical Officer. Applicants must send in their testimonials at once, addressed to the Hon. Sec. (See Advt.)

THE PROGNOSIS OF INFANTILE SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

In support of what I said regarding the prognosis in infantile syphilis, however treated, being very gloomy, may I quote the following from Dr. Armand Després' "Traité de la Syphilis," 1873, p. 376:—

"The great number of syphilitic infants die, whether because the treatment is not given to them, or because the mother who nurses them is a bad nurse; or, again, because the treatment

Royal Free Hospital, London. Junior House Surgeon. Board and residence in the Hospital. Mr. Blyth, the Secretary, will furnish full particulars. (See Advt.)

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Bridgnorth Infirmary. House Surgeon. Salary commencing at £120. Application to the Hon. Sec.

Alderbury Union. Medical Officer for the Workhouse at Britford and for No. 4 District. Salary, for the joint offices, £100, with fees extra. Address, Mr. T. Jesse, Salisbury.

APPOINTMENTS.

ADAMS, M. A., F.R.C.S.E., Public Analyst for the County of Kent.

ALEXANDER, W., M.D., C.M., Medical Officer to the Workhouse, Brownlow Hill, Liverpool.

ANTHONY, H., M.R.C.S.E., Sanitary Officer for the Dugarvan Urban Sanitary District.

BRANFORD, H. S., M.B., a House Surgeon to Guy's Hospital.

CARSON, Dr. J. C. L., Consulting Sanitary Officer for the Borough of Coleraine, Ireland.

COLLINGWOOD, J. E., L.R.C.P.Ed. Medical Officer for the Burton-Coggles District of the Grantham Union.

CREAN, C. E., L.K.Q.C.P.I., Superintendent Medical Officer of Health and a Sanitary Officer for the Clarendon Rural Sanitary District.

DAVIES, J., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for No. 2 District of the Worcester Union.

EVANS, C., F.R.C.S., Medical Officer to the Workhouse, Bakewell Union.

FALKNER, F. J., M.B., Superintendent Medical Officer of Health for the Naze Rural Sanitary District.

FLETCHER, R. V., L.R.C.P.Ed., Resident Medical Superintendent of the Ballinacloe District Lunatic Asylum.

GILLESPIE, J. M., M.D., L.R.C.S.Ed., Medical Officer of Health for the Accrington Urban Sanitary District.

GRADY, W. G., M.D., M.R.C.S.E., L.R.C.S.I., Medical Officer for the No. 8 District of the Parish of St. Pancras.

HUME, G. H., M.D., L.R.C.S.Ed., Lecturer on Anatomy at the University of Durham College of Medicine, Newcastle-on-Tyne.

JONES, H. M., M.D., F.R.C.S.I., F.R.C.S.Ed., Ordinary Physician to the Cork Fever Hospital and House of Recovery.

KELLY, D., M.R.C.S.E., Superintendent Medical Officer of Health for the Mullingar Rural Sanitary District.

LANGAN, F., L.R.C.S.I., L.M., L.K.Q.C.P.I., Medical Officer, &c., for the Kingscourt Dispensary District of the Baillieborough Union.

M'DOWELL, C. W., M.D., Sanitary Officer for the Carlow Urban Sanitary District.

M'DOWELL, F. V., L.R.C.S.I., Superintendent Medical Officer of Health for the Carlow Urban Sanitary District.

MORRIS, S., L.R.C.P.L., M.R.C.S.E., House Surgeon to the General Infirmary, Gloucester.

O'NEILL, P. L., L.R.C.P.Ed., Superintendent Medical Officer of Health for the Athy Rural Sanitary District.

PAGE, F., M.D., M.R.C.S.E., Lecturer on Medical Jurisprudence at the University of Durham College of Medicine, Newcastle-on-Tyne.

PAUL, F. T., L.R.C.P.L., a House Physician to Guy's Hospital.

PROCTOR, W. B., F.R.C.S.E., L.M., Medical Officer to the Workhouse, Bradford Union, Yorkshire.

REID, J. S., M.D., Superintendent Medical Officer of Health for the Belfast Rural Sanitary District.

RUSSELL, J., L.K.Q.C.P.I., Superintendent Medical Officer of Health and a Sanitary Officer for the Thurles Rural Sanitary District.

STERLING, M., L.R.C.S.I., Superintendent Medical Officer of Health and a Sanitary Officer for the Thomastown Rural Sanitary District.

STEWART, W. M.D., Sanitary Officer for the Portadown Urban Sanitary District.

Marriages.

CHON-VENABLE.—On the 6th inst., at Christ Church, Broudesbury, Middlesex, James Edward Schon, M.R.C.S., to Ellen Emma, eldest daughter of the late George Henry Venables, of Warley Lodge, Broudesbury.

Deaths.

BELL.—On the 30th Dec., Peter MacDonald Bell, M.D., of Accrington, aged 33.

BROWN.—On the 25th Dec., S. Brown, L.R.C.P.Ed., of Fletching, Sussex.

CLARKE.—On the 1st Jan., F. Clarke, M.R.C.S.E., of Percy Road, Shepherd's Bush, aged 71.

HANDS.—On the 6th Jan., suddenly, at his residence, Kirkdale Lodge, Sydenham, Benjamin Hands, F.R.C.S., &c., late of Hornsey, Middlesex, aged 73.

HARTLAND.—On the 24th Dec., Wm. Bryan Hartland, L.S.A.L., of Torquay, aged 68.

PHILLIPS.—On the 5th Jan., Edward Phillips, M.D., of Harley Street, London, aged 51.

POCOCK.—On the 1st Jan., G. E. Pocock, M.R.C.S.E., of Cannon Place, Brighton, aged 58.

LAYTOR.—On the 3rd Jan., John Corney Slaytor, L.S.A.L., of Newton Abbott.

STEDMAN.—On the 30th Dec., at Sharnbrook Grange, Bedford, Robert Savignac Stedman, M.R.C.S.E., in his 48th year.

WINTER.—On the 31st Dec., Thos. Bradbury Winter, M.R.C.S.E., of Brighton, aged 77.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 20, 1875.

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Original Communications.

CERTAIN NERVOUS AFFECTIONS OF THE THROAT. (a)

By CLINTON WAGNER, M.D.,

Physician to the New York Throat Hospital; late Assistant in Dr. Prosser James's Clinic at the London Throat Hospital.

LARYNGEAL NEURALGIA.

NEURALGIA of the larynx is occasionally met with as a true neurosis, and independent of any other morbid process in the same individual.

The pain, which is at times intense and agonising in its character, is felt along the thyroid cartilage and anterior part of the neck, the nerves implicated being the superior and inferior laryngeal, especially the former.

There is also at times a feeling of oppression or choking, the voice is weakened and the pain increased when the least exertion of it is made.

This affection has been described by Graves, Gibbs, Handfield Jones, (b) and Türk. (c) The latter mentions that it may accompany a prolonged laryngeal catarrh or phthisis, but states also that the laryngoscope throws no light upon the pathology of the disease. The cases that have come under my own observation have all been individuals of a broken-down and unfeebled constitution, and I think it should be classed among the superficial neuralgias which Anstie describes as "excited by anæmia or mal-nutrition."

Graves relates an obstinate case which finally yielded to large doses of the carbon. ferri. Gibbs has found the bromide of ammonium in large doses very useful.

The treatment I have found most successful has been large doses of tinct. iron and quinine, and insufflations of

(a) Part of a paper read before the New York Neurological Society.

(b) "Functional Nervous Diseases."

(c) "Krankheiten des Kehlkopfes."

acid, tannic, and morphia into the larynx. Aconite liniment over the seat of pain gives temporary relief. Counter-irritation from blisters or tinct. iodine have been recommended. Hypodermic injections of morphia are also useful. Electricity in the form of the faradic current, in the few cases I have employed it, has had the effect of increasing the pain from the muscular excitation it produces, and the constant current in my hands has failed to give the relief claimed for it by others who have used it.

NEURALGIA OF LARYNX.

Mr. N., aged 28, actor, consulted me Sept., 1873, at the suggestion of Dr. Mackenzie, for a severe chronic catarrhal laryngitis of long standing. He was compelled to discharge the duties of his vocation almost without interruption, which necessarily rendered the treatment tedious. In December I discharged him cured, and in the following month he started for the South on a professional tour.

A few weeks later, while in Savannah, he was attacked with severe pain in his larynx, for which he consulted a practitioner of that city, from whom he obtained no relief. Upon his arrival in New Orleans, the pain had increased to such an intensity that he was compelled to relinquish his engagement for the time. He returned to New York, and again placed himself under my treatment.

He complained of a constant dull aching pain, extending along the sides of the thyroid cartilage, and a tickling, uneasy feeling at times at the pomum Adami. His voice was weak, and the pain was increased greatly upon any attempt being made to exert it. He was much broken down in general health, and suffered from dyspepsia. A laryngoscopic examination revealed nothing but slight congestion of the mucous membrane covering the arytenoid cartilages, and the aryepiglottic folds, by no means sufficient to account for the pain and voice weakness.

I applied locally perchlor. iron $\zeta i.$ to $\zeta i.$, and internally tinct. ferri. mur. gtt. xxx., quinine sulph. grs. v. three times daily, and occasionally the local application of liniment aconite over the seat of pain.

Under this treatment he improved, and left the city within three weeks to rejoin his company. He returned

about June 1st, greatly improved in general health, and quite free of pain.

In this case I tried the constant current, but obtained no satisfactory results from its application.

NERVOUS SORE-THROAT.

There is still a class of cases of sore-throat very frequently occurring in practice, difficult to diagnose, and still more so to treat satisfactorily.

In nervous sore-throat, dysæsthesia, or hyperæsthesia of the throat, as it has been called by different authors, the patient complains of pain or soreness involving the tonsils, pharynx, and pillars of the soft palate; it may be on both or confined to one side, increased in swallowing, with a sense of constriction, and at times of suffocation, and if a foreign body was lodged there; desire to cough, with a tickling sensation, accompanied with dryness and other disagreeable symptoms difficult to describe in words.

The general health is impaired from a prostrated or perturbed nervous system, or the patient may be afflicted with some chronic organic disease, the usual symptoms of which may be absent or masked by those I have just described; at all events, the source of all trouble is ascribed by the patient to the throat.

One would naturally expect to find serious trouble, or at least evidences of inflammatory action, with such symptoms as I have described. An examination, however, will reveal nothing sufficient to explain the cause of the patient's sufferings. The mucous membrane of the fauces may appear relaxed, and in colour pale and anæmic, the larynx normal. Instead of the dry, glazed membrane found in pharyngitis sicca, and which we would expect from the dryness complained of by the patient, there is no lack of mucous secretion visible to the eye.

The voice is weak, and any attempt at prolonged use is attended with pain, and a feeling of utter inability, for the effort.

The following case is illustrative of this form of sore-throat existing simultaneously with an organic disease:

CASE I. NERVOUS SORE-THROAT.

Mrs. —, aged about 55, a short, stout, plethoric woman, married, and the mother of a large family, consulted me early in December, 1873, at the suggestion of Dr. Marion Sims. Her symptoms were as follows: Pain in the region of the posterior columns of the palate, left side; constriction in pharynx, increased in swallowing; dryness, at times dyspnoea; but the most annoying symptom, and the one which seemed most to distress her, was that which she described as a worm, moving and constantly wriggling itself into her throat. The fauces, with the exception of a slight pharyngitis with thickening of the mucous membrane, presented the appearance of health, and a laryngoscopic examination revealed nothing but a slight venous congestion in the fossa between the base of the tongue and the epiglottis, by no means sufficient to account for her peculiar symptoms.

Applications of strong mineral astringents, with inhalations of the same, seemed to give her great relief for several days at a time. In what way they produced their effect, I am at loss to explain.

I have already stated that organic disease was sometimes present in these cases, but not always recognised in the early stages by reason of the prominence of the throat symptoms.

In this patient, fatty heart was subsequently developed, for which she has been treated by her family physician. As the cardiac symptoms became more prominent with the advance of the disease, the throat trouble subsided, and she has since declared that it gives her no further annoyance. In this case, the throat symptoms probably arose from irritation of the cardiac filaments of the pneumogastric.

It sometimes accompanies hysteria, as shown in the following—

CASE II. OF NERVOUS SORE-THROAT.

Miss —, aged about 32, tall and of spare habit, of a

delicate nervous organisation, anæmic, and very much debilitated, consulted me in February last, recommended by Dr. Hammond, under whose treatment she was for hysteria and irritation of the upper portion of the spinal cord. She complained of an almost constant pain, not of a very severe character, but sufficiently so to be annoying, increased upon swallowing or in the attempt to exert her voice. It was chiefly on the right side. There was no evidence of phthisis, but she feared the trouble arose from that cause.

Excepting a relaxed condition of the mucous membrane of the fauces, and very slight thickening of the membrane covering the arytenoid cartilages, I could discover nothing specially requiring treatment.

Local applications of iron in the form of spray and morphia upon the brush gave great relief. Anodyne and soothing inhalations were also ordered. I attribute the final cure in this case to the disappearance of the hysteric symptoms and spinal trouble under Dr. Hammond's treatment, and I have no doubt that the peculiar throat symptoms in her case arose from an irritation of the spinal accessory nerve.

I last saw her several weeks ago. Her throat appeared perfectly healthy; declared it gave her no further trouble, and local treatment was discontinued.

Of the pathology of this affection nothing is known. I think it not unlikely that that portion of the glossopharyngeal nerve which supplies the tonsils, soft palate, and pharynx is at fault. The pain is always referred to these parts, and the sense of constriction, which is so annoying, points to the implication of the muscles of the pharynx supplied by this nerve.

Treatment.—The general health must be improved; tonics, generous diet, and change of air. If the patient has lived in the damp sea air of the coast, a change to a dry mountainous region will be found beneficial, and *vice versa*.

Local applications should be of a mild soothing character. I have derived much benefit from morph. sulph. grs. viij. to ʒi., and applied by means of the brush to the parts complained of; also sprays of the same, or weak solutions of zinc or iron.

CLINICAL MEMORANDA.

Reported by JOHN W. MARTIN, M.D.,
Assistant-Surgeon Mayfield Factory Dispensary, Portland.

Hepatic Congestion—Jaundice—Recovery.

J— M—, æt. 35, officer's servant. Notes taken March 7th, 1874.

Patient stated that previous to present attack he had always been a strong, healthy man, that he has rarely been intoxicated, but that he has taken stimulants steadily for some years past, his usual allowance being two or three glasses of brandy in the day, several days a week, together with seven or eight glasses of beer daily. The symptoms presented were those of acute jaundice, the conjunctiva and skin being deeply tinged with the bile pigment, the tongue furred and loaded, anorexia, constipation, motions passed, white, hard, and clayey; pulse 84, weak and compressible; general lassitude; urine scanty, high coloured, but not presenting the characters of urine usually observed in cases of icterus.

The attack had commenced March 5th, with rigors, and general constitutional disturbance, the jaundice appearing on the 6th.

Hepatic dulness was much enlarged, extending downwards to a point midway between the umbilicus and false ribs, upwards to within an inch and a half below the right mamma; there was great tenderness over the whole region, specially over the gall-bladder. Did not suffer from any acute pain in the liver. He could not assign any immediate exciting cause, such as cold, a wetting, &c.

Treatment.—Ordered nitro-muriatic acid lotion to be applied as a fomentation over the hepatic region, the part covered by waterproof cloth, to be kept on constantly.

R Acid. nit. mur. dil., ℥ij ;
Sp. chloroformi, ℥ij ;
Infus. gentianæ ad ℥viiij. M.

Two tablespoonfuls to be taken three times a day.

R Pulv. jalapæ co., ℥i ;
Pulv. cret. c. hyd., gr. iv. M.

Ordered two, one to be taken each night.

Placed him upon a slop dietary and directed him to take no stimulants.

March 14th.—Improved. Augmented secretion of urine, deep coloured, loaded with urates, and giving the characteristic bile stain upon linen, and the iridescent play of colours with the nitric acid test. Bowels acting moderately. Repeated the powders, increasing their strength. Other treatment continued.

March 19th.—Stronger and better. Skin losing its jaundiced hue ; bowels well opened ; stools very bilious ; urine lighter in colour, no deposit ; extent of hepatic dulness diminishing, together with the sense of tenderness to pressure or percussion. Appetite improving, so much so that I allowed a return to a meat diet in small quantities.

March 21st. Convalescing rapidly. The subsequent history of the case was one of steady recovery.

REPORT ON SYPHILIS.

By C. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.,
Senior Physician to the Metropolitan Free Hospital.

OF late years the fame of Aix-la-Chapelle has risen very high for its treatment of syphilis, and it is important to know what doctrines are held by practitioners of that city.

Dr. Schuster, of Aix, comes to the following conclusions (*Deutsche Zeit. f. Pract. Heilk.*, 1874) :—

1. No general mercurial treatment is required for ulcers appearing after suspicious contact. Local treatment suffices : cleanliness, and the external use of iodoform, in powder or ointment. The reason of this axiom is : We cannot speak clearly about syphilitic infection until its manifestations appear, or generally before from three to five weeks after the suspected connexion ; during the three to five weeks period of incubation we are not in the position to recognise the entry of the syphilitic infection, and therefore there can be no need of speaking of mercurial treatment. If this principle be not clearly maintained, and if a mercurial treatment be commenced at each new ulcer of the genital organs, we shall treat as many people who have no primary affection conducing to syphilis uselessly as those with syphilitic infection.

2. Against the primary induration, with swelling of the glands, we should adopt treatment by vapour-baths and iodide of potassium, since through these appearances it is made clear that the virulent infection has passed through the neighbouring glands and entered the blood, and iodide of potassium is preferable in this stage to mercurial treatment, since experience teaches that when mercury is used too early, it loses its effect when the disease remains a long time, and it requires frequently to be repeated. The body becomes indifferent to mercury, just as after the long use of morphia or arsenic, and in consequence of this the syphilitic appearances of later epochs, when it is the most important remedy, are untouched by it.

3. Against the secondary and tertiary appearances of syphilis (exanthems, gummata, diseases of the bones and internal organs) mercury has its best indications. It is contra-indicated in those amyloid degenerations of the greater or lesser glands (liver, kidney, &c.), united with universal cachexia, which are often joined to the tertiary period : in such cases even small doses cause loss of strength and

salivation. On the other hand, some disturbances of the health, unconnected with syphilis, do not exclude mercury. In acute epidemic diseases occurring with syphilis we must shun mercury ; these diseases already by themselves weaken the syphilis. Tuberculosis in syphilis is made worse by mercury. Pregnant syphilitic women react quite as well against well-conducted mercurial courses as infants suffering from hereditary syphilis ; in pregnant women the fœtus will by this means often be born living and healthy. If, after a certain time, the syphilitic symptoms do not give way, although mercurial appearances show themselves, mercury must be left off ; and here sulphur hot baths are useful in bettering the constitution and the symptoms of the disease : since they free the body from the mercury which has been used to saturation, and help to regulate the physiological processes. Herein, then, we have, in the preparation of iodine, a remedy coming after the mercury to attack any symptoms that may remain.

As to the curability of syphilis, Dr. Schuster speaks next of those who consider syphilis as an incurable disease, which only leaves off with death. During life there is always the fear, even after years of interval, that some new outbreak of the disease may occur. As chief proof of the curability of syphilis, Dr. Schuster brings forward the assertion that a man who has been syphilitic may have a second infection, and fresh secondary symptoms ; such a reinfection is testified to by Köbner's published cases, in which roseola and mucous tubercles appeared twice. Here the first syphilis must have been cured, since a person still syphilitic clearly cannot be reinfected.

As to the question, When may cure ensue ? Dr. Schuster is of Zeissl's opinion in this matter. In the most favourable cases the cure of syphilis requires 3 to 4 months. Such cases are rare. More extended forms require longer time, sometimes two, three, or more years. He acknowledges that there are so-called abortive forms of syphilis, and compares them with abortive cases of typhus and small-pox.

Of special interest is the question, When has cure taken place ? What signs have we which let us know that the cure of syphilis has arrived ? The idea of some practitioners, that the longer the patient remains free from relapse, the stronger is the probability of cure, can satisfy neither the patient nor doctor.

Patients should, therefore, take some baths in the sea, or vapour baths, or Turkish baths, in order to see whether such bring on relapses. If none of these do, there is the more chance of the disease being cured.

Dr. Charles Mauriac, the distinguished and gifted physician to the Hôpital du Midi, of Paris, has written a most important monograph on "Psoriasis of the Buccal Mucous Membrane," which will interest all who know how many difficult points are found in this region. The history of this disease has been hitherto only sketched : it is so obscure and complex an affection. Its diagnosis sometimes presents difficulties which deride the sagacity of the most practised physicians. As to treatment, the results have been nil, or insignificant, although all remedies have been tried.

The lesions, says Dr. Mauriac, which constitute buccal psoriasis are attached to general or local conditions essentially differing from each other. In the great majority of cases these lesions have a character of benignity persisting up to the most advanced phases of the process. But it sometimes happens that the superficial proliferation of the epithelial elements becomes deep, destructive, and invading, and degenerate into very grave epitheliomatous affections.

Psoriasis of the buccal mucous-membrane is not, then, an affection proceeding from the same causes, following the same progress, and presenting the same termination, or exacting the same treatment in all cases. It is most generally a pathological state by which there is translated, according to a process almost always apparently the same, the injurious action of several constitutional diseases on the buccal membrane. It results that this

kind of psoriasis, as it is allied sometimes by ties of causation more or less visible to some of the great constitutional diseases, so each of these will impress on it a special quality, and will classify it in its most natural nosological position.

The affection should not, then, be looked on as idiopathic and purely local except when it is impossible, in spite of the most careful investigations, to discover any constitutional symptoms in the patient.

In the second case cited by Dr. Mauriac, a young officer with psoriasis of tongue had also, in the fifth month of disease, gummy tumours on the tongue. In several cases tobacco-smoking in excess seems to have been the exciting cause of the disease.

The transformation of lingual psoriasis into epithelioma has been pointed out lately by several pathologists. Samuel Plumbé presented three cases of this kind to the Medical Society of London.

The constant anatomico-pathological element which is never wanting in buccal psoriasis is the presence of grey, opaline-white, diffused or circumscribed, regular or irregular, thin or thick plates over the tongue, lips, and internal aspect of the lips.

Psoriasis is the correct nomenclature of the disease, and not ichthyosis, as has been used in England.

The edges and all the upper aspect of the tongue are the regions of the tongue most frequently and deeply attacked. Next come the commissures of the lips, and lastly, the lips.

When the affection develops itself under the influence of syphilis, we almost always find, at the same time as the opaline plates, most accurately marked forms of mucous plates, consisting of slightly raised elevations of the derma, covered by a thick epithelium, under the lips or edges of the tongue.

Dr. Mauriac adds that ulcerated mucous patches and specific erosions of the lips and tongue have a great tendency, when clearly of syphilitic origin, to become covered with a greyish pellicle, more or less adherent to the subjacent tissues, which differs essentially in its aspect from the epithelial plate, which is opaline and horny.

Fissures of the edge of the tongue are very frequent in old cases of syphilis, especially when the disease often appears on the organ with that obstinacy which it has in attacking sometimes without relaxation any point which it has first showed a preference for. During the first phases, these fissures remain insignificant, and consist merely in small inequalities produced by the pits of mucous tubercles which have cicatrised. Later on, ulcerative syphilitic affections, and especially softened tubercles, dig more deeply into the tissue of the tongue and cause losses of substance the repair of which causes deformity much more considerable. And, *a fortiori*, it is the same when gummy tumours of the tongue soften and then cicatrise.

Dr. Bazin, it seems, does not admit that syphilitic psoriasis exists.

Dr. Mauriac says: "Incurability and innocuity appear to be the dominating qualities of the process when it is arthritic or dartrous; curability and innocuity are the properties of syphilitic psoriasis of the mouth, and incurability and malignity in epitheliomatous buccal psoriasis.

As to treatment of buccal psoriasis, Dr. Mauriac advises the bicarbonate of soda in cases where the disease is arthritic.

If the disease be herpetic, he recommends arseniate of soda, and when syphilitic he uses mercury, or, in later stages, the iodide of potassium.

Dr. Mauriac gives a number of most interesting cases to explain what he means by the term psoriasis; and adds an appendix with other cases, and which contains a narration of the debate on Mr. Fairlie Clarke's paper at the Royal Medical and Chirurgial Society in 1874.

Mr. Francis Mason has contributed to the "St. Thomas's Hospital Reports" a most important article on "Infecting Sores on the Lips and in other Anomalous Positions,"

which he has published separately in a pamphlet of fifteen pages. Mr. Mason speaks of the great importance of making a correct diagnosis in such cases, for even at the present day an infecting sore on the lip is not uncommonly taken for cancer; besides which, it has often been thought advisable to excise such a tumour, as in a case where Mr. Quain was consulted. The lower lip seems most frequently affected. Cases are quoted from Stanley, Weeden Cooke, Quain, Adams, Maunder, Bryant, Coote, Watson, Couper, Critchett, Holthouse, Jones, Hutchinson, Churchill, Paget, Drysdale, Murray, Fournier, Hill, and Diday. Eleven sores were on in the lower lip; 6 on the upper; 7 on the hand; 1 on arm; 1 on eyelid; 1 on cheek; 1 on tongue; 1 on palate; 1 on abdomen; and 1 on the thigh. Most of these, we presume, arose from secondary symptoms in the person infecting them.

CLINICAL REPORT OF THE ROTUNDO LYING-IN HOSPITAL FOR THE YEAR ENDING NOVEMBER, 1874. (a)

By GEORGE JOHNSTON, M.D., Master of the Hospital.

THE author said he wished to impress upon the minds of those present that he had no theory of his own to promulgate; his only object was to give an accurate account of the occurrences in the hospital in order that a fair conclusion might be arrived at as to whether or not a large maternity was as safe for those seeking its advantages as for those confined in their own homes. He was happy to be enabled to say that the sanitary state of the institution had been a great deal better during the past year than in preceding ones, inasmuch as although there had been a greater number of deliveries during that period, the mortality was much diminished, being less than half what it was the year previous. On referring to statistics they found that in the year 1869 there were 1,159 deliveries, and 25 deaths from all causes; in 1870, 1,087 deliveries, and 27 deaths from all causes; in 1871, 1,161 deliveries, and 33 deaths; in 1872, 1,193 deliveries, and 20 deaths; in 1873, 1,191 deliveries, and 32 deaths; and in 1874, there were 1,236 deliveries, and only 15 deaths from all causes. The causes of death in these fifteen cases were briefly as follows:—Placenta prævia, 1; apoplexy, 1; convulsions, 1; scarlatina, 3; bronchitis, 1; peritonitis, 3; pyæmia, 1; sloughing, 1; fatty degeneration of kidneys, liver, and heart, 1; typhoid fever, 1; and typhus, 1. The diminution in the number of deaths, notwithstanding the prevalence outside the hospital of a very large amount of zymotic and other sickness (such as scarlatina, typhus and typhoid fever, erysipelas, &c.), was remarkable considering the various circumstances under which the individuals came into hospital—some seduced, others whose husbands had either cruelly ill-treated or deserted them, others, again, who had lost their husbands by death, or who were in an extremely delicate state of health. The diseases from which some of those admitted suffered were acute bronchitis (of which there were 44 cases), jaundice, convulsions, epilepsy, mania, diarrhoea, scarlatina, typhus and typhoid fever, gastritis, &c., thus showing that they were not free from the dangers usually attendant on a large maternity. Dr. Johnston mentioned the case of a girl (a patient in the hospital) who was apparently in the last stage of typhus fever. While in that condition on one occasion she was observed crying bitterly. On being asked the reason of her grief, she replied that she had been seduced, and that her parents had spurned her, that she had no home, and that she did not know what would become of her when she left the hospital. She had attempted to commit suicide twice, but had been prevented carrying out her intention. She was told not to let her prospects be a source of anxiety to her, as

(a) Abstract of a communication read before the Dublin Obstetrical Society on the 9th inst. Specially reported for the MEDICAL PRESS AND CIRCULAR.

she would be befriended, and a home found for her. From the time she received such encouraging news she rapidly began to improve, and eventually became completely restored to health, and employment was found for her in the institution. Dr. Johnston said he particularly referred to this case as showing the great influence which the mind exercised over the body under the circumstances he had described. Its doors were open to everyone—not even a note of admission was required; all that was necessary was proof that the aid afforded by the hospital was really necessary. The low death-rate was attributable to the strict attention to cleanliness observed throughout the Rotundo Hospital, and also to the fact that there was a constant current of pure air permeating the atmosphere of the wards, and so rendering any poison with which it might be charged perfectly innocuous. That was a condition that had been frequently observed by many visitors, who, after examining the wards, wrote in a book kept for the purpose their opinions, which were most favourable. The system now adopted, of not allowing the labour to be prolonged, together with the evils resulting from pressure of the head on the soft parts, which endangered the life of the child and rendered the parent more susceptible to inflammation, these changes not only contributed to the convalescence of the mothers, but, without doubt, saved the lives of the children. In 1874, as had been already stated, 1,236 patients had been delivered in the hospital, and 153 at their own homes; 254 received treatment for various complaints, and 4,927 in the dispensary, making a total of 6,577 relieved in the course of the year. Of the 1,236 deliveries, in 997 the labour was purely natural, terminating within twenty-four hours, and in 40 it lasted over twenty-four hours. A great number of the cases were under the care of practitioners or midwives who, finding the symptoms beyond their own skill, had sent them into the hospital. In 45 cases the ovum was expelled at the sixth month, and in 138 cases the forceps was applied. They had no recourse to the perforator. There were 25 cases of post-partum hæmorrhage, but most of them were of a trivial character. On one hundred and four occasions chloroform had been used in the course of labour. As before stated, there were only 15 deaths from all causes, or 1 in 82½. Nine of the deaths occurred from disease of the zymotic type. In the 138 instances mentioned in which the forceps had been used, such a course had been resorted to as well for the safety of the mother as to preserve the life of the child. One hundred and five of these were primiparæ, of whom 97 lived and 5 died; the remainder were pluriparæ. From their experience in the hospital, they were more and more certain of the great advantage in using the forceps, both for the safety of the mother and child. There were 24 cases of twins, 7 of which were primiparæ. Version had to be performed fourteen times. With regard to post-partum hæmorrhage, he thought that, if possible, there should be some accurate definition laid down as to what it should be considered—whether it should constitute either a slight dash of blood, simply requiring steady pressure on the fundus of the uterus; whether the amount of loss might be such as that in the opinion of the attendant it would be necessary to inject cold water into the vagina or uterus, or to administer ergot or opium; or whether the loss should be so great and the drain continual until the pulse became affected, and symptoms of exhaustion requiring strong astringents, &c., were apparent. As he had before remarked, not a death had occurred in the hospital from this cause, and in the tables appended to his report he had carefully shown the various degrees of hæmorrhage that occurred, and the treatment adopted in each case, so that an accurate idea might be formed. He thought the report clearly showed that a large maternity was not necessarily the centre of zymotic disease. In no one instance where contagious disease was brought in by a patient was that disease ever communicated to any other patient in the hospital. When they bore in mind the vast amount of mortality from zymotic diseases which had and still prevailed in the city and suburbs of Dublin, it must be allowed that sickness was engendered elsewhere than in the hospital, and that patients seeking shelter there ran less risk by entering it than if they were confined in their own homes (where too often filth and bad air were to be found), and were fully as safe as if they had been confined in isolated dwellings.

HOSPITAL Saturday in Exeter yielded £210 17s. 3d. The boxes of the London fund were lent for the collection.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE third meeting of the present session took place on Saturday the 9th of January,

Dr. LOMBE ATTHILL, President, in the Chair.

AN OBSTETRICAL ANTIQUE.

THE PRESIDENT stated that he had the pleasure to present to the Society the cast of a sculpture of very great interest. The cast was presented to the Society by Mr. Bibby, a surgeon of London. The President said the Society was under great obligations to Mr. Bibby for the presentation, which was a cast representing a parturient woman. The original was dug at the Temple of Venus, at Cyprus. Four figures were represented—the mother, on a stool, an attendant behind her, supporting her with her arms, and the nurse in front, the newly-born child in her lap. Portions, however, of two of the figures were missing. The cast was particularly interesting, as illustrating the mode of delivery on stools as mentioned in the Book of Genesis. The President read letters he had received from Mr. Bibby on the subject of sending the cast to the Dublin Obstetrical Society, in one of which he stated that, having dissected many years ago in the Dublin and Richmond Schools, he felt anxious to send the Society a small professional acknowledgment, and Mr. Bibby had forwarded the cast to the Society free of charge. The President mentioned that he believed the date of the Temple of Venus was supposed to be about 300 years B.C.

Dr. J. A. BYRNE said the cast recalled to his mind a statement made to him by a highly respectable nurse, now in Dublin, but who had been for a long time living in Greece, where she held a position of responsibility. She had told him that she had seen her former mistress, a Greek lady, delivered on one or two occasions. It appeared that at the present time the Greek physicians used a similar mode of delivery to that shown in the cast. They put the female upon a kind of raised chair, with a semi-circular opening in the front—he supposed to accommodate the fœtus. He thought it might be of interest to the Society to know that the present Greeks follow the old method of delivery.

Dr. CHURCHILL moved that the cordial thanks of the Society be given to Mr. Bibby for his gift. The method of delivery by stool or chair was, no doubt, extremely ancient, but it was not ancient in the sense that it was not modern, for he saw on one occasion in Edinburgh a chair that had been used in the time of Dr. Hamilton.

Dr. JOHNSTON, Master, then read the

CLINICAL REPORT OF THE ROTUNDO LYING-IN HOSPITAL FOR THE YEAR ENDING NOVEMBER, 1874,

being the sixth year of his mastership, which will be found at page 48.

In the succeeding debate,

THE PRESIDENT said that the valuable report just read by Dr. Johnston proved his premises, that in a properly managed lying-in hospital, where attention was given such as that bestowed upon the Rotundo by Dr. Johnston, the deaths from puerperal causes might be reduced to a minimum, or quite as low as in deliveries occurring outside its walls. He (Dr. Athill) did not think a more favourable report could have been given by any practitioner—whether in private or hospital practice—in the kingdom. Dr. Johnston's success certainly proved the excellence of his practice. At the same time he (the President) must say that there were certain portions of Dr. Johnston's practice which ought to be discussed, and he was sure Dr. Johnston would with very great pleasure hear any observations that might be made. Prominent among them was his use of the forceps. His practice was so successful that they could hardly condemn recourse to it once in ten times, and nothing could exceed the beneficial results which Dr. Johnston had proved to have accrued. He (the President) would, however, be sorry, notwithstanding the favourable results detailed in the report, that the free use of the forceps should be promulgated among inexperienced people. What was quite safe in skilful hands might be very unsafe in the hands of an inexperienced practitioner. He was strongly in favour of the long double-curve forceps which Dr. Johnston was in the habit of using, although he knew many who considered the straight superior.

Dr. CRONYN had seen Dr. Johnston use the double-curve forceps when the os was not dilated more than the size of a halfpenny. The patient was a primipara, and on the occasion to which he referred Dr. Johnston used the instrument apparently with the greatest ease, and delivered the woman of a large child. For two or three hours previously the dilatation of the os had not advanced, though the pains were good—the labour was, in fact, proceeding very slowly. He (Dr. Cronyn) was forcibly impressed with the way in which the forceps had been used by Dr. Johnston. He (the speaker) was originally inclined to think that the use of the instrument was a hazardous proceeding, but after having seen it applied as he had stated he became a convert to it.

Dr. HENRY KENNEDY, who had been afforded an opportunity of seeing all the cases of zymotic disease that had occurred in the Rotundo Hospital during the past year, remarked that there was distinct evidence in four-fifths of these cases that the females had brought in disease before the delivery came on at all. He thought that was a most important point as bearing on the question of large maternities. If the patient exhibited signs, which were quite evident to anyone who inquired into the point, of sickness independent of pregnancy, he had no hesitation in saying that the stage of delivery was quite sufficient to bring into life a disease which many had supposed had only been engendered in the hospital. Dr. Johnston had alluded to one remarkable case—that of the female who presented all the symptoms of typhus fever. It was remarkable as regarded what he wished to call "treatment." In that case the mental had proved of much more use than the physical treatment. An extraordinary change occurred when the girl was told that it was likely that she would not be forsaken or neglected, and her recovery was unusually rapid. Some of the patients manifested signs of disease a few hours after admission, showing that contagion was entirely out of the question, and that poison was in the system before they entered the hospital.

Dr. KIDD wished to know whether, in reference to the use of the forceps before the os was fully dilated, it had ever been found impossible to deliver the child after the instrument had been applied?

Dr. JOHNSTON replied that in no one instance was the forceps applied and the child not delivered. As a proof of the advantage of the double-curve forceps, he would mention that within the last month a woman from Denbigh, North Wales, came under his care, having in a former confinement been delivered by means of perforation. He used the double-curve forceps, and after a considerable amount of dragging he delivered her. It would be difficult to conceive a child more twisted than hers was—so much so that he feared it would not live. It, however, left the hospital quite well with its mother. That was one of the results of the use of the double-curve forceps. Once a grip was obtained with one of these, it would never yield. In another case, that of a woman with her ninth child, there was a depression on the parietal bone of the child of $3\frac{1}{2}$ in. by $1\frac{1}{2}$ in. That child also went out with its mother well on the eighth day. He believed he was nearly three-quarters of an hour delivering her.

Dr. KIDD thought this one of the most interesting matters that had been brought before the Society for a very long time. There was such an immense amount of matter contained in Dr. Johnston's report that he felt unable to grasp it, and therefore hesitated to speak with regard to it. In his own experience, he had sometimes tried to deliver the head with the forceps before the os was fully dilated, and he had many times succeeded in doing so. He had also succeeded in applying the forceps, and been obliged to give up the use of it, because of its slipping. The point he meant to raise was not in reference to the peculiar forceps used, whether straight or curved, because he did not think that so very material, but as to the amount of force it was necessary to use to draw a child from an undilated os uteri. If the os were dilatable, he knew they could, with a very moderate amount of force, effect delivery. But that was the very case in which probably it was not necessary to use the forceps or any artificial means of delivery. If the os were not dilated, if the membranes had ruptured very early, and they had a rigid os uteri, and applied the forceps—there, he thought, they would have to use an amount of force which would very probably injure the patient. He knew, however, that Dr. Johnston had stated that where the os was rigid he made use of the ordinary means to counteract that rigidity. He (Dr. Kidd) confessed that, to his mind, the great difficulty to understand was the amount of rigidity that it was safe to attempt to overcome with the forceps. He had seen a great deal of force used sometimes

with the forceps, more force than he thought was justifiable, and more than that to which he would like to have recourse.

Dr. M'CLINTOCK said the all-important and salient feature of Dr. Johnston's able and elaborate paper was that bearing upon the use of the forceps before the full dilatation of the os uteri, and that, as it were, would open up and would constitute a remarkable epoch in the history of midwifery. It opened out a new era with regard to practice, because it was so much at variance with all the maxims, principles, treatment, and practice laid down by the great and acknowledged authorities in obstetrics. But they were not on that account to reject or repudiate it. Dr. Johnston stood in this very strong position—that he advocated a practice which he had largely tested and tried, and by which he was able to show most satisfactory and gratifying results. At the same time he (Dr. McClintock) must say that he was such an obstinate conservative that he thought Dr. Johnston's practice and results would go this far in his mind satisfactorily to show and demonstrate that long forceps might be applied with perfect safety to the mother and child under circumstances where formerly they would entirely have shrunk from using them. That was a great step and a great fact to establish, that under circumstances of a peculiarly pressing nature to the mother and child, to feel that they had recourse to forceps which might be resorted to with perfect safety and success to the two concerned. He fully admitted that, and agreed with Dr. Johnston, and acquiesced in his results in so far as that. Even though he did no more, that was a great step, and most important. With regard to the particular circumstances under which the forceps should be employed, where the os was only partially dilated, there, he (Dr. McClintock) thought, the rule should be laid down with more precision. They knew that the first stage of labour might be prolonged to great length with perfect safety, and in fact, impunity to the mother and child, and he felt satisfied himself that if there was any rigidity of the os uteri, there the use of the forceps would be a very hazardous proceeding. But in cases that sometimes occurred, where prolapse of the funis took place, or where any sudden emergency arose, calling for delivery to save the mother, if she was imperilled, or an attack of convulsions came on, then it was very comforting to know that they might resort to the expedient with safety and advantage. He could hardly, however, conceive a case of simply tedious labour where a resort to this expedient would be justifiable. It was one thing to say that the forceps had been used under such circumstances with safety, with great care certainly, in a few cases, and in most experienced hands, such as Dr. Johnston's; but to lay it down as a rule, or to attempt to lay down a rule that, because labour had been tedious in the first stage, resort to the forceps had followed, would be fraught with danger, and if such a practice were acted upon by inexperienced or incapable practitioners or young men, it might be productive of very serious results. He quite agreed with Dr. Kidd that the report embraced so many subjects of great importance that it was impossible to take in everything as it was read, or touch upon almost any of the many interesting points which it embodied. One thing struck him, and that was the large proportion of primiparæ out of the entire number of deliveries. The entire number was 1,236, and of that there was the large proportion of primiparous persons of 380, or nearly one in three. To show so small a mortality as that among the deliveries for the year, where there was such a large proportion of primiparæ, spoke most highly for the success of the practice pursued, and for the healthfulness of the institution during the period embraced in the report.

Dr. JOHNSTON then replied. With regard to what had fallen from Dr. Kidd as to the amount of force necessary to make the os yield, he could only say that, once the forceps were got in, of course it was not, as he told the students, like drawing a cork out of a wine-bottle; but care and judgment in extraction must be used, until they gradually got the os expanded—and it was wonderful in how short a time the os would become fully expanded. Concerning what Dr. McClintock had observed as to the importance of using the forceps in the first stage, he (Dr. Johnston) must repeat to them what he had mentioned before, that it was in consequence of a case where there was early rupture of the membranes. Dr. McClintock had stated that the first stage might be continued with little danger. A case to which he (the speaker) had referred induced him to do so, and it was a case where, according to the old rule, a warm bath was used, and the patient given stimulating enema. When he again saw her he found that the os was not fully dilated, though he could

extend it. He delivered her with a forceps. On the third morning, however, she was found in a state of collapse, and died in half-an-hour. At the post-mortem examination they discovered a complete separation of the cervix from the body of the uterus. That one circumstance had induced him to make the bold step he had taken, and certainly he had no reason to repent of having done so.

The Society then adjourned.

A N S W E R

TO THE

"DISSENT FROM THE PROPOSED SUPPLEMENTAL CHARTER SOUGHT FOR BY THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND."

King and Queen's College of Physicians in Ireland,
Dublin, December 22, 1874.

To the Right Honourable SIR MICHAEL HICKS BEACH, BART.,
M.P., Chief Secretary for Ireland.

SIR,—Referring to the Memorial of the President and Fellows of the College of Physicians for a Supplemental Charter, and to a Dissent from the prayer of the said Memorial on the part of five of the Fellows, I am directed by the President and Fellows to respectfully request you to present the following considerations to his Grace the Lord Lieutenant:—

1. That the President and Fellows in seeking permission to the ballot in elections are not seeking any unreasonable or unprecedented powers, as a perusal of the "Dissent" might lead one to suppose, but are merely asking a privilege which is already enjoyed by nearly all the medical corporations and chartered societies in Great Britain and Ireland.

2. That the College in seeking for the use of the ballot in voting, accepts the principle that the majority of votes shall decide the result.

3. That the number of Fellows resident in Dublin and its vicinity, and attending, with more or less regularity, the meetings of the College, is forty-five, of whom only five have dissented from the provisions of the proposed Charter.

4. That during the forty years when the practice of voting by ballot prevailed, no complaint to the Visitors was ever made against the practice.

5. That the ground of complaint in the recent visitation was not against the use of the ballot, but against the principle which required a majority of four-fifths of the voters to carry the election.

6. That many of the objections to open voting which led the Legislature to enforce the use of the ballot in Parliamentary and municipal elections equally apply to open voting in such a corporation as the College of Physicians, and that besides there are many objections special to the collegiate elections to which open voting is subject.

7. That the odium to which a voter exposes himself, say in a Parliamentary election, by voting for one candidate in preference to another, is not nearly so great as that which attaches to a voter who, in the exercise of a conscientious conviction, votes against men where the number which might be elected is unlimited, and where the question is merely one of fitness.

8. That while freely admitting the assertion of the Dissentients, that the duty of co-opting new Fellows into the College is a trust, for the exercise of which the existing Fellows should be responsible to professional opinion, it is at the same time one in which they should be protected from the undue influence which could so easily be exercised upon them by candidates, however undeserving of the Fellowship, who were supported by a powerful political, religious, or social party.

9. That the system of open voting is subject to serious objections where the body is relatively small, as in the College of Physicians, because the introduction of the personal element into elections where the parties are afterwards brought into close and constant intercourse is almost sure

to lead to animosities of a permanent character that would have the most injurious influence on the future working of the College.

10. That one of the effects of the operation of open voting would be to deter many of the most valuable members of the College from taking an active part in the management of its affairs.

11. That the analogy which the Dissentients seek to establish between the mode of creating Fellows in the College of Surgeons and in this College, does not apply, inasmuch as the Fellows of the College of Surgeons do not constitute the governing body, all the powers of the College being vested in the Council, to which, as to all the offices of the College, election is by ballot.

12. As the Dissentients appear to make it an objection that in the King and Queen's College of Physicians there are now no more than fifty-five Fellows, the President and Fellows find it necessary to reply that in the University of London, a great and most important institution, the number of Fellows is only thirty-six; and that in the other Colleges of Physicians, in the Colleges of Surgeons, the Glasgow Faculty, and in all the incorporated scientific and literary societies in which the number of fellows or members is unlimited, there is a council, or other governing body, of a small precisely defined number, usually twenty-one, but in the London College of Physicians but eighteen, and in the Edinburgh College of Physicians only seven. And that besides there is also, in nearly all those bodies, a provision that a candidate for admission should have much more than a bare majority of votes in his favour, some requiring three-fourths, and others four-fifths of those present and giving their votes.

13. That the Fellows disclaim in the strongest terms any desire or intention to use the proposed vote by ballot to the disadvantage of candidates who may happen to differ from them in religion or politics.

14. That of the five candidates who were rejected under the bye-law, since declared illegal, four were Roman Catholics and one was a Protestant; but there was this difference between them—every one of the four Roman Catholics would have been admitted had a simple majority, as is now sought for, carried the election, but the Protestant would not.

15. That none of the three Roman Catholic Fellows whose names are appended to the Dissent have any reason to complain of the effect of secret voting, since by it one was elected to his Fellowship without a single black bean; another was for five consecutive years elected to the Presidential Chair—an honour unprecedented in the annals of the College; and the third has been four times elected Censor, and has been once appointed Vice-President.

16. That the bye-law which the Visitors have pronounced illegal was framed for the sole purpose of preventing the indiscriminate admission to the Fellowship of Non-Graduate Licentiates—a measure which the College considered the Act 25 Victoria, chapter 15, gave them full power to guard against, since in its concluding paragraph it specially enacts that the Fellows shall admit Licentiates who are not Graduates "under such limitations as to them may seem fit."

17. That the College desires to have the power to create an order of Members similar to that which is possessed by the Royal Colleges of Physicians of London and Edinburgh, inasmuch as there are numerous valuable medical appointments in England which can only be held by Fellows or Members of a College of Physicians; from these the Licentiates of this College are necessarily excluded, and it is in consequence of remonstrances addressed to the College by various Licentiates who have suffered from this disability that this power is now sought, whereas not a single Licentiate has objected to the creation of the new order.

18. That with regard to the statement of the Dissentients, that they speak in behalf of 1,200 Licentiates, the President and Fellows merely remark that, notwithstanding the length of time the subject has been under consideration, the Licentiates have addressed no communication to the College on the subject, and therefore the College is driven to the conclusion that, in professing to protest in the name of 1,200 Licentiates, the Dissentients act on their own responsibility, and without the authorisation of the Licentiates to whom they refer.

19. That in the Draft Supplemental Charter it is expressly provided that in the creation of said order of Members the rights of all existing Licentiates are to be preserved; and that if the College failed to do so, the Licentiates would enjoy the right of appeal to the Visitors of the College.

I am directed respectfully to beg that you will bring these considerations under the notice of His Grace; and the Presi-

dent and Fellows hope they will lead him to recommend Her Majesty to grant the Supplemental Charter sought for by the College.

I have the honour to be, Sir,
Your obedient servant,
J. MAGEE FINNY, M.D., Fellow and Registrar.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JANUARY 20, 1875.

THE BIRMINGHAM CONFERENCE ON SANITARY REFORM.

THE note sounded by Dr. Letheby in his paper on the health of towns in November last has not been allowed to die away without awakening some echoes. So many startling truths as those enunciated by that learned chemist and hygienist could not, we felt assured, fail to make an impression on the more thinking of our public men. It has been the good fortune of Birmingham to possess in its Mayor a gentleman of great scientific culture, and hence that city has become the pioneer of what we trust may be a great and national movement in the direction of rendering our great cities less destructive to life and health than they have hitherto been.

On Thursday last, the 14th inst., a large meeting of ladies and gentlemen assembled at Birmingham, at the invitation of Mr. Joseph Chamberlain, Mayor of that city, and we read that among those present were to be seen Sir Sydney Waterlow, Dr. Buchanan, Mr. Humphry Sandwith, Dr. Frankland, Dr. Taylor, of Liverpool, Mr. Pritchett, of Huddersfield, and many other able men. To read the address of the Mayor on that occasion is a treat to all lovers of public health inquiries, and it redounds much to the honour of Birmingham, that the Town Council of that city has had the intelligence to choose for its chief magistrate so very able a man. It is true, as Mr. Chamberlain remarks, that there is a want of a proper sense of the relative importance of the question of public hygiene in the mind of the nation at large. Men are early stirred by an exceptional calamity, such as a fire, explosion, or shipwreck; but sanitary defects, which prematurely carry off hundreds, and even hundreds of thousands, are regarded as common-place, just on account of their magnitude, and because they are always with us;

and we adopt a kind of fatalistic indifference, as if such gigantic evils were inevitable. When such an outbreak of disease as lately occurred at Over Darwen takes place, public attention is directed to the locality for a short time; but apathy soon spreads over our minds again. It is only when local authorities, says Mr. Chamberlain, are assured of the hearty co-operation of the people that they can properly exercise the powers entrusted to them; and it is only quite recently that the Legislature has invested local authorities with the powers requisite to enable them to carry out any great scheme for benefitting the towns over which they preside. Then again, public hygiene is a branch of medicine quite in its early infancy as yet.

The ordinary public, says Mr. Chamberlain, is by no means aware of the enormous waste of life, which is always going on, and of the terrible consequences to sanitary, moral, and pecuniary interests. When we find that the rates of mortality vary from a minimum of something like 16 per thousand to a maximum of 38 to 40 per thousand, it is clear that immense evils exist, which cannot be possibly called irremediable by human forethought and skill. The death-rate of the rich and poor is significantly most unequal. Dr. Lee, Medical Officer of Health for Manchester, states that the average age at death among the Manchester middle-class is 38 years, whilst the average age at death of the labouring classes is 17; these same ages at Liverpool being represented as 35 against 15. “It thus appears,” says Mr. Chamberlain, “that the well-to-do classes have a lease of life more than double the value of that falling to the lot of the less favoured of their fellow-citizens.”

Then, again, for every 100,000 infants under five years of age, living in favourable districts, 2,400 die; whereas in Birmingham the number is increased to 9,500; in Manchester, to 11,800; and in Liverpool to 13,000. Who is there that, after reading these awful statistics, can refuse to see that Mr. Malthus was right when he called large cities and unhealthy occupations some of the *positive checks* to population, which must always exist whenever ill-educated persons trust too much to the supposed benignity of nature in its dealings with our race. In great towns infants die prematurely in the proportion of 6 to 1 to the number dying in healthy country districts. Mr. Chamberlain quoted the estimate made by Dr. Lankester, that every year there perish from preventible disease in England and Wales no less a number than one hundred thousand, which estimate is confirmed by Dr. B. Carpenter. What in comparison to this are all the railway and steamship accidents in the world?

And, then, it is said with truth, that every person actually dying represents six persons suffering from some disease, which, in the case of children, may be rickets, consumption, and zymotic disease, and in grown-up persons may so often be the result of bad air, over-work, and preventible causes connected with house-building and the occupations of the operative classes. The ignorance of the poorer classes is in great measure kept up by the conditions of life they lead. “In innumerable houses,” says Mr. Chamberlain, “decency is but an empty name, obliterated from the list of the virtues.” Can it be wondered at that people brought up so filthily should be capable of such great brutality as we are shocked to hear of in this

civilised country. Large cities, like Manchester, Birmingham, and Liverpool, are, in our eyes, horrible cruel machines for destroying the health of the vigorous countryman, who migrates into them, after being brought up by some very poor parents in the over-crowded rural districts of England. To talk of the splendid achievements of the spinning-jenny or of the manufactories of Sheffield without taking into account the amount of ruined human beings, who are sent to an early grave by the present factory system, would indeed be unbecoming in a medical journal. The wretched condition, sanitary and moral, of the city of Glasgow, might drive us all into scepticism as to the benefits derived by the poorer classes from the spread of science, were it not that, as yet, there has really never been any real attempt on the part of the scientific classes to grapple with the question of the mortality caused by large towns and unhealthy occupations.

Dr. Letheby's onslaught on the drivelling of the official who does the literary part of the Registrar-General's reports has come just at the right time. It finds the nation in no mood for political excitement, and hence able to attend to any scientific doctrines which may be put forward by those who understand such questions.

In the first place, then, we would remark that one cause of the large mortality of our manufacturing cities is the presence of such a multitude of infants and young children in these cities. Women marry as young in Liverpool, Manchester, and Birmingham as they did in Ireland when the potatoes were plentiful, before 1848, or, indeed, as young as they do in the United States or in Australia. The cause of this is clear enough. The mother is able, by her work in the factories, to become a bread-earner at an early age; and, among the poor, to get a living is the immediate incentive to reproduction. Hence the multitude of unfortunate infants born only to die, offspring of the Lancashire operative women. To explain their position in life to these young and thoughtless girls, and to show how impossible it is to nourish and properly educate an infant in the midst of their toil and non-domestic habits should be the aim of philanthropists in the manufacturing districts.

This is the primary cause of the very high death-rate of Birmingham: and as human beings are, after all, rational, it is clear that a time will come when it will be seen that over-procreation is the main cause of this over-crowding. As to the providing of proper houses for the working classes, this is a most laudable enterprise, and Birmingham is, indeed, much in need of good and clean houses, with water supply and something like the London system of drainage, which has done so much of late years to banish typhoid fever from the metropolis.

But, whether in London, Liverpool, Glasgow, or Birmingham, it must be confessed that poverty, as Mr. Chamberlain says, is the main antecedent of a high death-rate. Talk as we like, there is always a condition of indigence, where the population sunk in it will refuse to attend to anything, save the more immediate wants of the stomach and of obtaining shelter. It is well known that it is quite impossible to prevent very poor people from crowding their families into rooms where the cubic contents of air are much below what is requisite for health. No medical officer can be found who can enforce the rules for cubic

space in private houses with rigidity. To do so would be to force a large number of the poorest classes to pass the night in the open air.

It is to be hoped that the mayors of other towns in England who accepted the invitation to the Birmingham Conference may soon imitate the excellent example set them by Mr. Chamberlain. The only true aim of morality is to make man happy and long-lived. It is most immoral to allow so many miserable quarters to exist in all of our large cities, places where human life is a sordid, unhappy lot, compared with which the existence of a sheep in a good pasture seems to us a paradise. Why, we ask, is it our own race alone of all animals is to be destined to such an amount of suffering? A farmer who should overstock his farm in the way we overstock our cities and hives of industry would be thought to be no judge of animals; and our scientific writers on public health will always stand accused of incompetence and ignorance until they offer their fellow-citizens some better remedies for early death and over-crowding than those which have been put forward by fashionable State doctors during the past half century.

RECENT DEBATES UPON ALCOHOL.

As a result of the recent *Whisky War* in the United States, a series of discussions have taken place in the great western Republic upon the subject of alcohol as a food. The New York Neurological Society has had quite a number of field days upon this important topic; and, not content with this subject having been brought on the *tapis* of the Society, a Committee has been formed, consisting of Dr. Hammond and other able men, to come to some conclusion as to what becomes of alcohol when it enters the blood, and whether it is a food or not.

Pending the decision of the Committee, an esteemed physician, Dr. Willard Parker, of New York, asks the following very important questions:—Does alcohol, when injected into the body, become assimilated and produce force? Why is the temperature lowered when alcohol is injected? Why do all persons in very high latitudes find that they cannot take alcohol when the cold is intense? How is it that persons who have to do very hard work so often break down when they attempt it on beer and spirits? And how is it that insurance companies find that the average life of teetotallers is about 64, whilst that of drunkards and moderate drinkers is 35 years and 6 months? How is it, asks Dr. Willard Parker again, that fifty per cent. of the idiots in asylums and idiotic schools have drunken parents?

These are, indeed, hard nuts to crack for the school of Todd and his most able disciple, Anstie; and this seems to have been the opinion of the six gentlemen who took their stand in Exeter Hall, London, recently, against alcohol. Mr. Clark asserted in that demonstration, which took place on the 27th of December last, that all the forces in the body are decreased instead of being increased by alcohol. Dr. C. Drysdale, from experience, alleged that beer-drinkers had a worse appetite, lost their sight earlier, and lived a shorter time than water-drinkers. Dr. Gilchrist showed the incurability for the most part of dipsomaniacs. Dr. Reid said his treatment

of disease was almost entirely without alcohol. Dr. Rolston showed the improvement caused in the health of the navy by knocking off the grog ration and giving money instead. Dr. Russell in the same way, having been trained in the United States, had come to treat disease quite without alcohol successfully.

Dr. B. W. Richardson has been lecturing, in December last, on alcohol, to the Society of Arts. He remarked that alcohol was of no value to any animal but man. Egypt claimed the discovery of wine for Osiris, Greece for Bacchus, and Rome for Saturn. It seems, according to Richardson, that a good three-quarters of the old world knew no more of wine than of the people who invented it, until they were taught to know it. The ancient wines seem to have been a very diluted solution of alcohol. The ancients also knew how to make beer as well as wine; but it was only in the ninth century that beer was treated with hops, which tend to preserve the fluid, as well as flavouring it. The malt liquors of the last century appear to have been stronger than those of the present century.

At a recent meeting of the Medical Society of London a few words of discussion upon the subject of alcohol took place after the reading of Dr. Routh's paper on "An Epidemic which arose from Drinking of Impure Water." A most able and eloquent speaker, Mr. Brudenell Carter, is reported to have said that teetotallers should point out where good water was to be had, when they spoke so in favour of their tenets. Dr. Crisp thereupon observed that teetotallers were well known to live much longer than moderate drinkers, as was shown by assurance companies' statistics. He had been a teetotaler during his life.

We notice that in a popular work on public and private health, written by Dr. Milner Fothergill, the author takes rather a high stand against the teetotal party, and alleges that alcohol is so much of a food that innkeepers in Germany charge non-drinkers more for their dinner than ordinary beer or wine-drinkers. He says that alcohol is changed in the tissues, and gives force to the body, and that it is, in short, an error in diet to be a teetotaler. Such views are at any rate clear. Well, after all these differences of opinion among doctors, who is to decide in these days of universal scepticism? Certainly not we, who write impersonally. This is far too grave a subject to be dealt with by a pen wielded by any author, however capable, who does not append his signature, to be taken *quantum valeat*. This much we will, however, venture to say: it is quite clear that the time has now arrived for vigorous and oft-repeated discussions as to the nature of the physiological and pathological effects of the ingestion of alcohol, in small quantities and in larger doses, long maintained.

We want lamentably accurate statistics concerning the number of persons who drink beer, wine, and spirits, in any given locality; and the result of these habits on the longevity of the parties as compared with that of the very few who do not consume some form of alcoholic fluid in modern days, and in such wealthy states as England, France, or Germany.

We cannot help thinking, however, that the example of the ancient world shows clearly enough that the distillation of spirits was an unmixed evil to mankind, except in so far as alcohol has been made use of in the manufacture of

various chemical utilities. The ancients, surely, were happier than we are, in their sublime ignorance of the existence of such terrible drinks as whisky, gin, rum, &c. The victims of spirit-drinking are indeed among the saddest spectacles of human degradation the physician has ever to contemplate. Careless of their own lives, heartless, brutal, and wicked, the poor votaries of the whisky-bottle haunt the hospital and the workhouse; and the door-steps, even on the coldest night in winter, are but too often the only beds such unfortunate specimens of our race can afford.

We heartily concur with the fulminations against spirit-drinking so eloquently made in the French House of Commons two years ago by a medical deputy; and we cannot believe that there exists a single physician of experience who would not be found to say God-speed to any legal and fair attempts that might be made by well-meaning societies to lessen the vice of spirit-drinking.

But then comes the difficulty. Admitting that spirits are so noxious when taken in their naked condition, when does the dilution of alcohol, as it occurs in beer and wine; cease to be hurtful—when taken every day for a number of years? It is to this point that we sincerely trust attention may soon be directed in our various medical discussion societies.

The value of alcohol as a drug is also an important matter; but, we submit, not nearly so important as the one we have indicated in the preceding paragraph. After all, disease ought to be the exception and health the rule, if we could find out how to live according to the laws of health. Hence, to inform the world as to what it should do with regard to the daily use of alcohol were indeed a most valuable use of the time of some of our foremost debating champions.

Last year we remember to have listened with great interest to long debates on cancer and on pyæmia in the Clinical and Pathological Societies of London. The Société de Chirurgie some years ago had similar long and oft-repeated talks about syphilis and its treatment. If, during this session, we could hear a similar debate upon the vexed question of how, when, and where spirits, wine, and beer were admissible for the healthy and the sick, we should say that public hygiene would be advanced in some measure. And the debates in the United States are, we believe, certain to have an echo in the old country before long. Finally, we cordially dislike all legislation on such matters. Science is by no means so pronounced in its teachings as to permit of the majority coercing the minority in such matters as the consumption of alcoholic drinks.

THE IRISH COLLEGE OF PHYSICIANS.

We have refrained from any discussion of the important controversy which now engages the Fellows of the College of Physicians in Ireland awaiting the reply of the Fellows to the formidable "Dissent" which issued from the pen of five of the leading members of the College, and which was published in our columns on the 9th of December last. To-day we give *in extenso* the "Answer," and we believe that it will receive from our readers as full a consideration as they gave to the first document. Having given it all the attention which its importance deserves, we are unable to modify in any way our unequivocal condemnation of the ballot as a test for the admission of Fellows to that or any other College; and we repeat what we have previously said, that "the power of a few to bar the entrance of new comers into their conclave is perfectly comprehensible and defensible in a social community where every man is entitled to select his associates with regard solely to his own feelings. But such a power is entirely out of place in the administration of a qualifying body where no consideration but the advantage of the profession and of the College should enter into the calculation."

The College justifies its desire for the perpetuation of the ballot system by alleging that it "is merely asking a

privilege which is already granted by nearly all the medical corporations and chartered societies of Great Britain and Ireland." This statement is based, no doubt, upon the Report of a Committee of the College which lies before us; but on a careful perusal of that report we have been unsuccessful in finding a single case of a corporation in which the ballot was used under circumstances strictly analogous to those of the College of Physicians. We find therein instances of ballot in the election of officers of a College; of ballot as a secondary qualification after examination; and of the use of the ballot as an exclusive test in some societies; but we have found no precedent for the exclusion from, or admission of any person to, a legal medical or surgical qualification solely by the votes of those who already hold the degree. We do not think it necessary to discuss the pleas of the College in favour of the ballot as a general question, because we hold that the fact that a registrable medical qualification is the matter dealt with deprives these arguments of any force whatever. A medical certificate of competency registered and recognised by the law cannot, we take it, be denied to any man on the ground that he is not acceptable to the tastes of those who hold the certificate.

It may be argued that the Fellowship of the Irish College of Physicians is more in the nature of a seat on its administrative council than a high medical qualification, and we undoubtedly agree that the system hitherto has caused it to occupy this position, but we cannot admit that it occupies it naturally, or that new Fellows should be excluded in order that it should preserve that position. We have always been of opinion that the vesting of the administration of a College in the whole body of its Fellows was wrong, and we don't think that it was originally contemplated in the Irish College of Physicians that it should be so, and as long as the difficulty can be readily met by the appointment of a council, we do not think that the body of Fellows ought to be restricted in its extent in order that the administrative efficiency pertaining to a small number should be maintained.

We are aware that a proposal to form an administrative council, and thus remove the difficulty which exists to the enlargement of the body of Fellows, was submitted to the College, and was rejected partly by the vote of those gentlemen who now object to the narrowness of the College.

We cannot undertake to-day to deal with the subject as regards the establishment of a class of members intermediate between the Licentiate and Fellows, but we cannot leave it without repudiating in the strongest terms the attempt to make this a religious question. We believe that the representation that the Fellows are animated by such a prejudice is entirely untrue, and that it is used merely to throw undeserved odium upon them and their proceedings. We cannot prove this part of the case more perfectly than by a republication of the following extract from an article in the *Evening Post*, which is *par excellence* the Ultramontane newspaper of Dublin:—

It would appear from the charges made that the College is so anti-Catholic that they introduced the ballot, and now desire to restore it, in order to exclude Catholics. It was with this view, and in a spirit of recognition of the advanced leaning to liberality, that we deprecated these unqualified assaults. We shall now, in justice to our views, cite proofs in support of our opinions. On 20th May, 1839, a resolution was "unanimously" adopted by the Fellows, thirteen present, demanding a repeal of the Act of 1800, which virtually excluded all Catholics, few of whom held a University degree. Yet at that date there was not even one Catholic Fellow in the College. Again, in 1861, when the agitation was revived to effect that repeal, which was carried in 1862 by the direct action of the College, there were only three Catholic Fellows. Now we come to elections. In 1843 Dr. (now Sir Robert) Kane was almost unanimously elected, there being only a solitary black bean against him, all the electors being Protestants. In 1855 Dr. (now Sir D.) Corrigan was unanimously elected an honorary, and the following year a corporate Fellow; while Sir Dominic was

three years unanimously elected president, and two other years by majorities, although he and Sir Robert Kane were the only Catholic Fellows. Nay, more, we have searched the roll of presidents for the past 182 years, from Sir Patrick Dun, in 1693, to the present year, and we find no other instance, save that of Sir Dominic Corrigan, a Catholic, in which the same person was elected "five successive years" (1857—63) as president. It is but right and just to acknowledge these facts, which are as creditable to the growing liberality of the College as they are to his own eminent professional merit. Again, in 1861, Dr. Lyons was "unanimously" elected to the Fellowship, the protection of the ballot, notwithstanding; while in 1864, Dr. Cruise, the third of the Catholic Dissenters, was elected, the bye-law of 1862 notwithstanding. Here were four Catholics thus elected by Protestants. In 1866, Dr. Hayden was elected, the ballot and the bye-law of 1862 existing. These facts are creditable to the Protestant Fellows who voted for him, and demand honorable mention by Catholics. In October, 1865, two candidates were proposed, a Presbyterian and a Catholic, when the latter obtained a majority of the votes, while the Presbyterian was in a minority. The bye-law of 1862—one black bean in five—however, led to the non-election of the Catholics. Again, in October, 1868, two Catholics obtained each a majority of votes, but lost their election under the same by-laws. Lastly, in October, 1869, thirty-five Fellows present, Dr. MacSwiney had eighteen white against nine black beans, eight having refrained from voting. But, as in the other three cases, the "bean" of 1862 excluded him. His case led to the visitation, and the quashing of the bye-law. These facts prove that it was not the ballot alone that prevented Catholic candidates from obtaining the votes of their Protestant colleagues. We now come to the elections held since the decision in 1870, and we find, under open voting, that Dr. Cryan, Professor in the Catholic University, was elected; while one of the above four Catholics who had obtained a majority under the ballot—a highly esteemed and distinguished practitioner—was left in a minority in open voting.

THE ACTION OF DRUGS.

VIII.

THE Committee next proceed to ascertain by experiment the antagonism between theine and meconate of morphia, the physiological action of theine having been determined by Dr. Alexander Bennett, and they now choose rabbits and cats as subjects for experiment, having observed that the symptoms produced by the action of theine on these animals, more especially the latter, were very characteristic. That the symptoms are more marked in the cat than the rabbit is what we should naturally expect, and is a reason why we should choose animals high in the scale, as cats, dogs, or horses, when we desire to ascertain the full physiological action of a drug, the more so when we have to deal with drugs that influence powerfully the nervous system; for if the experimenters had contented themselves with rabbits as subjects, they would only have ascertained that the fatal dose of theine for a rabbit of from 3 lbs. 4 ozs. to 3 lbs. 2½ ozs., is between 5¼ to 5½ grains, and that 5 grains given to a rabbit weighing 3 lbs. 4 ozs. caused marked paralysis and twitches; but having also used cats, they found that the same quantity administered to a cat of 4 lbs. 10 ozs. produced great excitement and slight paralysis, although the minimum fatal dose is nearly the same, viz.—5½ grains for a cat of 5 lbs. This difference is noted by the experimenters, for they say:—

The chief point of difference between the action of theine on the cat and on the rabbit is the intense excitement produced in the former. This is well illustrated by the following experiment, No. 473.

Experiment 473. A male cat, weighing 4 lbs. 9 oz., had six grains of theine injected under the skin of the back. For five minutes, nothing was observed. At the end of this period it began to move backwards and forwards, and the excitement gradually increased until the close of fifteen minutes after the administration of the drug, when it seemed to be frantic. These fits of intense cerebral excite-

ment afterwards occurred at intervals of two or three minutes. Between them the animal lay quiet. It appeared to be extremely susceptible to irritation. A stick brought near it was immediately bitten. Salivation became very profuse. Twelve minutes after the dose had been given, the cat had difficulty in moving its posterior extremities. This difficulty gradually passed into complete paraplegia. Thirty minutes after, it could not move the hinder part of its body, but its senses were very acute. The animal noticed every movement made near it, and it tried to bite. The paralysis gradually invaded the fore extremities also, and the cat was unable to sit up. It lay with its head slightly raised, but still there was the same acuteness of the senses of hearing and vision, and it was easily irritated. It remained in this condition for an hour and a half, when, after two very severe clonic spasms, it died.

The narrative of the above experiment indicates intense cerebral excitement associated with gradual loss of the functions of the spinal cord.

Having thus determined the minimum fatal dose of theine for a rabbit and a cat, the next point was to ascertain the minimum fatal dose of meconate of morphia for a cat, and for this purpose ten experiments were made, and the experiments, as reported in Table 55, show that for an average-sized cat a dose of $1\frac{1}{2}$ grains of meconate of morphia is nearly fatal, while a dose of $1\frac{3}{4}$ grains is certainly so. The physiological effects are similar to those already recorded as occurring in the dog, but in addition, it was observed that small doses produced *dryness of mouth*, but large doses produced *salivation* (italics ours). This is a point of great interest, for we have already (*vide* MEDICAL PRESS, Article V., page 505) called attention to the dual action of drugs—in the case of atropia—and there is little doubt that all drugs possess this dual action; and no opportunity should be neglected of determining the peculiar range of symptoms produced by large and small doses, and more stress should be laid on this much-neglected point. The experiments now recorded go far to prove that it is not sufficient to say that such a drug salivates, or the reverse, but that it should be determined in all cases what dose produces salivation and what dose tends to produce opposite effects, and thus our knowledge of the therapeutic power of drugs would be increased—a consummation most devoutly to be wished. We are glad to note that recent experimenters and writers on therapeutics are commencing to direct attention to this point, and also to the immense importance of having an exact knowledge of the physiological action of drugs before determining their therapeutic uses. We have from time to time, in these articles, commented on these points, as we consider that the Report of the Committee should not be merely read as a record of curious experiments to be wondered at, but that wherever possible, practical use should be made of it in modifying our present too haphazard mode of using drugs. Moreover, these experiments should, and must be, of great importance to the scientific therapist, and they will also serve as guides to future researchers.

We now return to the report of the antagonism between theine and morphia—the minimum fatal dose of morphia having been determined—and we observe that the Committee state the conclusions to be drawn from these experiments to be as follows:—

1. There appeared to be an antagonistic action between the two substances, inasmuch as the symptoms produced by either were considerably modified, but life was not saved; and
2. The meconate of morphia delayed

the appearance of the convulsions characteristic of the action of theine, while, on the other hand, the theine did not appear to affect in a marked way the action of the meconate of morphia. As the latter conclusion did not appear to be sufficiently obvious at this stage of the inquiry, the question was re-examined in a second set of experiments some time afterwards. In this second set of experiments, smaller doses of theine were given.

The result of the second set of experiments with smaller doses of theine showed without doubt that theine influences the physiological action of meconate of morphia, because, after a dose of that drug, which alone would produce coma, if theine be also introduced, it is followed by a period of cerebral excitement. Although the limits of the antagonistic action are narrow, it will be seen—(1) that while a cat may recover from the effects of a dose of $1\frac{1}{2}$ grains of meconate of morphia given alone, it will rarely recover (Experiment 494) from the effects of a dose of 2 grains, even should the effects of the latter dose be modified by those following the introduction of 4 or 5 grains of theine; (2) that in three cases (Nos. 501, 504, and 505) the animals recovered from the effects of $1\frac{1}{4}$ grains of meconate of morphia and 4 to 5 grains of theine, while they died when the same dose of meconate of morphia was administered eight days afterwards; (3) that when the dose of theine was increased beyond 5 grains, the animals invariably died apparently from the effects of the theine (Experiments 488, 489, 490). The important result, however, is shown that fatal doses of meconate of morphia ($1\frac{1}{2}$ and even 2 grains) may be completely antagonised by theine.

Afterwards, a few experiments were made on rabbits as to the antagonism between morphia and theine, and the conclusion arrived at was that—

The experiments on rabbits were considered so unsatisfactory, that they were not prosecuted further, because it was evident that in this animal meconate of morphia did not produce effects comparable to those following the action of the substance in carnivorous animals. The specific action of salts of morphia in rabbits is to produce, in addition to a stupor not nearly so profound as in carnivorous animals like the dog or cat, convulsions of an epileptiform character. Theine produces somewhat similar effects in rabbits. At the same time, it was observed that the drowsy appearance following soon after the exhibition of meconate of morphia in rabbits was much less marked in those instances in which theine was also administered.

Here again we have another proof of the necessity of not being satisfied with the results of experiments on rabbits; and we only wish that the experiments with Calabar bean, chloral, atropia, &c., had not been limited to rabbits, as we should then feel more satisfied with the conclusions arrived at by the Committee. Still, we fully appreciate the value of their labours, and are only too pleased to observe that their attention has been drawn to the different symptoms produced in various animals. We also refer our readers to our former remarks on this subject in previous articles.

In reference to the antagonism between caffeine and meconate of morphia, the report reads thus:—

This question was investigated in exactly the same way as had been done with theine and meconate of morphia, and the results were the same. As has been shown by Dr. Alexander Bennett, the physiological actions of theine and caffeine are so similar as to make it impossible to distinguish the one from the other. The following experiments were made on cats, because, as has been stated above,

experiments on rabbits with these drugs were not considered satisfactory. As the experiments were precisely similar to those made as to the action between theine and meconate of morphia, it is not necessary to give them in detail.

The experiments showed the minimum fatal dose of caffeine for a cat of about 5 lbs. to be near 6 grains. The effects produced were similar to those following the introduction of theine, and an analysis of Table 59 shows the very important result that in three cases (Nos. 529, 535, and 540) the animals recovered after a dose of $1\frac{1}{2}$ grains of meconate of morphia and 4 grains of caffeine, while they died after the administration, eight days after the first experiment, of $1\frac{1}{2}$ grains of meconate of morphia alone. On the other hand, in two instances (Nos. 530 and 531) the animals survived the crucial experiment. When the dose of meconate of morphia was less than $1\frac{1}{2}$ grains (as in Nos. 536, 541, 542, 543, and 544), the animals survived both the simultaneous action of the drugs and the crucial experiment. In these cases, it is fair to suppose that a dose of $1\frac{1}{2}$ grains was not a fatal dose for these particular animals. From these facts, it seems reasonable to believe that caffeine antagonises the action of meconate of morphia by modifying the symptoms, and even to the extent, in certain instances, of saving life, but that the antagonism is limited. On the one hand, the animal may die from the effects of too large a dose of caffeine, and, on the other, from the effects of too large a dose of meconate of morphia; but there is a point between the two actions where the physiological effect is such that life may be saved from doses which would otherwise prove fatal.

The experiments with guaranine and morphia recorded in Table 60 led the Committee to conclude—

There could be no doubt, from these experiments, that guaranine modified to a considerable degree the physiological action of meconate of morphia. The animal in experiment No. 547 recovered after a simultaneous dose of two-thirds of a grain of meconate of morphia and three grains of guaranine; but in experiment No. 548, the same animal, seven days afterwards, recovered from a dose of two-thirds of a grain of meconate of morphia administered alone. This showed that two-thirds of a grain of meconate of morphia for this particular animal was not a fatal dose; but the symptoms were considerably different in the two instances. In the first experiment, No. 547, in which both drugs were given, there was excitement with no stupor; while in the second experiment, No. 548, in which the narcotic was given alone, there was no excitement, but deep stupor approaching to coma.

The Committee next proceed to ascertain if any antagonism exists between infusion of tea and meconate of morphia, having, as we have already seen, determined the extent of the antagonism between theine and morphia; but now the experimenters found so many difficulties attending the method of inquiry, and the results obtained were so unsatisfactory, that they were compelled to abandon this line of experiment. They, however, made five experiments on dogs, using a strong extract made from 3 oz of best green tea, dissolving the extract in warm water, and injecting this solution into the stomach of the animal by means of a stomach-pump; but they found that—

1. The tea was frequently vomited within so short a period after its introduction as not to afford time for the exercise of any antagonistic action to the effects of the meconate of morphia, which it might be supposed to possess. 2. The animal was so much excited by the

operation of the introduction of the stomach-pump, that it was very difficult afterwards to say how far the effects were produced by the operation, and how far by the introduction of the tea. As a general example of the kind of action, the following two experiments may be quoted.

Experiment 551.—A mongrel terrier dog, weighing 24 lbs., had one grain of meconate of morphia in forty minims of warm water injected subcutaneously under the skin of the back. The usual effects were produced of slight nausea, restlessness, stupor, passing into a semi-comatose condition, in which latter state the animal continued for a period of six hours. It then slowly recovered.

Experiment 552.—The same dog, five days afterwards, was now found to weigh 23 lbs. All the effects of the meconate of morphia had disappeared. One grain of meconate of morphia in forty minims of warm water was subcutaneously injected under the skin of the back. Immediately thereafter, eight ounces of a strong aqueous solution of the extract of tea were injected into the stomach. Five minutes afterwards this was rejected by vomiting. At the end of another period of five minutes, another injection of eight ounces of tea was given. Part of this was almost immediately rejected. The animal was now very restless and irritable, and it was by no means easy to make any observations of its condition, as it readily attempted to bite. Ten minutes after the last injection of tea, a third dose of eight ounces was given. This was retained. The dog was now much excited. It ran up and down in the laboratory, with a staggering gait. Occasionally it would lie down for a few moments, and again rise to begin its perambulations. There was no stupor strictly speaking, but it had a dull heavy expression of eye. There was no coma. It urinated freely and frequently. There was also diarrhœa attended apparently by tenesmus. The dog continued in this condition for nearly six hours. At the end of this time it began slowly to recover. The most evident effect in this experiment was the intense restlessness of the animal. There could be little doubt that the tea counteracted the physiological action of the meconate of morphia.

Thus, at present, the extent of the antagonism between infusion of tea and morphia is undecided; but as Professor Hughes Bennett observes, further experiments should be made both on animals and man. Nevertheless, some knowledge may be gleaned from these few experiments, unsuccessful as they have been; for example, it is stated that the dog used in Experiment 551 recovered after a dose of *one grain* of meconate of morphia: this we would naturally expect, when we remember that Professor Bennett has recorded that a dog weighing 12 lbs. recovered after taking *two grains* (see *British Medical Journal*, page 582); and as the animal used in the present case weighed 24 lbs., we could hardly expect it to succumb to a dose of only *one grain*, that is, if weight has as great an influence over the effect produced as the experimenters seem to believe; moreover, if the same dog five days afterwards (then weighing 23 lbs.) had failed to recover from the second dose of morphia, viz., one grain, we would have the more reason to be surprised, or we might even feel inclined to attribute the fatal termination (if such had occurred) to the action of the tea; but the report states that this animal (weighing 23 lbs.) recovered after a dose of one grain of meconate of morphia and twenty-four ounces of warm aqueous solution of extract of tea, given in three separate doses of eight ounces; and referring our readers to the experiments quoted above, they will observe the difference in symptoms produced when morphia is given alone and when given with the tea. It is not quite clear to us, however, that the modification of the

symptoms was not due in a great extent to the rapid elimination of the morphia by the bowels and kidneys, as the animal urinated freely and frequently, and diarrhoea was also present, effects not usually produced when morphia is given alone. Nevertheless it is no doubt true that the physiological action of tea is antagonistic to that of morphia; the difficulty, however, is to introduce the tea into the system (and not only into the stomach) rapidly enough to counteract the morphia. We must remember that in Experiment 552, while the morphia was injected subcutaneously, and would commence to act almost immediately, the tea was only introduced into the stomach, and had to be absorbed first before its physiological action on the system could be produced in any marked degree; and in addition, the solution of tea was introduced into a viscus already so much irritated that nausea and vomiting was present; but if, as in the case detailed by Professor Sewell, of Quebec, and quoted by Professor Bennett, the solution of tea had been introduced *per rectum*, we might have expected a more satisfactory result.

Before concluding our observations on this portion of the report, we cannot abstain from calling attention to Table 61. In Experiment 553 a dog weighing 26 lbs. receives one grain and a-half of meconate of morphia, and twenty-four ounces of solution of extract of tea: the tea is rejected by vomiting, stupor and coma follow, and death in three hours. In Experiment 554, a dog weighing 24 lbs. receives one grain of the morphia salt, and twenty ounces of the tea solution, and death follows in 2½ hours. And lastly, in Experiment 555, the dog weighed 26 lbs., received 2/3rds of a grain of morphia and sixteen ounces of tea, yet it died in 8 hours. These results are peculiar when we bear in mind that the dog used in Experiment 375, weighing only 12 lbs., recovered after a dose of *two grains*. Such being the case, the cause of these discrepancies should be determined before endeavouring to fix the minimum fatal dose.

In reference to the antagonism between meconate of morphia and strong decoction of coffee the Committee state that—

It was found that a strong decoction of coffee was rejected so quickly by the stomach, while the animal was affected by meconate of morphia, as to take away all hope of exercising any influence on the physiological action of that drug.

Notes on Current Topics.

A Homœopathic Surgical Miracle.

MR. BEEBE, of Chicago, is one of the brightest lights of homœopathic surgery in America, and the *Chicago Medical Investigator* is a standard exponent of homœopathic literature. We read, says the *Pacific Medical Journal*, in the said journal, that Dr. Beebe "has recently performed another unique operation. He was telegraphed for to operate on a case of strangulated inguinal hernia. When he arrived, the local doctor had succeeded in reducing it with hot fomentations. But now arose a difficulty. The bowel was gangrenous, and blood oozed from the anus. No passage could be obtained. Adhesion had

closed the intestine. Dr. Beebe concluded upon abdominal section. The closed gut was found; the walls were intact, and by manipulating the contents, the adhesion was broken up, and a passage effected. The man is now well."

The story is told word for word as we give it. What a precious lot of fools, says the *Pacific Journal*, the readers of the *Investigator* must be, to believe such stuff! It asks the question—Can anyone inform us why homœopathic doctors and their friends complain so continuously and so piteously, because regular physicians refuse to consult with them, or admit them into their associations, whilst at the same time they constantly denounce regular practitioners in mass, as poisoners, butchers, murderers, and all that? If the "allopaths" (so called) are so blind, bigoted, and deluded, and if their practice is so fraught with failure and death, why should the disciples of Hahnemann everlastingly long for companionship with them, and keep up a perpetual cry of complaint?

An Authenticated Centenarian.

THE accounts of the great ages of some persons which find their way almost daily into the newspapers are looked upon with a great deal of scepticism by many who are competent to form an opinion. The *Philadelphia Medical Times* records, however, the death of a person, respecting whose age there can be little doubt, and, if true, the endurance of life and health in him was very remarkable.

"George Labar was born in the autumn of 1763, one hundred and eleven years ago, at Mount Bethel, where his baptismal register still exists, his grandfather settling in Pennsylvania in 1730, a fugitive from religious persecution. Nearly seventy years ago he accompanied his parents in their emigration to Ohio, but only remained with them a few days, and returned home.

"George Labar had never been sick but three times in his life: once with yellow fever, once with camp fever, and once with typhoid fever. He used tobacco very freely all his life, both smoking and chewing, but was very moderate in his use of liquors of all kinds. He took daily exercise in the woods, among which he had grown up, felling trees and chopping railroad-ties up to within the last two or three years. It is recorded of him that in 1869, when one hundred and seven years old, he felled trees and peeled three wagon-loads of bark, which one of his youngest sons, a young chap of sixty, hauled to market for him.

"His oldest son was born in 1791, and married, at twenty-one, a girl of thirteen! Their oldest child is now sixty, and is only fifteen years younger than his mother. In 1870, George Labar had living a sister aged eighty-six, another sister aged ninety-two, and a brother, in Canada, aged ninety-eight, a brisk old boy."

Parenchymatous Nephritis.

M. CHARCOT (*Le Progrès Méd.*, December 5) gives the following microscopic appearance as belonging to this form of kidney. The organ is large, and often has a weight and volume double that of the normal. The colour is white, sometimes dull white, more or less like ivory; sometimes it is of a yellowish hue, more or less marked. This colouration

belongs exclusively to the cortical part of the kidney. We perceive it at the surface of the organ, after removing the capsule, which is not at all adherent; at the same time we recognise that this surface is absolutely smooth, and not presenting projections or cysts, as in the granular kidney. We never see in it depressions other than those which separate the great natural lobes, and even the lobular structure of the kidney, as it is marked in the normal condition by vessels, is here effaced; the vessels are only seen here and there like rare disseminated stains. On sections being made we also recognise the considerable swelling of the cortical substance and rarity of the vascular striæ.

The medullary substance does not present any appreciable alteration; its colour, which is generally normal, contrasts with that of the cortical substance.

Histological Appearances.—When this form exists in all its purity, the alterations are localised almost exclusively in the convoluted tubes and the epithelium, which present modifications so slight that they only differ by shade from the normal conditions, and that an exercised eye is required to be sure of them.

For a long time we notice nothing more than a dull swelling of the epithelium. The cells are darker than in the natural condition (on account of the presence of a great number of fine granulations), and are at the same time more voluminous and swollen, so that the diameter of the tubuli is narrowed; often also, but not constantly, the free part of the tubes is completely obliterated by fibrinous cylinders. There exists no appreciable alteration in the connective tissue, or in the vessels.

You see, then, that we have here to do only with simple shades or kinds of alteration of the normal conditions; for you have not forgotten how, in these conditions, in the living animal as well as in man in health, the glandular epithelium of the twisted tubes presents a dusky hue and numerous granulations, and that the diameter of the tubes is reduced to a very small affair. It is not astonishing, then, that certain authors, and Gairdner in particular—to whom is due one of the first works on the subject—should have been led to declare that the results of histological investigations are in such cases, as may be said, negative. Nevertheless, the swelling of the epithelial elements is incontestable, and it is to that that we must attribute for the most part the augmented volume of the organ.

Besides the opacity of the epithelial cells, we also notice, as characteristic of parenchymatous nephritis, a marked change in the tubuli contorti, and varicosities of their external contour; and a certain degree, rather difficult to appreciate, I think, of thickening of the tunica propria of the tubes.

The tumefaction of the epithelium may be the sole alteration met with, even when death has arrived long (six months or a year) after the commencement, but frequently also it complicates itself by a true infiltration of fatty nature of the cell elements. The latter contain, besides proteinic granulations soluble in acetic acid, more or less voluminous granulations, which resist acetic acid, and are dissolved in ether. The tubuli whose epithelium is thus swollen appears under a slight magnifier quite black and opaque; these are especially the tubuli contorti, but also the straight tubes, which present these modifications, which differ from the normal. Sometimes the fatty degeneration

is uniformly spread, and to the naked eye the general aspect of the kidney is only slightly modified. It presents only a yellow tinge, like buffalo's skin, which replaces the pale tint, or ivory hue, but it remains voluminous and smooth on the surface, without presenting granulations. This condition is sometimes designated under the name of the large fatty kidney.

At other times the fatty degeneration affects only here and there some groups of the tubuli contorti, the intermediate groups remaining in the first degree of the alteration. These groups of tubuli become fatty, appear opaque relatively to others, and form even sometimes small swellings, appreciable not only at the surface of the kidney, but also on sections, in the thickness of the cortical substance. These granulations differ, you see, from those we have studied on the kidney affected with interstitial nephritis; for the latter only exist at the surface, and are produced by the persistence of medullary rays of each lobule. The naked eye appearance corresponding to this alteration has been depicted by Bright in his third plate, by Rayer in his eighth; it is the fourth form described by this author. Johnson calls the kidneys thus altered fatty granular kidneys.

New Sign of Death.

DR. MONTEVERDI, of Cremona, recommends what he calls an "easy, prompt, and certain" method of demonstrating the reality of death in man, which is recapitulated in the *Philadelphia Reporter*. It consists in the observation of a spot produced by the injection of a drop or two of ammonia beneath the skin. If the man be living, the spot produced by such injection is always of a more or less vinous red, whilst, if he be dead, the colour is scarcely different from that of the skin itself, or, at least, has no purple tint. The solution of ammonia injected should have a strong odour of the gas, and a specific gravity of 0.92. If the individual be living, no bad effects are produced, beyond a burning pain which lasts for a short time, and the reddish tint appears almost immediately. The spot appears to be due to the action of the ammonia on the blood.

A New Variety of Senna.

THE *Pharmaceutical Journal* states that there is now in London a very large quantity of a drug which is being offered as fine senna. It may be distinguished from officinal senna by the peculiar arrangement of the veins of the leaf. Instead of having one central vein, with all the others branching from it, as in senna, the leaves of this variety have two or more prominent veins starting from the centre of the base of the leaf, and these are repeatedly forked in an almost parallel manner. The leaves appear to belong to a species of *Cassia*, and may therefore possess purgative properties.

At the meetings of both vestry and guardians of St. Pancras, last week, resolutions were adopted to appeal to the President of the Local Government Board not to sanction the plans for the Hampstead Hospital until Parliament had expressed an opinion on the subject. The latter board also determined to enforce the penal clauses of the Vaccination Act.

Physicians' Sacrifices.

PROFESSOR O. W. HOLMES, of Harvard University, U. S., in an address at the opening of a new Medical College, quotes a passage from the author of "Modern Christianity a Civilised Heathenism." It runs as follows: "Men are pleased to call you reverend," he says, addressing the English clergy, "but if such a title belongs to any profession on this earth, it belongs, not to the parson, but to the doctor. He it is who, in some degree at least, is making himself Christ to the suffering and sorrowing among mankind. He it is who turns out of his bed at midnight to cool the poor man's burning lips, or succour a woman with the tenderest efforts of his skill, who can never pay him sixpence for his trouble, whether her infant lives or not. What you do cheerfully enough once in a way, he does as a matter of business all day long. Your work is baby's work compared to his."

Mortality Statistics of Labour.

DR. WELLINGTON (*Boston Med. and Surg. Reporter*, Dec. 3, 1874) referred to this point in the Boston Obstetrical Society. In his own cases, Dr. Wellington had a record of 634 labours and 10 deaths: of the latter, one from valvular disease of heart, three from pyæmia, two from brain disease (probably apoplexy), three from consumption, and one from puerperal mania. Excluding the three cases of phthisis and one of valvular disease of the heart, as not being properly puerperal, there were six, or one in 105 occurring within four weeks after delivery. He never allowed a woman to get up before two weeks, if possible.

Cauterization of the Uterus.

DR. WILLIAM GILLESPIE (says the *American Medical Weekly*) directs to take an ordinary sponge tent, coat it with bees' wax, and then roll it for some time in powdered nitrate of silver, which will sink into and adhere to the wax. Then, with a suitable speculum, carry the tent through the cervix, and, if desirable, to the fundus, and let it remain twenty-four hours. No remedy in his hands has done more good in a short time in chronic inflammation, enlargement, or ulceration of the os and cervix, and he has never known any unpleasant results occur from its use.

Treatment of Nævi by Vaccination.

DR. ROGAINE (*Jahresbericht d. Ges. Med.*, 1874) reports seven cases of erectile nævi cured by vaccination. The operation may be performed at the circumference or on the surface of the tumour. It is important that the points of insertion be made as far apart as possible, and care must be taken not to let blood wash away the vaccine matter. No size of nævus is any contra-indication to the operation.

Alopecia Areata.

DR. MELASSES (*Arch. de Physio.*, May, 1874) examined the scales scratched from the epidermis from bald patches in this disease, where the fungoid spores were found the most early. Having removed grease by ether or absolute alcohol, he found very small spherical spores, and no

mycelium. The fungus occupies the most superficial parts of the horny layer of the epidermis, and is only accidentally met with on the hairs.

The Medical Microscopical Society.

At the monthly meeting of the Medical Microscopical Society of London, held on Friday last, at the Royal Westminster Ophthalmic Hospital, Dr. J. Frank Payne, B.A. Oxon., M.B., F.R.C.P. Lond., was unanimously elected President of the Society in succession to Mr. Jabez Hogg, who has filled the chair for the past two years. At the same meeting, on the motion of Mr. Needham, it was resolved to try the experiment of publishing a Year-Book of the Transactions of the Society.

New Books in Medicine, Surgery, and Science.

(From the Bookseller.)

Medical and Surgical.

- BUCHANAN (Andrew), *The Forces which carry on the Circulation.* 2nd ed. 5s.
 Churchill (F.), *On the Diseases of Women.* 6th ed. 15s.
 Clinical Pocket-Book: *An Aid to the Study of Clinical Medicine.* 2s. 6d.
 Dickenson (W. H.), *Introductory Address at St. George's Hospital.* 3s.
 Haydn's *Dictionary of Popular Medicine and Hygiene.* Part I. 1s.
 Horton (J. A. B.), *The Diseases of Tropical Climates; with Hints for the Preservation of Health in the Tropics.* 12s. 6d.
 Kirby (E. A.), *Selected Remedies.* 2nd ed. 3s. 6d.
 Lunn (Charles), *The Philosophy of the Voice; showing the Right and the Wrong Action of Voice in Speech and Song.* 12mo, pp. 72. Baillière. 1s.
 Spender (J.), *Therapeutic Means for the Relief of Pain: Prize Essay for the Fothergillian Medal.* 8s. 6d.
Natural History.
 Dick (Dr. A. H.), *Outlines of Natural History.* 1s.
 Moggridge (J. Traherne), *Harvesting Ants and Trap-door Spiders.* 7s. 6d.
 Westwood (J. O.), *Thesaurus Entomologicus Oxoniensis.* £7 10s.
Philosophy.
 Darwin (Charles), *The Descent of Man and Selection in Relation to Sex.* 2nd ed. 9s.
 Doherty (Hugh), *Organic Philosophy.* Vol. 4. 10s.
 Gardner (John), *Longevity: the Means of Prolonging Life after Middle Age.* 3rd ed. 4s.
 Wyld (R. S.), *The Physics and Philosophy of the Senses; or, the Mental and the Physical in their Mutual Relation.*
Science.
 Angell (John), *Elements of Magnetism and Electricity.* 1s.
 Bastian (H. Charlton), *Evolution and the Origin of Life.* 6s. 6d.
 Collins (J. H.), *Principles of Metal Mining.* 1s.
 Dana (J. D.), *Manual of Geology.* 21s.

Lubbock (Sir John), *The Origin of Civilisation, and the Primitive Condition of Man : Mental and Social Condition of Savages.* 3rd ed. 18a.

Ribot (The), *Heredity : a Psychological Study of its Phenomena, Laws, Causes, and Consequences.* From the French. 9a.

Schmidt (Oscar), *The Doctrine of Descent and Darwinism.* 5a.

Tyndall (John), *Address delivered before the British Association at Belfast. With Additions.* New ed. 4a. 6d

Ferruginous Wine with Cinchona, and Cinchona Wine, prepared by F. Arout, Rue Constantine, Paris.

THESE are most agreeable and elegant preparations, and are sure to meet with a hearty reception by all patients required to take the drugs they contain in a pleasant form. The ferruginous wine with cinchona is a most pleasant medicine—one of the most pleasant we have ever tasted—and we can heartily recommend it to the notice of the profession. The French have always been noted for the elegance of their pharmaceutical preparations, and these wines fully keep up the ancient renown of Paris.

Election of a Professor of Midwifery in the Irish College of Surgeons.

THE election of a successor to Dr. Sawyer took place on Friday last, when the Council and a small number of the Fellows assembled for the purpose of witnessing the election. The candidates who had lodged applications for the office were—Dr. John Cronyn, Dr. William Roe, Dr. Halahan, Dr. Rutherford Kirkpatrick, Dr. Thomas More Madden, Dr. Arthur Hill Ringland, and Dr. Isdell. As enjoined by the Charter, seven of the Council were selected by lot to elect, the gentlemen on whom the lot fell on this occasion being—the President, Mr. Tufnell, the Vice-President, Mr. Edward Hamilton, Dr. McDowell, Dr. Smyly, Dr. Chaplin, and Mr. Butcher.

After deliberation in secret, the electors returned to the board-room and declared that they had chosen Dr. John Cronyn.

Dr. Cronyn is a well-known and popular obstetrician. He served as Assistant-Physician to the Rotundo Hospital, and has been named as a probable candidate for the *Masterhip* on the retirement of the present Master. He has acted for some years as Examiner in Midwifery in the College, and was last year appointed by the Council to deliver the lectures on midwifery during the temporary illness of Dr. Sawyer.

Upon the Presence of Phosphide of Sulphur in some Cases of Break-down of the Nervous System.

"M. JULES LE FORT does not consider that the garlic-like odour and phosphorescence notable in putrefaction are due to the disengagement of phosphoreted and sulphureted hydrogen; but to the production of phosphide of sulphur, and that the latter is the essential element of phosphorescence. This substance, which forms sponta-

neously in animal matter undergoing decomposition, may perhaps be the cause of the symptoms produced by the ingestion of preserved meats slightly tainted by decomposition, like salt fish, pork, &c."—*Paris Journal of Medicine.*

Sudden disintegration of new tissue, when the blood is not perfectly oxygenated, may cause the presence in it of the "phosphide of sulphur," remarkable for its garlic-like odour and its property of producing putrefaction. Sulphur, to be sure, does not exist in nerve-tissue, but it does in muscle, and many articles of food. This phosphide of sulphur, by thorough oxygenation, would be converted into harmless phosphates and sulphates. However, it is sometimes got rid of by colliquative diarrhoea. This assumption or hypothesis will explain the foetid emanation from the persons of those suffering from a break-down of the nervous system and some other states characterised by emotional susceptibility. Treatment based upon this assumption will consist in economy of vital force. Every act of life, for every mortal, involves death, that is to say, for every thought of our brain, for every movement of our limbs, an atom, or atoms, of nervous or muscular tissue dies, it is swept away by the current of the blood, which simultaneously deposits the elements of new tissue, and is, after having served any further useful purpose to which it can be applied in the system, eliminated therefrom. That is health. But in some states of the nervous system aptly characterised by the familiar term a break-down, for every one atom of nerve-tissue that dies in health, as a result of exertion of mind or body, or any passion or emotion, three or four atoms die, and this excessive disintegration of tissue, unless the *débris* is removed by increased oxidation, or eliminated somehow by the excretory organs, will poison the healthy current of the blood, hinder repair of nervous and all other tissues (the new tissues bearing about the same likeness to the old that the cicatrix of a burn does to true skin) and convert Youth, which is Victory into Age, which is Defeat.

Individuals who start in life with a small capital of vital force, and they are many, must economise if they would avoid a physiological bankruptcy, or break-down; that is to say, excessive work of mind or body, all causes of excessive worry, excess in nervous or alcoholic stimulants (it is absurd to say these lessen waste, they only lessen elimination), all other forms of dissipation. Any one of the above-named causes will be likely to develop inherent weakness, but a combination of many, or all (rarely met with, it is true), would break down a physiological millionaire. After doing your utmost to check the excessive production of phosphide of sulphur by lessening waste, expedite its removal by doing everything to favour oxidation, and so convert it into harmless phosphates and sulphates. Fresh air, light clothing, Turkish baths meet this indication tolerably well. As civilisation advances, burdens are growing heavier, and backs are growing weaker; consequently, break-downs are of constant occurrence. Therapeutics cannot lighten the former, though, as sanitary science advances, essays will be made even in this direction; but it can, in some degree, strengthen the latter, and the Turkish bath is the remedy *par excellence* for this object. Total break-downs.

are, perhaps, as incurable as phthisis, to which they bear an analogy; but in the majority of cases an approximation to a cure may be effected by removing the exciting cause, of whatever kind it may be, and applying the ordinary rules of that rare gift—common sense, and of hygiene. These too often, however, conflict with the obligations or habits of the patient, and contending emotions, of whatever nature, are precisely what ensure a break-down. The last words of Esquirol, the great master of mental science, to his disciples, were, "Cultivate peace," and in that peace is contained "Good will towards men."

Hospitals for Isolation and Treatment of Zymotic Diseases.

At the meeting of the Sanitary Conference in Birmingham, last week, Dr. Pritchett, medical officer of health of Huddersfield, read a paper on the above subject, which was full of common-sense suggestions and remarks. He pointed out that it was the imperative duty of every sanitary authority to provide means for instant detection and isolation of cases of zymotic disease, inasmuch as not only might persons be exposed to contagion, but these might infect others in a variety of modes, each of these secondary cases forming centres from which an infinite number of radiations of infection might extend. It was well known that infectious diseases first appeared and abounded in the houses of the poor, who were either of migratory habits or who mingled with those who were, each class living in overcrowded and badly ventilated courts or lodging-houses. Epidemic infectious disease meant suffering, expense, loss of money, permanent disability in many cases, death in as many more, and pauperism of families whose heads had been removed by death. From the latter class paupers were bred, who for generations lived on the rates or filled the gaols. Any means, therefore, of preventing sickness and death amongst the poor would be a saving to the public purse. The chief means to this end, he believed, was the provision of sufficient inspection, and of special hospitals into which cases of zymotic disease might be taken on the first appearance of any outbreak, not only in cities and towns, but also in villages, if distant from a large town; for it was a matter of experience that fever had often been introduced into the town from a neighbouring village, where it had been generated by a condition of things contrary to all sanitary laws. Isolated fever hospitals should be in number according to the size of the town, so that they be not crowded and the officials overtaxed, as well as that the patients might not have to endure the distress of a long journey. No paupers should be allowed to mix with ordinary patients, who were, or ought to be, ratepayers; for the honest though poor working man considered it a stigma upon his character to be associated with paupers. Paupers should go to the workhouse fever wards. In many places it would be found an advantage to provide distinct wards for the accommodation of those who would like to pay for privacy and special nursing. Having recounted the success which had attended the isolation of infectious disease in Huddersfield—small-pox epidemics having been arrested five times—Dr. Pritchett concluded by begging all medical officers of health not to let their sanitary authorities

rest until an area and a refuge for the fever-stricken had been provided. He urged sanitary authorities to think not of economy in the matter, as they would find that such lazarettos were the cheapest things they could buy with the ratepayers' money. Ladies who wished for benevolent work would find a great field for intelligent nursing in the hospitals, there being more satisfaction and less labour in it than in the duties of the governess, or a companion to some one who would probably have more whims than a fever patient.

PROFESSOR HUXLEY has written a vigorous essay on "Haeckel's Development of Man" in the *Academy*.

TWENTY cases of scurvy have been admitted into the Seamen's Hospital during the past year.

MR. EDMUND STEVENS, late of Farnham, Surrey, has bequeathed to the Royal Surrey County Hospital a legacy of £500.

IN consequence of the resignation of the Duke of Montrose, the Chancellorship in the University of Glasgow becomes vacant. Sir Wm. Stirling Maxwell and Lord Moncrieff are announced as likely to contest the chair.

THE Hunterian oration this year will be delivered at the Royal College of Surgeons of London on Saturday, Feb. 13, by Mr. F. Le Gros Clark, President of the College.

A WARNING to doctors is issued by the *San Francisco News Letter*, which announces its intention in future of publishing after each death-notice the name of the attending physician.

IN addition to a gift of £25 by the Bishop of London, from the fund left with his lordship by the Emperor of Russia on his last visit to England, University College Hospital has received a further donation of £10.

BY the death of Dr. Robert Adams, a vacancy is created in the Council of the Irish College of Surgeons. Dr. Henry Gray Croly has declared his candidature. Dr. Croly is a Licentiate of eighteen years' standing, and a Fellow of twelve years', and is Senior Surgeon of the City of Dublin Hospital. He formerly held a seat on the Council, but retired from it in consequence of temporary ill-health.

PROFESSOR ERASMUS WILSON will commence his course of six lectures on "Dermatology" at the College of Surgeons of England on Monday, the 1st of February next.

Professor W. K. Parker will deliver a course of eighteen lectures on "The Structure and Development of the Skull," in continuation of his course of last year, commencing on Monday, the 15th of February next.

In June next Professor Henry Lee, and Mr. William Turner, Professor of Anatomy in the University of Edinburgh, will complete the lectures for the present year, the former by a course of six lectures on "Syphilis, and on some Local Diseases affecting principally the

Organs of Generation," and the latter by three lectures on "The Comparative Anatomy of the Placenta."

THE next meeting of the London Pharmaceutical Society will be held on Feb. 3, at eight o'clock. A discussion on "The Construction of an International Pharmacopœia, from the Pharmacist's Point of View," will be introduced by Mr. Sutton, one of the delegates to the recent International Pharmaceutical Congress.

Literature.

THE (NEW YORK) PSYCHOLOGICAL AND MEDICO-LEGAL JOURNAL.

OCTOBER AND NOVEMBER, 1874.

We doubt if it would not be better for the students of psychology in the United States if the editors of the journal devoted to their specialty were to adopt the plan of a quarterly instead of a monthly publication. The United Kingdom contains many ardent students of mental science, and our public asylums furnish rich materials for observation; but a quarterly issue of the *Journal of Mental Science* is found sufficient for all purposes, and it presents this great advantage, that papers submitted for professional perusal can, in many cases, be given in a completed form, either for study or for review. There can be no second opinion as to the ability with which the *American Psychological Journal* is conducted; it is conspicuous in every number of the publication. Some of the best papers are not strictly confined to the subject of insanity, but all are of remarkable merit.

The October number opens with a paper on "Certain Nervous Affections of the Throat," by Dr. Clinton Wagner, who shows his thorough acquaintance with the latest laryngoscopic researches of the day. Next follows a paper by Dr. William A. Hammond, the editor, upon "The Influence of the Disulphate of Quinine over the Intracranial Circulation." This is the most valuable contribution of the number. Dr. Hammond gives the details of a series of carefully-planned experiments, carried out in his own person, of the effects of quinine upon the cerebral circulation, and he proves to demonstration that this drug causes hyperæmia and congestion of the cerebral vessels. The constant effects produced were redness of the face, increased action of the carotid and temporal arteries, suffusion of the eyes, heat of head, congestion of the retina and of the tympanum, and he considers that quinine has a tendency to produce, not only temporary difficulty of hearing, but in some cases *permanent deafness*. Dr. Hammond's observations lead him to doubt the effect credited to quinine of reducing enlarged spleens, and he attributes the reduction quoted in Pirry's experiments, where an alcoholic solution was thrown directly into the spleen, to the effect of the alcohol rather than that of the alkaloid. He concludes that quinine should never be administered in cases of active cerebral congestion, but that it may with benefit be given in cerebral anæmia. Dr. Hammond's paper deserves attentive study. "Insanity, its Treatment, Ancient and Modern," is an interesting address by Dr. Kellogg, and is as remarkable for its literary ability as for the thorough acquaintance with the subject shown by the author.

Dr. James I. O'Dea contributes a remarkable paper upon "The Philosophy of Suicide," in which he shows a profound acquaintance with the literature of the subject. He traces the influence of the academic speculations of the Greek and Roman philosophers upon the practice of suicide, and traces the destructive influence of the corrupt social life of imperial Rome upon the value set on human life.

A masterly historical review of the subject closes the October contribution of this writer, and in the November number he proceeds to the study of the general causes of suicide. If the ability which marks the early portions of this study of suicide is maintained in future contributions on the same subject, the work of Dr. O'Dea will leave its mark upon the psychology and the literature of the United States.

Turning to the November number, we commend to any of our readers who may wish for a good abstract of the views of the French and German schools upon the subject, a paper upon "Mental Physiology," by Mr. Wallace Wood, of New York. It is written with great clearness, no trifling merit in connection with a very obscure subject.

Both numbers contain, in addition to the original articles to which we have referred, a record of the proceedings of American learned societies, and very able reviews upon contemporary literature.

Correspondence.

THE IRISH COLLEGE OF PHYSICIANS AND THE "DISSENT."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mythology teaches us to believe that Atlas carried the world on his back; but no amount of respect for myths will enable your readers to believe that Atthill carried the committee of 1867 on his shoulders. This gentleman states that he "drew up the report which was subsequently signed by the other Members of the Committee."

This is true just so far as that Dr. Atthill, as the officer of the College, made a fair copy of the draft report; but he must be well aware that the report in question was the result of a series of compromises between the holders of views of the most antagonistic character. As to the proposal then made for the institution of an order of Members, it is necessary to point out that the Committee fully provided for the interests of Licentiates by proposing that all the existing Licentiates should be at once raised to the new grade of Member.

The proposal under the Draft Charter, it will be at once seen, is of a wholly different nature, as it leaves to the College the definition of the conditions as to fees, &c., under which Licentiates are to be admitted to the grade of Member. That a considerable fee would be imposed is openly avowed by members of the majority, some of whom even contemplate the imposition of a stamp duty.

I call upon the Licentiates to be awake and alive to what is sought to be inflicted upon them. This is, perhaps, for their interests, the most important crisis that the College has ever passed through, and the present opportunity should not be lost for impressing on the Government the necessity of some representation of the Licentiates on the governing body of a corporation to which their fees supply the chief funds. Should any new charter be eventually conceded by the Government, I trust it will contain a provision by which the Licentiates shall be allowed to take some part in the election to the Fellowship. This may be accomplished in a variety of ways: that which I would desire to see carried out would be that Fellows and Licentiates together should all assemble, and all vote openly in the election to Fellowship. If there be one principle better recognised than another in the present day, it is that taxation involves representation, and as the Licentiates supply the funds of the College, I wish to see them directly represented in it. Several Licentiates have done me the honour to communicate with me, and I will feel great pleasure in being the medium of receiving the views of any others of the Licentiates, and aiding in any movement they may set on foot to secure the rights and privileges to which they are justly entitled.

I have the honour to be, Sir,

Faithfully yours,

ROBERT D. LYONS.

8 Merrion Square West, Dublin,
January 10, 1875.

WANTED! A CURE FOR ENURESIS

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Could you or any of the readers of the *MEDICAL PRESS* recommend me any cure for the following case: A strong, healthy young girl, aged 14 years, was attacked about 3 years ago with incontinence of urine during the night, or indeed, whenever she slept, having never showed any symptoms of such disease before. Her father first tried beating her, for he thought it arose from laziness. He also used to call her three and four times a night, but to no purpose. He then consulted me, and I have since tried everything I could think of, or ever heard of, as being used, but without any effect. The girl is extremely strong and hardy, and very callous about it herself. I do not think there can be any malformation, it only occurring during sleep; but I never made any examination, as the parents are greatly against it. She has not yet menstruated, and when she does I am sure she will get better; but in the meantime she is a disgrace to her people and an annoyance to the whole house.

Donegal

I am, yours truly,
M. B.

We are favoured with the following reply from a contributor:—

In answer to M. B., Donegal, as to a cure for enuresis, I venture to suggest a blister, four inches square, being applied to the sacrum, so as to ensure the whole surface being vesicated. After this being done twice, I would follow it up by giving belladonna in such continuous doses as would keep the pupils dilated for a period of three weeks. Special inquiry should be made as to the possibility of worms being present. M. B. might write again at the end of a month.

I am, Sir, yours, &c.,

H. K.

Gleanings.

Chloral as an Application in Gangrene.

M. DEJARDIN-BEAUMETZ communicated to the *Société des Hôpitaux*, at a recent sitting, an account of the case of a young man 18 years of age, who applied for relief for spontaneous gangrene affecting the hand and fore-arm. In order to dissipate the odour and to avoid the danger of septicæmia as far as possible, M. Beaumetz had the affected limb kept constantly in a bath containing one part chloral to five hundred parts water. At the end of eight days the arm was amputated, with a favourable result.

Painful Angiomata.

PROF. TRÉLAT made some remarks on these tumours. Angiomata differ from the tumours called erectile, which should be called cavernous angiomata; the simple variety only contain blood-vessels. Formerly, when a small tumour was painful, it was called a neuroma; but painful neuromata are very rare, while indolent tumours of the nerves are quite common.

Prof. Trélat cited three cases of very painful tumours supposed to be neuromata, but which were afterwards found to be purely vascular; two were subcutaneous, one was submucous and existed at the vaginal orifice. In these three cases ablation was practised, which was followed by cure. Again, a case was cited where severe pain was caused by contact of the median nerve with vicious callus of the bones of the fore-arm; the nervous surface which had been in contact with the bone had become smooth, flattened, and of a ganglionic appearance. Resection of a part of the diseased nerve, resection of the bone, and re-setting the member, were followed by immediate cessation of pain and rapid cure.

Medical News.

Official Report on the Epidemic at Darwin.—Dr. Stephens, of the medical department of the Local Government Board,

who recently visited Darwin, has published his report respecting the outbreak of enteric fever at Darwin and on the sanitary condition of the place. He states that the chief sources of the water supply of the town are situated on neighbouring hills. Up to the present time the intake has been from a small rivulet near Tockholes, two miles distant, and the natural course of the rivulet is into the Earnsdale Lodge, at the other end of which the stream continues its course between the township of Darwin and Lower Darwin, emptying itself in the river Darwin near Dobholes Bridge. A portion of the stream is intercepted for the town supply, and is conducted to a capacious well-head, and thence into the Service Lodge, from whence the water is distributed to the town. In its course the water conduit receives additional supplies from springs and land drainage. On examination it was found that at several places material contamination was possible. At Tockholes it was liable to defilement by refuse from a farm-yard and by surface drainage. Up to very recently the sewage (including the overflow of cesspools) emptied itself into a small stream a few yards above the intake. There were several other sources of contamination, and in one place there were upwards of two feet of stinking mud removed from one of the streams. There was an arrangement by which the town could be supplied with water direct from the compensation tank or reservoir, but when this water was used it was receiving the whole of the Tockholes contamination. On other occasions all suspended foulness that, under ordinary circumstances, went to form the stinking mud of the service tank, was delivered direct to consumers. The local board are constructing a new reservoir that will not be liable to pollution of any kind. The sewerage of the town is very defective both in construction and in extent. The street sewers are in places very offensive. There is no provision whatever for the proper ventilation of the sewer system; sewer gas is allowed to escape into the interior of houses: and "sewer stink houses" are a matter of common observation. A large part of the town, street after street, has no sewerage or drainage whatever. The so-called River Darwin is for many purposes the chief sewer of the town. In the case of unusual floods this filthy stream overflows into the gardens and ground-floors of the houses on its banks. Its overflow is helped by a considerable and increasing silting up of its channel, arising from the mischievous practice of throwing large quantities of ashes and refuse into its bed. By far the worst feature in the sanitary defects of Darwin is found in the house arrangements for dealing with excrement, ashes, and refuse. With the exception of a few water-closets the cesspools are ill constructed. "The unhealthy condition of some of the tenements," says Dr. Stephens, "well nigh baffles description. In one, consisting of two rooms with windows immovable, there were three closely-huddled, miserably small bedsteads in one room, in which a mother and her seven children slept. This wretched cellar is dark and offensive even in the daytime, and what it must have been at midnight with these eight hapless tenants sleeping there it is difficult to realise. Surrounding the building was a quagmire ankle deep in slush of the filthiest kind, receiving into it all kinds of refuse for 14 tenements. In one case the foundations for a house were used as a receptacle for all kinds of filth from a number of houses, and the medical officer complained of the excreta from a fever case being emptied into the hole. These eminently ill-constructed means of receiving excrement, ashes, and refuse were made more injurious to the public health by the gross neglect of scavenging that had been allowed." He adds that there is more house accommodation than there was ten years ago, but in some of the poorer quarters of the town over-crowding is at present very excessive, and the houses have no means whatever of through ventilation. Dr. Stephens gives statistics of the death rate, and asserts that the high death rate has been contributed to by diseases known to be produced or fostered by neglect of ordinary sanitary precautions. There had been about 1,500 persons affected with fever, and it was found that the drain from a house where a young lady had died from fever in September communicated with the town's water and polluted it. Though a committee of the local board reported in 1861 upon the contamination of the water supply by sewage, there is no difference between the present state of the water supply and that which the board condemned 13 years ago. Miles of streets remain unpaved and unsewered. The number of deaths from the fever epidemic is over 100. The town needs a careful survey of the waterworks, completion of the sewer system, proper ventilation of sewers, &c.; a hospital for epidemic diseases, a public mortuary, and means for disinfecting clothing and bedding.

Metropolitan Water Supply.—The official report of the Local Government Board on the water supply of the metropolis during the month of December, states that the condition of the water at the Hampton, Molesey, and Sunbury intakes was generally bad. At the Chelsea Company's intake at Ditton it was good on only three days of the month, and very bad on twenty days. It is added that Parliamentary powers are to be applied for to obtain a new intake at Molesey. Major Bolton describes the progress that is being made by various companies, especially the East London, Kent, and New River Companies, in introducing constant service supplies. Attention is called to a clause in the Board of Trade regulations prohibiting waste pipes being carried down into drains, instead of having the end exposed to the air.

Liverpool Medical Institution.—The following have been elected office bearers for 1875:—President: Mr. McCheane, Vice-Presidents: Mr. T. Shadford Walker, Dr. Davidson, Dr. Steele, Dr. Desmond. Treasurer: Dr. Oxley. Honorary Secretary: Dr. Lyster. Hon. Sec. Ordinary Meeting: Dr. Glynn. Hon. Librarian: Dr. Wm. Carter. Committee: Dr. John Bligh, Mr. Edgar A. Browne, Dr. W. Macfie Campbell, Dr. Caton, Dr. Dickinson, Dr. Grimsdale, Mr. Harrison, Mr. Newton, Mr. Rushton Parker, Mr. Puzey, Dr. Turnbull, Dr. Waters.

NOTICES TO CORRESPONDENTS.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—Subscriptions in advance for 1875, at the reduced tariff of 2ls. per annum, post free, are now due, and will be thankfully received by the Publishers in London, Dublin, and Edinburgh.

ERRATUM.—The name of the Auditor of the Junior Surgical Society of Ireland, from whose pen we recently published an interesting communication on the "Progress of Surgical Science," was erroneously stated as J. Fitzsimons. Our contributor's name is "Cuthbert C. Fitzsimons."

DR. LANE, Douglas.—If possible, in our next.

DR. A. T. H. K.—The work is announced, but we believe it has not yet been published.

DR. ADAMSON.—Your note has been forwarded to the writer of the article to which you refer, who will probably answer your inquiry by private note.

DR. PHILLIPS is thanked.

AN AGED BROTHER.—Our obituary of to-day records the death of a member of our profession, at the ripe old age of 96, in the person of Mr. James Dawson. It is so rare an occurrence that any of our members approach so nearly to centenarianism that we take the opportunity of drawing attention to the fact. True, Dr. Parr is said to have lived nearly a century and a half, but then the profession of the present day do not generally indulge in Parr's Life Pills!

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Baltazar Foster, Birmingham. Dr. Adamson, Bellaghy. Mr. Coulter, Chatham. Dr. Abrath, Sunderland. Mr. Morson, London. Mr. Benson, London. Mr. Needham, London. Dr. Williams, Colchester. Dr. Birch, London. Dr. Hime, Sheffield. Mr. Lawford, London. Dr. Pinder, Harpinhey. Mr. Butcher, London. Dr. Kiernan, Buckfastleigh. The Registrar-General, Mr. Ravenstein, London. Mr. Austin, Liverpool Medical Institution. Mr. Aston, Kirton-in-Lindsey. Dr. Donkin, London. Dr. Clarke, Dunmurray. Dr. J. Stannus Hughes, Dublin. Dr. Walker, Bonmahon. Dr. Murdoch, Magherafelt. Dr. Fryer, Fenagh. Dr. Nason, Kingstown. Dr. Nixon, Shirrone. Dr. Thomson, Belturbet. Dr. Ringland, Lisbane. Dr. Walsh, Castlebar. Dr. Sterling, Thomastown. Dr. Perceval, Dublin. Dr. Brady, Rathgar. The Registrar-Mercer's Hospital, Dr. Diamond, Rasharkin. Dr. Roundtree, Ballinacollig. Dr. Huston, Ballow. Mr. Dickinson, London. Dr. McCabe, Dundrum. Dr. Cardiff, Ballinabola. Dr. Rawson, Ballyglass. The Marquis of Drogheda. Dr. Phayer, Kilkenny. Dr. Mahon, Westport. Dr. Dillon, Ennis. Dr. Meadows, London. Mr. Berry, Wigan. Dr. Lane, Douglas.

MEETINGS OF THE LONDON SOCIETIES.

THURSDAY, Jan. 21st.—Royal Institution, 3 p.m. Prof. P. M. Duncan, "On the Grandeur Phenomena of Physical Geography." Hunterian Society, 8 p.m. Mr. H. W. Kiallmark, "On a Case of Cancer of the Liver."

FRIDAY, Jan. 22nd.—Quekett Microscopical Club, 8 p.m. Mr. T. Charters White, "On the Aquarium as a Field for Microscopical Research."

Clinical Society, 8 1/2 p.m. Mr. T. Holmes: "Notes of a Case of Subperiosteal Excision of Os Calcis." Dr. Thorowgood and Mr. Bywater Vernon will bring forward a "Case of Optic Neuritis, with Complete Loss of Vision; Recovery under Treatment." Mr. F. Thornton, "On a Case of exceeding Frequency of the Pulse."

MONDAY, Jan. 25th.—Medical Society, 8 p.m. Ordinary.
TUESDAY, Jan. 26th.—Royal Institution, 3 p.m. Mr. E. Ray Lankester, "On the Pedigree of the Animal Kingdom."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.
Cutaneous Medicine and Diseases of the Skin. By Hy. S. Pardon, M.D. London: Baillière, Tindall, and Cox.
Manual of Pathological Anatomy. By Drs. Handfield Jones and E. H. Sieveking. London: J. and A. Churchill.
Lectures on Pathological Anatomy. By Drs. Wilks and Moxon. London: J. and A. Churchill.
On Winter Cough, Third Edition. By Horace Dobell, M.D. London: J. and A. Churchill.
Half-Yearly Retrospect of Medicine. By Drs. W. and J. Braithwaite. London: Simpkin, Marshall, and Co.
On the Curative Effects of Baths and Waters. Translated from the German by Dr. Weber. London: Smith, Elder, and Co.
British Wild Flowers in Relation to Insects. By Sir John Lubbock, F.R.S. London: Macmillan and Co.
Three Months after Date. By M. Laing Meason. London: Ward, Lock, and Tyler.
Disclosures in connection with the Medical and Surgical Practice of the Sunderland Infirmary. By G. A. Abrath, M.D.
Nature. Le Mouvement Medical. Le Progrès Medical. The Westminster Review. Public Health. La Tribune Médicale. Journal de Théraputique. Archives of Electrology and Neurology.

VACANCIES.

University College Hospital. Resident Medical Officer. Full information from Mr. Robson, Secretary to the Council.
St. George's and St. James's Dispensary. Accoucheur. Honorary. Election 11th prox. Full particulars of the Secretary.
Hull General Infirmary. Dispenser. Salary, £100 to a fully qualified man. Applications to the Chairman of Committee.
Ulverstone Union. Medical Officer. Salary, £20, exclusive of fees. Applicants must address the Clerk to the Guardians, Ulverstone.
Birmingham Free Hospital for Sick Children. Two Acting Physicians. Emolument, £50 per annum; attendance three days per week. Applications to be sent in to the Medical Committee not later than the 3rd prox.
Stafford General Infirmary. Assistant House Surgeon. Salary, £25, with board, &c. Address the House Surgeon.
Kilchrean Parochial Board, Argyshire. Medical Officer. Salary, £60. Address, Mr. W. J. Martin, Ri-cruin, Lochgilphead.
Birmingham General Dispensary. Resident Surgeon. Salary commencing at £130 per annum. Applications to the Secretary.
Bath Royal United Hospital. Resident Medical Officer. Salary, £100 per annum, with board and residence. Application to the Secretary.

APPOINTMENTS.

BARLOW, J., M.R.C.S.E., Assistant Medical Officer to the Towns Hospital, Glasgow.
BATE, G., M.R.C.S.E., Assistant Medical Officer to the new Woolwich Union Infirmary at Plumstead.
BROOKHOUSE, J. O., M.D., Physician to the General Hospital, Nottingham.
BROWN, W. J., M.B., Assistant Medical Officer at the Borough Lunatic Asylum, Newcastle-on-Tyne.
BROWNE, J. W., M.D., Sanitary Officer for the Belfast Urban Sanitary District.
CROKER, G., M.D., Sanitary Officer for the Belfast Urban Sanitary District.
DAVIS, H. A., M.D., Superintendent Medical Officer of Health and a Sanitary Officer for the New-port (co. Mayo) Rural Sanitary District.
FALVEY, F. J., L.R.C.P.Ed., Superintendent Medical Officer of Health for the Tralee Rural Sanitary District.
HOLLIS, E., M.B., Resident Surgeon to Chalmer's Hospital, Edinburgh.
HUMPHREYS, H., M.A., M.R.C.S.E., Medical Registrar at the Middlesex Hospital.
IRWIN, W., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Manorcunningham Dispensary District of the Letterkenny Union, co. Donegal.
LEWELLYNS, R. R., M.R.C.S., House Surgeon at the London Hospital.
LOWE, J., M.D., Medical Officer of Health for the Downham Rural Sanitary District.
LYELL, R. W., M.D., M.R.C.S., Surgical Registrar at the Middlesex Hospital.
LYNCH, F. J., M.D., Superintendent Medical Officer of Health for the Loughrea Rural Sanitary District.
M'CONNELL, A., L.R.C.P.Ed., Sanitary Officer for the Belfast Urban Sanitary District.
M'CREA, J., M.D., Sanitary Officer for the Belfast Urban Sanitary District.
MACKENZIE, M. B., M.D., Sanitary Officer for the Belfast Urban Sanitary District.
MACKENZIE, S., M.B., Medical Registrar at the London Hospital.
MARK, J., M.D., Sanitary Officer for the Belfast Urban Sanitary District.
MARTIN, J., L.K.Q.C.P.I., Sanitary Officer for the Belfast Urban Sanitary District.
MEADOWS, H., M.B., Public Analyst for the Borough of Leicester.
MILLS, J., M.R.C.S.E., Administrator of Chloroform to St. Bartholomew's Hospital.
NEWETT, E. H., L.R.C.P.Ed., Sanitary Officer for the Belfast Urban Sanitary District.
PAGE, H. W., M.B., F.R.C.S.E., Surgical Registrar at the London Hospital.
RIMMINGTON, F. M., F.C.S., Public Analyst for Dewsbury.
RYAN, J., M.D., Superintendent Medical Officer of Health and a Sanitary Officer for the Killdysert Rural Sanitary District.
SAUL, W. W., M.D., Surgeon to the Gaol at Lancaster Castle.
SMITH, R. D., M.R.C.S.E., Junior Resident Medical Officer at the London Hospital.
SPEDDING, B. H., L.R.C.P.Ed., Sanitary Officer for the Belfast Urban Sanitary District.
WRIGHT, E. A., M.B., C.M., Junior House Surgeon to the Huddersfield Infirmary.

Deaths.

ADAMS.—On the 18th Jan., at his residence, 22 St. Stephen's Green, Dublin, Robert Adams, M.D.
 DAWSON.—On the 17th Jan., at Wray Castle, near Ambleside, James Dawson, F.R.C.S., aged 96.
 DESPLAN.—On the 1st Jan., at Knowle, Bristol, Henry Desplan, M.R.C.S.E., aged 41.
 DICK.—On the 20th Sept. last, John Dick, M.D., of Naseby, New Zealand, late of Douglas Bridge, Strabane, co. Tyrone, aged 58.
 EVANS.—On the 11th Jan., at his residence, 5 Stephen's Green, Dublin, D. Thomas Evans, M.R.C.S.E., in the 64th year of his age.
 FITZPATRICK.—On the 11th Jan., at Torquay, Dr. John Fitzpatrick, M.D., of Bolton Lodge, Naas, aged 83.
 HARRIS.—On the 7th Jan., Henry Harris, M.R.C.S.E., of Beigate, aged 60.
 JONES.—On the 30th Dec., John E. Jones, M.R.C.S.E., of Stonehouse, Gloucestershire, aged 54.
 JONES.—On the 12th Jan., at Beaumaris, Sontha Elizabeth, the beloved wife of Llewellyn Jones, M.D., aged 72.
 KING.—On the 11th Jan., at Portland Place, Camberwell, S.E., Thos. Kirwan King, M.D., in his 72nd year.
 LEONARD.—On the 7th Jan., at Princes-Baborough, J. Leonard, M.R.C.S.E., aged 74.
 LIVINGSTONE.—On the 1st Jan., at St. John's, New Brunswick, William Livingstone, M.D., of Kilsyth, Stirlingshire, Scotland, aged 71.
 LLOYD.—On the 2nd Jan., Dr. Wm. Lloyd, of Braithwaite Road, Birmingham, aged 76.
 STEPHENS.—On the 7th Jan., at White House, Emworth, Hants, Daniel Wells Stephens, M.D., aged 48.
 VINTER.—On the 4th Jan., John H. Vinter, M.R.C.S.E., of Guy's Hospital, aged 22.

Advertisements.

SURGICAL SOCIETY OF IRELAND.—The FOURTH MEETING of the SOCIETY will take place on FRIDAY EVENING, 22nd JANUARY, 1875.

Chair will be taken at half-past Eight o'clock precisely.
 B. WILKS RICHARDSON, F.R.C.S.I., } Hon. Secs.
 HUMPHREY MINCHIN, F.R.C.S.I., }
 Royal College of Surgeons, Dublin,
 25th day of Nov., 1874.

ARMY MEDICAL DEPARTMENT.
 11TH JANUARY, 1875.

AN EXAMINATION OF CANDIDATES FOR COMMISSIONS in the Medical Department of Her Majesty's Army will be held in London on the 15th FEBRUARY, 1875, and following days.
 Candidates having the necessary qualifications to practise Medicine and Surgery under the Medical Act, and who are unmarried, and not under 21, nor above 28 years of age, are eligible to attend.
 Application for the printed Schedule, prior to the Examination, should be made in writing, without delay, to the Director-General, Army Medical Department, War Office, London.
 As the list will be closed on Saturday, the 6th February, all schedules and necessary certificates must be returned on or before that date.
 (Signed) W. M. MUIR, Director-General.

INDIAN MEDICAL SERVICES.

NOTICE is HEREBY GIVEN, that an EXAMINATION OF CANDIDATES for Twenty Appointments as Surgeon in Her Majesty's Indian Medical Service will be held on the 15th February, 1875, and following days.
 Copies of the Regulations for the Examination, together with information regarding Pay and Retiring Allowances of India Medical Officers, may be obtained on application at the Military Department, India Office, London, S.W.
 The necessary certificates must be submitted to the Military Secretary at least a fortnight before the date fixed for examination.
 (Signed) T. T. FEARS, Major-General,
 Military Secretary.
 India Office, 7th January, 1875.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 4 0
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One quarter page	1 5 0
Half-page	2 10 0
One do.	5 0 0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

ROYAL FREE HOSPITAL, GRAY'S INN ROAD.—There is a vacancy for a JUNIOR HOUSE-SURGEON to this Hospital. Candidates, who must be possessed of a Medical or Surgical qualification from one of the Examining Boards of the United Kingdom, are requested to send in their Testimonials to the Secretary on or before WEDNESDAY, the 20th inst. The appointment will be made for six months only, but the holder will be eligible for re-election. Board and residence are provided in the Hospital.

JAMES S. BLYTH, Secretary.

ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.

CLASSES FOR THE UNIVERSITY OF LONDON. MATRICULATION EXAMINATION.

TWO CLASSES are held at ST. BARTHOLOMEW'S HOSPITAL in each year, for the convenience of Gentlemen who are preparing for the Matriculation Examination at the University of London—from October to January, and from March to June.

- (1) Classics, French, English, Modern } Malcolm Laing, M.A. Trin. Coll.,
 Geography, & English History. } Cambridge.
- 2) Mathematics and Natural Philo- } The Rev. J. T. Bell, M.A., late Fel-
 sophy. } low of St. Catherine's Coll.,
 Cambridge.
- (3) Chemistry T. Elhoff, F.C.S.

The Class is not confined to Students of the Hospital.
 Mr. Laing also holds a Class for the Preliminary Examination in Arts of the Royal College of Surgeons and of Apothecaries' Hall.

PRELIMINARY SCIENTIFIC EXAMINATION.

A Class in the subjects required for the Preliminary Scientific Examination is held from January to July, and includes all the subjects required, as follows:—

- Chemistry H. E. Armstrong, Ph.D.
- Botany The Rev. G. Henslow, M.A.
 Cantab., Lecturer on Botany
 to the Hospital.
- Zoology and Comparative Anatomy... Norman Moore, M.B. Cantab.,
 Lecturer on Comparative Ana-
 tomy to the Hospital.
- Mechanical and Natural Philosophy P. J. Hensley, M.D. Cantab., Fel-
 low of Christ's College, Cam-
 bridge, Demonstrator of Me-
 chanical and Natural Philo-
 sophy to the Hospital.

FIRST AND SECOND M.B. EXAMINATIONS.

Special Classes in the subjects required for this Examination are held by the Lecturers on those subjects and the Medical Tutor.
 For further information, application may be made to the Warden of the College, St. Bartholomew's Hospital.

M.D. EXAMINATION.

A Class in Logic is held for this Examination by William Graham, M.A., late Scholar of Trinity College, Dublin.

ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.

SCHOLARSHIPS IN SCIENCE.

TWO SCHOLARSHIPS IN SCIENCE have been Founded at St. Bartholomew's Hospital:
 1. An OPEN SCHOLARSHIP of the value of £100, tenable for one year, to be competed for in September. The Subjects of Examination are Physics, Chemistry, Botany, and Zoology. The successful Candidate will be required to enter at St. Bartholomew's Hospital in October next.
 2. PRELIMINARY SCIENTIFIC SCHOLARSHIP of the value of £50, tenable for one year, to be competed for in October next, by Students of the Hospital of less than six months' standing. The subjects of Examination are identical with those of the Open Scholarship. For further particulars and syllabus of subjects application may be made, personally or by letter, to the Warden of the College, St. Bartholomew's Hospital, London.

DUBLIN INFIRMARY for DISEASES of the EYE and EAR, Ely Place.

Ophthalmic and Aural Surgeon:
 ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S., Ex-Ophthalmic and Aural Surgeon to the City of Dublin Hospital.

Consulting Physician:
 EVORY KENNEDY, M.D. (Hon. Caus.) T.C.D. and Edin., Fellow and Ex-President King and Queen's College of Physicians.

Consulting Surgeon:
 GEORGE H. PORTER, F.R.C.S.I.; M.Ch. T.C.D. (Hon. Caus.) Surgeon in Ordinary to Her Majesty the Queen in Ireland; Fellow and Ex-President, R.C.S.I.; Senior Surgeon to the Meath Hospital.

Obstetric Physician:
 JOHN CRONYN, M.D., F.R.C.S., Examiner in Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

Work, Income, and Expenditure for Twelve Months, ending June 30, 1873.

Annual number of Dispensary patients	5,847
Number of visits paid by such patients	124
Number of patients within the Infirmary	163
Number of operations performed	£37 15 0
Total gross expenditure per bed per annum	1 10 6
Average expenditure per interna patient	

The Infirmary is wholly dependent on private benefactions, and is in debt to the Medical Officer. SUBSCRIPTIONS ARE EARNESTLY SOLICITED

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 27, 1875.

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THE COMPARATIVE MORTALITY OF LARGE TOWNS. (a)

By BALTHAZAR FOSTER, F.R.C.P.L., M.D., L.K.Q.C.P.I., Professor of the Principles and Practice of Medicine in Queen's College, Birmingham; Physician to the General Hospital, &c.

As the time at my disposal is short, I have drawn up in a tabular form the statistics on which my remarks are based. The table gives the rate of mortality from all causes, and certain special causes, for twenty years (1851 to 1870), in Birmingham and six other large towns, as compared with the rate of mortality in the country generally (England and Wales) and in twelve healthy rural districts. The registration districts, I should observe, do not correspond with the boroughs in the cases of the six provincial towns. In each instance, the registration district is limited to the worst part of the town, and so the comparison is a fair one, except in the case of Bristol. The registration district of Bristol includes not more than one-third of the city, and that the most unhealthy part; the death-rate, consequently, appears much higher than that of the whole city. In the case of London, on the other hand, the area of the registration district is so wide that the death-rate is lowered by including the suburban districts with the central portions of the city in a common average. A glance at the second column of the table shows that the death-rate of the Birmingham district, from all causes, places our town higher in the health scale than Liverpool, Manchester, Leeds, and Sheffield (I omit

Bristol, for reasons above stated); while our death-rate is greater than that of London, and exceeds that of the whole country by about 4 per 1,000. The towns lower in the health scale exceed that of the whole country as follows for the twenty years:—

Sheffield.....	6·5 per 1,000
Leeds.....	6·5 per 1,000
Manchester.....(nearly)	10 per 1,000
Liverpool.....	13·7 per 1,000

The reduction of this excess is the work before the sanitary authorities in these districts. Passing on now to the next column, which shows the fever death-rate, Birmingham stands exceedingly well, being, with London, for the twenty years' average, the healthiest of the six great towns, and for the last decade having a lower fever death-rate than the average of the whole country. Liverpool, which is by far the worst of the great towns in its fever death-rate, has a population which suffers from true typhus, a form of fever exceedingly rare in Birmingham. After this column, however, the superiority of Birmingham ceases, and we come to the two great blots in its sanitary records. The diarrhoea and cholera death-rate in the next column shows that the Birmingham diarrhoea death-rate is twice as bad as the average of the whole country, much worse than that of London and Bristol, about equal to that of Sheffield and Leeds, and is only exceeded by the death-rate in Manchester and Liverpool. If we take, however, the proportion between deaths from this class of diseases and the deaths from all causes during the twenty years, as stated in column 9, Birmingham stands second in this black list, being only surpassed by Liverpool—the most unhealthy of our great towns. Moreover, when we bear in mind that, during these twenty years, Liverpool has suffered from several cholera epidemics, while Birmingham has enjoyed a wonderful immunity from this terrible pest, we cannot, I am afraid, truly say that Birmingham is much healthier than even Liverpool in respect to the mortality from diarrhoea. It is true the town has improved a little during the last ten years, but not sufficiently to justify any complacent indifference to

(a) Read at the Sanitary Congress held in Birmingham January 14th.

the deplorably high death-rate from this cause. The next column refers to diphtheria. Here again the results are startling. Birmingham is the worst great town in England as regards diphtheria, and this unenviable character has been acquired during the last ten years. The death-rate from this disease having gone up from '07 to '34 per 1,000 in the ten years; or to state it more plainly, nearly five times as many deaths have occurred from diphtheria during the latter decade as in the former. A difference in registration will not account for this, as such a cause would have operated equally in other towns, and, moreover, the throat disorders, which are confounded with diphtheria, are not (with the exception of scarlatinal sore-throat) commonly fatal, and would not therefore affect the death-rate. As regards this disease, Birmingham stands not only as the worst of the great towns without exception, but has a mortality nearly double that of most of them. Taking a momentary glance at two other columns in the table, a total zymotic death-rate and the proportion of deaths from zymotic diseases to death from all causes, we see that Birmingham is a little better this decade than for that ending in 1860. Comparing Birmingham with other towns for the first ten years of my table (the figures for the other towns for 1861 to 1870 not yet having been published by the Registrar-General) Birmingham was the worst town of all, except Liverpool and Sheffield, as regards the proportion of zymotic deaths to deaths from all causes. I specially refer to this, because these diseases are what we call and call properly—"preventible diseases," diseases which depend for their propagation on neglect of sanitary laws—diseases which admit of being partially, some would even say very largely, stamped out. The simple statement that the death-rate in Birmingham from preventible disease has been for twenty years past about 7 per 1,000, or that more than one-fourth of the total deaths has been from this cause, hardly conveys the magnitude of the evil. Every year there are now some 2,000 deaths from this class of preventible disease, and during the twenty years considerably over 30,000 persons have died in Birmingham from a class of disorders largely reducible by strict sanitary measures. During the year which has just closed, the death-rate of the borough has gone up to the very high rate for Birmingham of 29 per 1,000, after having stood for the three years 1871, 1872, and 1873 at an average of 24.3 per 1,000. The increase has been caused by the prevalence of certain zymotic diseases, especially small-pox. From this cause alone during this one year 637 persons have died, a number greater than the total deaths which occurred from small-pox during the ten years 1861 to 1870. The remainder of the table I will not enter on, but would briefly refer to those two great sanitary defects which I have pointed out—viz., the diarrhoea and diphtheria death-rates. Both of these classes of disease are eminently preventible. Diphtheria, when it was first studied in France, was referred to the poisonous effluvia from decomposing sewage. This view has again of late been greatly strengthened, and there is a strong opinion in the medical profession that diphtheria is especially a disease which is very closely connected with defective drainage. It often prevails epidemically in rural districts in localities where such conditions exist, and is rather a disease of the country than of the town. In Birmingham, however, it has apparently taken up permanent quarters, and must, consequently, have found some local conditions specially favourable to its development and propagation. To these I will refer a little later on. In diarrhoea we have a still older enemy, one that has always prevailed in the town. The Medical Officer of the Privy Council, in his report for 1858, specially investigated the causes of the prevalence of diarrhoea in Birmingham and other towns, and he summed up his report with these words: "The excess of mortality has in all the places been coincident with one or other of two definite local circumstances—the tainting of the atmosphere with the products of organic decomposition, especially of human excrement, and the habitual drinking of impure water." Sewage-polluted earth, tainted air, and impure water are the great

factors of diarrhoeal disease, and there is reason to believe that diphtheria depends on somewhat similar unsanitary conditions. The question now naturally arises—are there special conditions in Birmingham favourable to the development of these diseases, and, if so, what are they? We have not far to go for an answer. In this town in 1870, the end of the period covered by my figures, there were 70,000 houses connected with privies and middens in the town. These houses contained a population of 325,000. In the words of the report of the Sewage Committee: "The middens cover an area of 13½ acres, and practically all of them, containing faecal matter and solid and liquid refuse, are open to the air. Some of them are situated beneath houses or workshops, and large numbers are built against the walls of houses, which are thus permeated with the filthy liquid soaking through the walls. The consequence is that the sewers are constantly fouled by the drainage from the middens, and that the surface wells generally become the receptacles of sewage matter, with which the earth surrounding the middens is absolutely saturated."

By our own words are we judged. The water of these surface wells, polluted with sewage, as our medical officer of health has frequently shown, is at present used by at least one-third of our population. Some 140,000 people in this town drink this death-giving fluid, and especially the children under five years of age, on whom the mortality from diarrhoea and diphtheria falls most heavily. The remedies for this state of things are obvious; they are two—(1) the abolition of the midden system, and the substitution of a system of weekly removal of refuse of all kinds from every house. This is the system which has been for years in operation in some of our healthiest towns. I am glad to say the Corporation are vigorously endeavouring to carry it out here. The next remedy (2) is the abolition of all surface wells, and the substitution of a constant supply of the purest water we can get. If, by any means, a stream of pure water is poured into our courts and yards, in place of the tainted well-water which is now used, our health conditions in Birmingham will be greatly improved and our mortality from preventible diseases largely diminished. This work, which you, sir, have proposed during your tenure of office, is our most urgent sanitary reform, and will, when accomplished, give a special honour to your mayoralty.

The following is the Table of Mortality per 1000 inhabitants, from all causes and certain special causes, in Birmingham and eight other Districts, during twenty years; the first line of each bracket referring to the period from 1851 to 1860, and the second from 1861 to 1870:—

Registration District.	Death-rate from all Causes.	Fever ("Typhus" of Registrar-General).	Diarrhoea and Cholera.	Diphtheria.	Scarlatina.	Total Zymotic Death-rate.	Proportion of deaths from each cause to deaths from all causes.	
							Zymotic per cent.	Diarrhoea per cent.
12 Healthy Rural Districts.....	17.1 17.4	.6 .59	.4 .38	.18 .2	.53 .45	2.9	17	3.3 3.2
England and Wales.....	22	.91	1.08	.1	.77	4.95	22.5	4.2
London.....	22.4	.88	1.08	.18	.97	6.1	26.7	4.8
Bristol (Parish).....	28.7	.75	1.5	.08	.93	5.75	21.4	5.3
Liverpool.....	24.3	.89	1.29	.18	1.14	5.75	21.4	4.4
Manchester.....	26.6	.95	1.3	.07	.93	5.75	21.4	4.4
Leeds.....	28.9	.93	1.2	.18	1.27	5.75	21.4	4.4
Sheffield.....	33.3	1.35	2.9	.05	1.5	9.4	28.2	5.7
Birmingham (Parish).....	33.6	1.1	2.9	.17	1.47	8	23.5	7.5
.....	31.5	1.25	2.4	.04	1.5	8	23.5	7.5
.....	33.8	1.7	2.6	.16	1.54	8	23.5	7.5
.....	27.7	1.1	1.25	.05	.97	6.8	24.5	5.1
.....	29.8	1.4	1.37	.14	1.24	7.9	27.8	7.7
.....	24.4	1.3	2.2	.2	1.24	7.9	27.8	7.7
.....	29	1.4	2.1	.19	1.42	7.15	27	7.2
Birmingham (Parish).....	34.5	1	3.2	.07	1.06	6.98	26.3	5.5
.....	26.6	.79	2	.34	1.32	6.98	26.3	5.5

A BRASS RING LODGED IN THE LARYNX FOR FOUR YEARS. (a)

REMOVAL BY SUBHYOIDEAN LARYNGOTOMY—CURE.

By GEORGE M. LEFFERTS, M.D.,

Surgeon to the New York Eye and Ear Infirmary, the Demilt Dispensary (Throat Departments); late Chief of Clinic to Prof. Stoerk, in the Imperial University of Vienna.

CASE.—A. B., aged six and a half years. Four years ago (August, 1870) the child, while playing in the company of other children with an ordinary, medium-sized, brass finger-ring, broken at one point, placed it in her mouth, and a few moments later suddenly swallowed it. Urgent dyspnœa immediately followed; the child became deeply cyanotic, then unconscious, and suffocation seemed imminent, until one of the bystanders, passing her finger deep into the child's throat, felt the ring and pushed it downwards. This act was followed by immediate improvement in the respiration. The child recovered consciousness, and soon afterwards was able to move about at play.

On the physician's arrival, a short time later, various instruments were passed into the throat in order to seize the ring, but without success, and no foreign body being met with during the examination, it was supposed to have passed into the stomach, and further attempts at removal were desisted from.

Cathartics were administered and the evacuations carefully watched, but without finding the missing body.

The child's respiration is stated to have remained good during the remainder of the day of the accident; but the same night the mother noticed that it was decidedly stridulous, and says that it has since remained so. The child, however, slept quietly, and had no attacks of laryngeal spasm. Deglutition was not and has not been affected. The child, immediately after the accident, became partially aphonic, and has continued in the same condition during the subsequent period of time up to within six weeks. A short, hacking cough made its appearance a few hours after the ring was swallowed, and has persisted since that time.

Several physicians were summoned at different times during the few weeks following the accident, and occasional instrumental examinations of the throat were made. (It may be here stated that no laryngoscopic examination had been made previous to the one made by me.) Emetics, laxatives, and cough-mixtures were ordered, and the mother was assured that the presence of the ring within the air-passages was extremely doubtful. The above narration of symptoms comprises the history of the case during the following period of time—nearly four years—up to six weeks ago. Within this time there was no change in the symptoms as described, nor were any new ones noticed, except that the child gradually lost flesh and strength.

Six weeks ago the child contracted a heavy cold. The respiration immediately became seriously embarrassed. The voice was entirely lost, and laryngeal spasm occurred for the first time, principally during the night. The attacks were prolonged and severe; the child becoming relaxed and cyanotic, then gasping for breath, and tearing at the throat with both hands; but the intensity of the spasm passing off in a few seconds, deep inspirations followed, the face assumed its natural hue, and the patient again fell into a natural sleep.

Lately these spasms have increased in frequency, so that she may have from two to six during the course of one night. Any exertion or excitement during the day will increase the number and severity of the attacks at night. A fit of crying alone has often provoked serious

and protracted laryngeal spasm. Although the voice has been entirely lost for the last six weeks, and all of the symptoms have pointed to a very serious interference with the function of the larynx, deglutition has not been at all affected. The child does not, nor has not, complained of any pain during the process, and has always taken, with equal facility, solid or fluid food, a curious fact, to be noted when the location of the ring in its relation to the laryngeal parts comes to be described.

The condition of the child becoming so serious, the mother was advised by her friends to leave her home in the country and come to this city for medical advice.

She here consulted Dr. J. Lewis Smith, who upon making an auscultatory examination detected the presence of the missing foreign body within the respiratory tract.

The doctor referred the case, as one of unusual interest, to Dr. J. R. Leaming, who, after making his examination, directed the case to me, for the purpose of having a laryngoscopic examination made.

My report having been made, the child subsequently was most courteously referred to me for treatment by Dr. Smith.

Operation.

In the present case it was deemed advisable to modify the original operations by first performing tracheotomy, and thereby insure the patient a free and plentiful supply of air during the steps of the operation—a procedure rendered doubly advisable by the condition of laryngeal stenosis existing in the case, and the liability to laryngeal spasm (as shown in the previous history), as well as the danger of subsequent inflammatory action reducing still further the calibre of a larynx already diminished more than one-half from its normal condition.

It was proposed to make the presence of the tracheal tube but temporary, and it having subserved its first purpose of protecting the patient from danger during the operation, to remove it as soon as danger from the laryngeal inflammatory process had passed away.

The operation was accordingly undertaken July 7th, 1874, as follows: The head having been thrown backwards over pillows placed beneath the neck, and the position of the cricoid cartilage having been identified, an incision some two and a half inches in length was made over it, in the median line, and extending downwards over the superior portion of the trachea. The skin and superficial fascia being rapidly dissected through, the inner borders of the sterno-thyroid muscles came into view, and after drawing them aside by means of retractors, a few touches of the knife laid bare the cricoid cartilage, and with it the isthmus of the thyroid body lying immediately below, across the trachea,—in this case being unusually large and lying high up. During this dissection several medium-sized vessels were severed, and a halt was here made until they had been secured by torsion. The isthmus was then displaced, partly by pushing it downwards and partly by tearing through its substance, a procedure which I have several times adopted and have never experienced any trouble nor unusual hæmorrhage from its laceration, contrary to what I believe to be the generally held opinion. The isthmus being partly removed in this manner, the upper rings of the trachea became plainly visible, and all active hæmorrhage having ceased, a hook was placed under the lower edge of the cricoid cartilage to steady the parts.

An incision was then made in the trachea, from below upwards, commencing at about the fourth ring, and continued up to the cricoid cartilage. The tracheal dilator (Trousseau) having been introduced and the lips of the incision held apart, the canula was readily introduced and secured in position.

Spasmodic cough followed, expelling a moderate amount of clear mucus untinged with blood, but ceased after the further administration of ether through the tracheal tube.

The second step of the operation consisted in, first, identification of the position and relations of the hyoid bone, a procedure not unattended by some difficulty on

(a) We are indebted for this and for Dr. Wagner's paper in our last issue to early sheets kindly sent by the authors. Some delay has occurred with the latter paper, for which we would apologise to Dr. Wagner, and it has therefore appeared in full in America before a portion was printed in our pages.—Ed. M. P. & C.

account of the small size of the parts and the close proximity of the hyoid bone to the thyroid cartilage, a limitation of the field of action which renders the performance of this operation upon a child much more difficult than upon the adult.

This point having been satisfactorily ascertained, an incision three inches in length was made parallel with the lower border of the hyoid bone and one-eighth of an inch below it, transversely across the neck, and the skin, subcutaneous cellular tissue, the superficial fascia with the internal fibres of the platysma myoides, the inner half of the sterno-hyoid and thyro-hyoid muscles being carefully divided on each side of the median line upon a director, introduced successively between the various layers, the thyro-hyoid membrane was reached and laid bare without difficulty and with very little hæmorrhage, no arterial branches having been encountered. Two veins which lay across the track of the wound, immediately below the platysma, were of such a size as to render ligature advisable, and having been raised by dissection from their beds, were secured by double ligature and then severed.

The thyro-hyoid membrane being now divided by an incision of less extent than the one through the superficial parts, thus giving a funnel-shape to the wound, the cushion of cellular and adipose tissue lying between the base of the epiglottis and the parts external to it, together with the laryngeal mucous membrane to either side of it, were disclosed, the latter being prolapsed outwards as soon as the tense pressure of the thyro-hyoid membrane was removed, and could be seen to be drawn inwards with each inspiration.

The most important and difficult step of the operation now follows—important as regards the danger of wounding the epiglottis, and certainly rendered more difficult by the vagueness of the description given of its mode of performance by Malgaigne and others, and the omission of the consideration of important anatomical points which must influence it.

Malgaigne says, (a) and his description of the operation has always been considered the classical one, and is the one which has been followed by those who have performed the operation: "After incision of the thyro-hyoid membrane and those fibres of it which go to the epiglottis, the mucous membrane is reached; seize this and divide it also; the epiglottis then presents itself."

Prat, (b) in describing the steps of his operation, says that he proceeded to divide the tissues, layer by layer, until he reached the thyro-hyoid membrane; after cutting this through, the epiglottis presented itself.

Follin (c) states that he divided the cushion of adipose and cellular tissue which lay in front of the epiglottis (after cutting through the thyro-hyoid membrane), and, lastly, incised the laryngeal mucous membrane and opened the cavity of the larynx.

This stage of the operation would, according to these accounts, seem to be indeed a comparatively simple one; but I have not found it to be as described. My dissections and experimental operations upon the cadaver have shown me that after the thyro-hyoid membrane has been divided transversely, a thick layer of cellular and adipose tissue, extending usually from the hyoid bone above to the thyroid cartilage below, forming the cushion of the epiglottis, and lying between it and the parts external, presents itself; to either side of this mass mucous membrane protrudes. This membrane consists of the broad anterior portions of the ary-epiglottic folds at about the point where they join with the sides of the epiglottis—is therefore laryngeal mucous membrane, and an incision made through it transversely and directly inwards, or even with the point of the knife directed upwards and backwards, would open directly into the laryngeal cavity, not

alone by cutting through the anterior extremities of both these folds, but in so doing necessarily dividing also by the transverse incision the cellular and adipose mass lying in front of the epiglottis and between them—would cut through this cartilage at about its middle, or a short distance below that point.

Follin's description of the steps of his operation illustrates this point fully, and demonstrates the danger of such an incision; for by making it he cut across the epiglottis and penetrated directly into the laryngeal cavity.

It is needless to say that this accident is to be carefully avoided. Such an opening into the cavity of the larynx would render, according to several authors, a clear view of its interior impossible, and would certainly defeat, to a great extent, the purposes and advantages of the operation.

How, then, are we to avoid section of the base of the epiglottis? By, after having reached this point in the operation, inserting a tenaculum into the cellular and adipose mass described above, and by means of it drawing the epiglottis forcibly downwards. This puts its ligamentous attachments to the hyoid bone and tongue upon the stretch, draws it away from the former, and leaves an appreciable interval of space between them through which the knife—its point directed upwards and backwards, and kept near the hyoid bone—can be readily passed, and will be found to have penetrated the mucous membrane between the base of the tongue and the epiglottis, the aim of the incision.

The epiglottis being drawn downwards in this manner, mucous membrane will still present itself laterally; but a moment's reflection will show that this is no longer laryngeal. The displacement of the epiglottis has carried downwards with it both ary-epiglottic folds, and the mucous membrane which we now have presenting is a portion of that situated between the base of the tongue and the epiglottis. The incision needs now only to be carried through it on either side, including the few ligamentous fibres which run from the epiglottis to the hyoid bone, and which are seen in the median line; to lay open the pharynx, and to have the epiglottis present itself uninjured to view. A digital exploration by the mouth, made previous to incision of these parts, affords an important aid in diagnosing their relations. The size, form, and ligamentous attachments of the epiglottis, especially in its relation to the hyoid bone, vary greatly in different cases. If the index-finger of one hand, however, be introduced into the mouth, not only the tip, but also the base of the epiglottis can in the majority of cases be reached and felt; should two fingers of the other hand now be placed upon the hyoid bone, a diagnosis as to their approximative relation can be readily made, and will usually be found to be so satisfactory in its results, and will afford so much certainty to the operator during his future proceedings, that it should in no case be omitted.

In carrying out the further steps of my operation especial care was therefore given to this point, which I have endeavoured to make clear in as few words as possible, and the importance of which I think merits careful attention on the part of the operator.

The parts immediately below the thyro-hyoid membrane having been exposed as described above, a tenaculum was inserted near the hyoid bone, into this thick cushion of cellular and adipose tissue, and strong traction downwards made to accomplish the purposes already mentioned. To insure still further certainty, a small incision was made into the left lateral projecting fold of mucous membrane, and a director was passed inwards, and then directly across, coming out at a corresponding point upon the opposite side of the wound, and through the projecting mucous membrane at that point. It should therefore lie in the groove or furrow between the base of the tongue and the epiglottis, and a digital exploration by the mouth confirmed the point.

Nothing now remained in order to complete the operation but to incise the tissues lying over the director. This was done, the direction of the knife being upwards and backwards, and the pharynx was opened.

(a) *Manuel de Médecine Opératoire*. 1871.

(b) *Gazette des Hôpitaux*, 1859. No. 103.

(c) *Archives Générales de Médecine*. Février, 1867.

The epiglottis immediately came into view, not, however, being pushed into the wound, as stated by Malgaigne, and was seized and drawn outwards through the incision. A perfect and most satisfactory view was now afforded of the superior laryngeal parts, and the ring was seen lying in the position as previously demonstrated by the laryngoscope.

In order to remove it with as little laceration of tissue as possible, my intention was to have cut through it at two points by means of a cutting forceps, and, having removed the upper fragment, to displace and bring away the remaining and smaller ones by drawing them out through the tissues in which they lay imbedded.

On attempting this, however, and making the firm pressure on the forceps necessary to cut through so thick a substance, the ring was felt to give and rotate slightly. This fact being ascertained, a moment's manipulation with a small forceps resulted in disentangling it from its attachments, and in bringing it safely out through the external wound.

In closing the wound I modified somewhat the methods of former operators, and I think with good result. The general practice has been simply to introduce three or four deep sutures, and then to keep the parts in apposition and at rest by flexing the head upon the chest. The method which was carried out in my case was: First, to unite carefully the divided edges of the *mucous membrane* by means of fine thread sutures, the knots being tied so as to lie inwards.

No difficulty was experienced in its accomplishment, and the good result was made manifest by the fact that at no time subsequently, during the process of healing, was there escape of air through the external wound, nor discharge of fluids during deglutition, even though the latter process was at times, by order, forcibly conducted.

This having been done, deep wire sutures, three in number, were then introduced to bring together all of the deeper tissues, the ends being brought out through the external wound, and finally the latter closed by means of the interrupted suture.

The subsequent history of the case was most satisfactory and rapid in its progress towards a cure.

HOME-WORK FOR THE MEDICAL MISSIONARY.

By EDWARD LANE, M.A., M.D. Edin.

THE proper distribution of work in the world—the scientific allocation of parts among the *dramatis personæ* who are carrying on the great business of life before our eyes, so that each collective body in the community, and every individual composing it, may be enabled to fulfil to the uttermost the functions for which they are respectively best qualified—is surely a consideration of the very highest interest and moment. With all that there is to be done in the world, with the appalling social difficulties that everywhere look us in the face, and which, in spite of the very best organisation will, no doubt, continue for generations to baffle the greatest efforts, it is evident that in order to be able to make any headway whatever amid the “sea of troubles” that surrounds them, mankind cannot afford to lose one particle of the effective power at their command; and the advance of practical enlightenment in our own day demands a very serious inquiry as to whether or not that is indeed the condition of things under which we are actually living. Looking to the world as it is, and having regard more particularly to the condition of its majority, the working classes, the question arises—Is the distribution of parts assumed by those who benevolently labour in their behalf entirely the best in the circumstances? is as much done for the poor and ignorant as might be done by another and superior organisation? or, on the contrary, is it not a fact that those who have hitherto chiefly worked, though in a missionary spirit and with the highest of motives, among the poor,

are not by special education the best qualified for the task, while another educated section of the community most distinctly are? It will be seen, of course, that I refer to the comparative suitability for the great work in question, in its present phase, of the clergyman and the doctor as chief actors, and I shall ask the reader to follow me for a few minutes while I endeavour to explain why I consider the latter to be a much more potent agent for the time being than the former.

At the foundation of the subject is the tremendous problem, the condition of the working classes in our day, more particularly in the great towns; and here, of course, I do not so much refer to the class of mechanics and skilled labourers generally. Their general condition, though bringing them, as well as their employers of the wealthy classes, partially within the scope of my observations, as will presently appear, is yet so much better by comparison than that of the lowest stratum of society—the really poor—that for the moment we may pass them by, and speak only of the *residuum* of Mr. Bright—the lowest round of all on the social ladder.

After all that is written day by day in the press, and published to the world in various forms in the reports of philanthropists, it would seem scarcely possible to add materially to the knowledge of the better classes as to the condition of their most indigent and degraded brethren. And yet probably the truest adage that reflection on life ever produced is the familiar one which asserts that “the one half of the world does not know how the other half exists.” We hear in London of St. Giles’s and Shoreditch and Whitechapel; but what do we know of their denizens, except a kind of wild *fama*, which reports of the very depths of physical, mental, and moral degradation? They might, for any knowledge of, or community of feeling with them, be the inhabitants of another town, another country, almost of another planet. And yet the tremendous fact remains, and must be solemnly attended to if we would avoid the violent disruption of society from its base, that side by side with, in the very midst of, so much wealth, so much refinement, and all the evidences of an advanced civilisation, exists in the modern world, and especially in our own England, a condition of our poorer brethren who compose the large mass of society, which equals almost anything in savagery anywhere, and would often contrast unfavourably with the state of the Red Indian in his wig-wam, or the Hottentot in his mud cabin. Into all the causes of so terrible a phenomenon it would be impossible to enter here without far surpassing the limits and the object proper of these remarks. If it were suggested, moreover, that the fundamental and greatest reason of all, as also that which it is most difficult to cope with, is the one here, as in all old countries, of surplus numbers—the excess of population, in accordance with the great discovery of Malthus—a very vexed question in economics would be opened up, carrying us away from the more practical object I have in view. The time cannot be far off when the scientific discussion of this crucial problem must engage the serious attention of the Legislature, as it has already that of the profoundest thinkers in political economy, and when it must be settled as a question of pure science, capable of demonstration, and apart from the likings or dislikings of friends or foes. But whatever be the organic solution, we cannot wait for it. On the facts themselves, at any rate, all are agreed. Everyone knows that a fiery volcano of vice and want, ignorance and supreme degradation, lies immediately under our feet. Hitherto, indeed, in spite of many rumblings, the subterranean fires of wretchedness and discontent have been kept under in England—thanks partly to the inherent qualities of the national character, with its orderliness, its power of endurance, and its reverence for superiors—partly to a highly organised state of society, where wealth and education in the hands of the few have sufficed hitherto to guide and restrain the many. But what we have so lately witnessed in France, ill-luck might at any time

bring to our own doors. England, too, might awake one day, stifled with the moral nightmare of a *Commune*. Those, I say, are the facts, patent to all, and they constitute a state of things so serious in their height and depth and surpassing difficulty, that they might with truth be termed the one great problem of modern life, beside which all others are so minor in importance as scarcely to be worth taking into account.

In considering the deplorable condition of the poorest among the labouring poor, and the means of their elevation, one point strikes us at the outset as cardinal and of chief moment, and it is this—they need help in every way, that is certain. All that benevolent effort of every kind and from all sides, ever so well directed, can effect among them will not be too much; but if one thing is more certain than all the rest it is this—that until their physical condition is bettered, it is vain to look for any marked improvement among them. In attempting to work in their behalf, it is necessary to begin at the very beginning, and the first great lesson to be inculcated—however laborious it may be—is how to live, *physically*. That, indeed, is the very first grade, and by far the most important one, in the general educational movement which is just commencing. *How to live*, consistently with the now well-established laws of health, in such wise that bodily health, in so far as it depends on themselves, may first be the result; and along with it, the cleanliness, decency, and self-respect, the comparative morality, the absolute increase in humanity, which due attention to it will not fail to engender speedily. That is the work to be commenced among our poorer brethren, and it may well be termed Herculean, for literally the Augean stables of physical filth, entailing moral degradation, have first to be swept out. And to whom is society entitled to look as the chief labourer in this vast field of usefulness as the one most competent by education and training to carry the work out? Unquestionably it is to the doctor. The Legislature has of late given practical recognition of the truth of this in the vast extension of medical officers under the Public Health Act; but, however excellent that measure may be, it goes but a very short way, and it is not too much to say that nothing that can be done by Parliament will really touch more than the merest outside and fringe of the evil. If you cannot make men moral and sober by Act of Parliament, neither can you hope to make them cleanly nor obedient to the laws of health generally, even if they knew them. For this purpose teaching, persuasion, and encouragement are indispensable. It is the *inside* of the abode that most wants visiting, and it is there that the doctor's systematic labour must begin, if there is to be a chance for any large amelioration in the condition of the lowest poor. That is perhaps a new idea, the result of a very altered estimate of the full and proper functions of the medical man in the time to come. In the history of the past one figure has been more conspicuous than all the rest as a labourer among the poor in the spirit of charity, and to his eternal honour, it is that of the clergyman. His object, of course, has been twofold, that of ministering, according to his light and ability, to physical want, and that of winning souls—the latter, no doubt, the stronger motive of the two. And who shall estimate the amount of good thus done? Who can calculate the humanising influence, the benign effect, of the mere presence among the dregs of humanity, of men bringing with them minds enlightened by a liberal secular education and hearts chastened by the sublime lessons of religion? But yet, impelled as he is by the purest and highest of motives, the clergyman is really not the most efficient possible labourer in that field at present; and having an eye to the work to be accomplished, I believe the doctor would be. For what is the immediate and pressing work to be done, which, left undone, neutralises all other efforts at amelioration in the condition of the lowest of our poorer classes? Properly considered, it is in the main a *material* work in the first instance. It is neither more nor less than an endeavour to rescue a large, and the largest, part of our population from the extreme

of physical degradation. If we inquire into the two main causes of this condition, we shall find that they consist—first, as already hinted, of the bane of over-population; secondly, of that of ignorance—the latter partly a cause and partly a consequence of the former. To speak of that ignorance as of the profoundest character is, of course, only to state a truism; but I confine myself here to the blank ignorance of the fundamental laws of health—of those laws in the recognition and observance of which lies, as it seems to me, the sole hope of any really great improvement in the condition of the people generally, and most especially of the lower orders.

To an onlooker, and one indoctrinated in the organic physical laws that govern the human economy, which are the result and outcome of centuries of the closest physiological investigation all over the world, it does seem a startling and most singular reflection, that in an age especially scientific, the knowledge of the laws of health, in ever so elementary a form, should not anywhere—certainly not in Great Britain—find a place in the curriculum of an ordinary education. So far as the writer is aware, it may be stated as an incontrovertible fact that nowhere in these islands, from the Universities of Oxford and Cambridge down to the poorest village grammar school, is physiology systematically taught as a necessary branch of general education—physiology, which instructs us in the nature of the functions of the different organs of our bodies, informs us of their requirements in order that we may have health, and is indeed the absolute code and standard of physical well-being. Such a fact is surely one of the most remarkable anomalies ever witnessed, and would seem to constitute one of the strangest shortcomings in logic in the whole history of mankind. It might well have been, and indeed would have been highly characteristic, in the pre-scientific era of the world, when men's minds were dominated so largely with the monkish idea of mortifying the flesh in lieu of conserving it; of despising and vilifying the greatest and most beautiful of God's material works—the human frame—instead of endeavouring, in love and reverence, to comprehend its marvellous structure and the infinite wisdom displayed in the adaptation of means to ends in every part of it. But the fruits of that ignorance are abundantly evident in all directions over the face of society. They are awful among the poor; mitigated, but still disastrous, among the rich. I will not pause to give more than a glance at the kind of effects produced on the latter; but they are seen from infancy to old age. In the first place, if an elementary knowledge of anatomy and physiology is at present a blank in the education of the *men* of the upper classes, in that of the women it not only is non-existent, but the demand for it, or the possession of it, would seem to be accounted barely modest and respectable. It is not, according to the refined notions of society, a proper thing that a lady should be tainted with such vulgar knowledge as that she is an item in the animal creation at all—an ornament to it, certainly, but still one of its component parts; a being with organs that have to be maintained in health by scientific care, as in the case of all other animals; and all the more, since it falls to her lot to bring others into the world, and to be for years almost their sole guardian, their earthly providence. How can this be properly done if the mother is herself ignorant of the very rudiments of the subject, and has been taught, besides, to regard it as a kind of knowledge not properly belonging to her, but an affair of the doctors, or nurses, or some one else than herself? We are not wholly to blame her. She has not been taught, and she only errs along with those who should be wiser. Then the boy, the young gentleman, goes to school, and the proverbial *three R's* once made sure of, he is duly, often painfully, indoctrinated in the usual cycle of knowledge—history, geography, mathematics, languages, living and dead—all no doubt with their great uses, and he may end by “unsperring the soul of Plato;” but never a word does he hear of the most important of all facts to him, that he is a being whose bodily constitution is under fixed laws, inexorable as fate, on the observance of which

depends health, and with it happiness and success in life—without it, misery and failure more or less complete. With such a preparatory education, the man is ushered in the world to play his part. Have we a right to expect that he will play it with wisdom, that he will husband and preserve his powers so as to employ them to the very best advantage to himself, his family, and the world? Assuredly not, and the mournful fact is, that even under the comparatively favourable conditions of the upper classes, from want of this most important knowledge of one's own physical self, not one life in twenty yields the fruit that might fairly have been expected of it.

(To be continued.)

Transactions of Societies.

THE MEDICAL SOCIETY OF LONDON.

MONDAY, JANUARY 11TH.

MR. VICTOR DE MERIC, F.R.C.S., President, in the Chair.

MR. HENRY SMITH related the particulars of
A CASE OF MALIGNANT TUMOUR OF THE LEG REQUIRING
AMPUTATION.

He was requested to see a gentleman, *æt.* 51, who was intensely gouty. Six months before he had noticed a small swelling at the middle third of the front of the leg, which, though painless, slowly increased. A country practitioner saw it and treated it, puncturing it twice, when nothing but a little blood was evacuated. When seen by Mr. Smith it was a soft, somewhat flattened swelling, about the size of a medlar, situated over the front of the tibia, just at the junction of the upper with the middle third, adherent to the skin and gradually slid off to the bone. He at once pronounced it to be a malignant tumour, and recommended that an attempt should be made to remove it, and if necessary, that amputation should be performed. Another surgeon who was consulted advised the same course, but recommended amputation through the knee-joint, to give the patient a better chance of non-recurrence of the disease. The patient was most anxious to save his knee, and as there was plenty of room to amputate below it, Mr. Smith rather inclined to his view; but as the other and senior consultant expressed a strong opinion against it, he amputated through the knee, sawing off the condyles, and the patient has done well since. On examination, the tumour was found to be of a medullary kind, involving the bone extensively on its surface, and extending deeply down, only, however, for a very limited space, into the medullary membrane. There were several inches of healthy bone between this point and the knee. Mr. Smith was anxious to obtain the opinion of the Fellows upon the question as to whether the better plan would not have been to amputate in such a case through the continuity of a healthy bone, or to cut beyond it through the joint. Eminent surgeons were divided in opinion on this point, and his own old teacher, Sir Wm. Fergusson, was assured from his own large experience that it was neither justifiable nor necessary to amputate beyond this bone when there was plenty of healthy tissue to cut through. Sir James Paget and others, on the contrary, held the opinion that there was much more chance of a recurrence of the disease if the bone involved were not entirely removed. This, Mr. Smith thought, was a very serious point to settle, as we know for a certainty that amputation of the thigh in a man beyond the prime of life is fatal in 25 or 30 per cent. of the cases, whereas in amputation below the knee the mortality is reduced to at least one-half of this; but with regard to the liability of recurrence of the disease being greater or less after each operation, there was, as far as he knew, no reliable information.

The PRESIDENT said, if he were to be operated on himself, he would choose the greater operation, though the rate of mortality was higher in it, to the more serious danger of the disease not being eradicated by an insufficient operation.

MR. MAUNDER remarked that his principle of acting in these operations was, that the tumour being local, and the

constitution not infected, to cut widely round the tumour, so as to ensure its total removal. In a similar case to that of Mr. Smith he cut through the knee-joint with the happiest results, the long anterior flap being used (there being retraction in the posterior) to the extent of five inches; the patient has an excellent stump, and there had been no return of the disease for three years. He advocated the removal of a whole organ if part were affected. In cases of scirrhus we removed the whole breast: why should we not the whole bone when this was attacked?

MR. BRYANT regretted that Mr. Smith had not given the vertical section of the bone, as then we could have ascertained the exact extent of the cancerous disease. He could not entirely endorse Mr. Mauser's principle as regards the removal of the whole of one organ when attacked with malignant disease; for when the lower third of the tibia was diseased, surely it was not necessary to amputate at the knee-joint, but in the upper portion of the bone. He highly approved of Mr. Smith's operation at the knee in this case, but criticised his division of the condyles, as this at once produced section of the bone exposed the patient to the danger of pyæmia.

MR. GANT agreed with Mr. Smith, and cited several cases of similar operation which did well.

MR. ROYES BELL discussed the subject fully, and gave an instance of a child similarly operated on which recovered in a week.

MR. SMITH replied briefly.

MR. BRYANT read a paper on

THE LEAST SACRIFICE OF PARTS,

which, he maintained, ought to be a leading principle of surgical practice. He explained more fully the principle as one that forbids the surgeon to sacrifice more of the body than the absolute necessities of the case demands; that calls upon him to remove the disease that requires removal, but no more; that enables him in accidental surgery to make a flap for an amputation wherever he can, and in some cases to make no flap at all, but to leave the case to Nature to repair; and in pathological surgery to cut through tissues infiltrated with inflammatory deposits rather than go above a joint or take away more of a limb than the necessities of the case demand. He condensed the subject into three main propositions, each of which he illustrated by cases. The first proposition was, "That in cases of disease or accident no more of the body is to be taken away than the necessities of the case demand," and he illustrated this chiefly from the surgery of the foot. He said that at first sight the proposition might appear to be a truism; but he went on to ask any hospital surgeon if it be not true that in cases of disease of the metatarsal bones or joints we are not too apt to regard any individual case as a good one for Chopart's operation, a Piragoff's or a Syme's, according to our own fancy or appreciation of the value of one or other of these operations; and if we are not too prone to forget that a good recovery of the foot may ensue on the removal of the diseased bone or bones without any amputation at all. In support of this view he then quoted from the able advocate of Syme's amputation, as given in "Holmes' System," 2nd edition, vol. v., who expresses his mature opinion, after much experience, "that Syme's amputation is calculated to supersede entirely that of Chopart, besides taking the place of amputation of the leg in the majority of cases formerly supposed to demand it." The author then stated that he entirely dissented from these views of the learned writer. He believed that from local disease alone no form of amputation of the foot should be entertained until less severe measures have been employed and failed; that when amputation of the foot is called for, the minimum amount of foot should be taken away; that when a Chopart's operation will suffice, a Piragoff's should not be thought of; that when a Piragoff's is applicable, a Syme's should not be entertained; and that an amputation of the whole foot is never to be undertaken when the disease can be removed by less severe measures: for he cordially agreed with Hancock, when he asked the question in his college lectures—if anything can be more unphilosophical than to advocate the sacrifice of any bone or joint of the foot for no other reason than that a particular operation should be performed? He stated that the remarks already quoted are as applicable to other parts as they were to the foot, and asked if it were not true that fingers and thumbs were often removed in cases of injury that, if left to Nature, might often be saved, in order that the surgeon may make a clean amputation. Do we not see joints excised that might be saved by free-incisions, or the removal

of necrosed bone? and amputations performed above a joint, or high up a limb, in order that good flaps may be made? He then passed on to illustrate all these points by cases, quoting at first seven cases of disease of the different tarsal bones cured by the removal of the diseased bone, and three of extreme disease treated respectively by Chopart's and Syme's amputation, or amputation of the leg. He then made some remarks upon the wisdom of the surgeon in cases of disease of the bones of the foot being satisfied by the removal of the dead bone, never having met with a case in which the resection of a tarsal bone was called for, for bone he said, that was not dead was reparable, and that to take this away is too often to take away that which, if left alone, would make good the parts that have died. The author then proceeded to illustrate the value of the proposition by treatment of cases of diseased joint, and dwelt for some time upon the value of free incision into suppurating joints. He read the headings of thirteen cases successfully treated by this method, and stated his belief that a free cut into a disorganised articulation is rarely followed by any other than a good result; that when the suppurative process is due to synovial disease, a recovery without further surgical interference may be looked for; when due to local necrosis, the incision helps Nature towards the recovery of the cure by expediting the process of exfoliation, and the subsequent removal of the bone by either natural processes or some surgical proceeding; in more severe cases the incisions giving relief and in no way adding to the mischief. The treatment of disease of the joints due to local necrosis was then considered, and a very interesting series of cases read, ten cases being given, including examples of disease of the shoulder, elbow, hip, knee, and ankle-joints, in which recovery followed the removal of dead bone from the articulations. The author stated that in no class of cases is the principle of "the least sacrifice of parts" better shown, and expressed his belief that in one or all of the cases quoted, if this practice had not been adopted, excision or amputation would have been resorted to. The 2nd proposition was then considered: "That to carry out this principle the surgeon may in pathological amputations fearlessly divide tissues infiltrated with organised inflammatory products, and even cut through the walls of suppurating cavities, or through diseased joints, more particularly to save amputating above a joint." He illustrated this proposition by the particulars of ten cases, in all of which recovery took place. The 3rd proposition was lastly considered: "That in accident surgery, parts irreparably injured are alone to be removed, and no healthy tissues are to be sacrificed in order to perform a recognised and probably a named operation; that to these ends the surgeon ought to utilise even doubtfully useful integument, or even leave a stump to granulate when by so doing some portion of the shaft of a bone can be left, a joint saved, or amputation above a joint avoided. In the surgery of the hand this practice was strongly advised, more particularly in thumb injuries. Amputation of a thumb, useless, smashed irreparably, the author condemned, and under all circumstances the irreparably injured parts ought alone to be taken away, and doubtfully viable skin left. Cases were then quoted to illustrate the proposition: ten of the toes; one of the foot—a Chopart's amputation, in which a long anterior flap was made—one of crushed arms, which was left to Nature to granulate, and a good stump left; two of crushed legs, in which a rapid recovery followed amputation at the knee-joint; and one of ruptured popliteal artery, treated in the same way with success. The author then concluded by stating that he could still further illustrate the value of the principle "that of the least sacrifice of parts" from bone surgery, pointing out how Sir W. Fergusson had always urged the removal of tumours of the jaws from within, and Sir J. Paget, the tumours of bone generally by enucleation. He wound up by expressing a strong opinion in favour of the principle, and said he had for many years acted upon it, and had deviated from it only on very strong evidence of the necessity for so doing.

The PRESIDENT complimented the author on the lucid style of his propositions, but reminded him that attempts to save parts often failed. He would like to know what dressings were used.

Mr. ADAMS remarked that the author's cases involved the great principles of conservative surgery. He briefly reviewed the fall of amputation and the rise of conservative surgery under the hands of Brodie, Syme, Fergusson, and others. Excision was first advocated, but now it appeared that Mr. Bryant advocated simple incision into the joint, and he believed Mr. Gay was the first to carry out this practice.

Mr. HENRY SMITH said that Mr. Bryant's views were by no means new; he had learnt the practice of incising joints that were suppurating many years ago from Mr. Gay; it was a mode of proceeding which he highly approved.

Mr. BRYANT, in reply, said he did not in the cases he had mentioned lay any claim to novelty, but advocated the great principle of conservative surgery. The dressing he used was dry lint enveloped in cotton-wool, not with a view of excluding germs, but of keeping up an equable temperature.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 12TH, 1875.

Dr. C. J. B. WILLIAMS, President, in the Chair.

ON THE PATHOLOGY OF LUPUS ERYTHEMATOSUS.

By Dr. GEORGE THIN.

The author gave a description of the clinical features of the disease, and of the opinions held by various authors—viz., Cazeuaye, Hebra, and others, on the pathology of the disease. As regards its pathological anatomy, the author stated that microscopical examination of the skin in various stages of the disease by Neumann, Giddings, and Kaposi, has shown that there is great vascular congestion around the sebaceous and sweat glands, more or less destruction of the glands themselves, and cell-infiltration of the surrounding corium. Dr. Thin had had an opportunity of examining the skin of a man who died under Hebra's care in Vienna in 1873, in whom the disease had begun to show itself in the part examined—viz., on the dorsum of the foot and toes, only a few weeks before death. He removed a portion of the skin from the inner surface of the second toe, beyond the area of the sebaceous glands. He found the sweat glands, the rete Malpighii, and the fibrillar tissue perfectly normal in appearance. There was, however, enormous dilatation of the capillaries, which was most marked in the papillae and around the sweat glands, the contour of the pilated vessels being mostly indicated by the red blood-corpuscles with which they were filled, but the vessels themselves being visible in some of the sections. The small veins were also distended by blood-corpuscles. The fact that this condition of the capillaries was found in such an early stage of the disease, and before any other changes, and that it would, if persistent for any length of time, give rise to all the changes in the tissues described by other observers, led the author to doubt whether lupus erythematosus primarily affects the glands of the skin. The author stated his belief that, in the present defective state of our knowledge of the pathological anatomy of the disease, dilatation and distension of the capillaries is the earliest morbid condition which has been detected, and that this would correspond with stasis of the circulation during life. A well-executed drawing of the microscopical appearances was shown.

Mr. JONATHAN HUTCHINSON inquired why erythematosus lupus should be considered specifically distinct from other forms. Speaking only from an examination with the naked eye, he did not know any features which would suffice to distinguish it. Whilst in some forms the sebaceous glands appeared to be especially affected, as in the form first recognised by Mr. Startin, who called it "sebaceous lupus," in others the sweat-glands are more so, whilst the rarest form is that which comes on acutely, especially affecting the vessels, and accompanied by hæmorrhage. Probably, on the examination of a large number of cases, all the structures of the skin might be found affected, in some the sebaceous, in others the erythematosus element preponderating, and in the latter cases the cicatrix left might alone decide that it was really lupus. The diagnosis between the common and the erythematosus form was very difficult, resting chiefly on the absence or small quantity of deposit in the latter. Both occur chiefly in young people. Mr. Hutchinson had seen a case at the age of eighteen months, and Kaposi one at three years; in both there was a scrofulous tendency, and in both there was a slow spread and little general disturbance. The chief difference was in the treatment, cauterisation, as Hebra has stated, being less successful in these cases, probably because there is less cell-growth.

Dr. DRYSDALE regarded the disease as a variety of scrofula from the fact of its leaving a scar, the age at which it occurred, and the family history of the patients. Cod-liver oil!

in large doses, and painting the part with equal parts of biniodide of mercury and lead ointment was therefore the most successful treatment.

Dr. THIN, in reply, said that there was not practically the difficulty in distinguishing the disease from lupus vulgaris which Mr. Hutchinson believed, as was shown by the experience in the St. Louis Hospital, where they are well recognised. The absence of destructive change extending into the subcutaneous tissue is a strong point of difference from lupus vulgaris. The absence of ulceration, and the common history of an origin in early life, were also distinctive. He objected to the term "scrofulide," as the disease occurred in robust healthy men in the prime of life.

ON AN EPIDEMIC OF MALARIOUS YELLOW FEVER ON BOARD H.M.S. "DORIS," OFF PORT ROYAL, JAMAICA, IN 1873.

By Dr. HAYNE.

The author called attention to the distinctions between "malarious" and "specific" yellow fever, the one being remittent, the other continuous; in the latter albuminuria occurs, but not in the former. The facts of the outbreak are briefly these:—The *Doris* was at Port Royal from May 14th to May 21st, thence it went to Kingston till the 27th, and started for Nassau on the 28th. Both Port Royal and Kingston were at the time stated to be healthy, with no yellow fever; the temperature was from 84° to 85°, the weather calm, and the malarious odour from the shore, from which the ship was about 150 yards distant, was very unpleasant at night. The first case occurred on the day of leaving Kingston, the patient being seized with giddiness, nausea, and headache; the temperature was at first normal, but subsequently 103°, remaining high till the sixteenth day. There was no albuminuria, and the patient was convalescent on the twentieth day. The course of the temperature closely resembled that of typhoid fever in its later periods. Two fresh cases occurred on the following day, one of which resembled the first, but the other was a severe case. The man had been exposed whilst intoxicated on shore to malaria, and he died on the fourth day with black vomit, melæna, and convulsions. Eight fresh cases occurred between May 29th and June 9th, four of which were mild, three more severe, but the vomiting was only bilious. The ship was ordered to proceed northwards, and although eleven more cases occurred, they were all mild; out of the whole twenty-two cases only one being fatal, and that alone being accompanied by the black vomit. In most cases the onset was sudden, with feverishness, præcordial oppression, giddiness, and nausea; the temperature in mild cases raised only 1° or 2°, in severe 6° or 7°, the hot stage lasting three or four days. There was no albuminuria.

A discussion then took place on the question of the real nature of the disease in these cases, and on the distinctions between the so-called "malarious" and "specific" yellow fever, in which the following Fellows took part: Dr. Gilbert Smith, Inspector-General Lawson, Dr. Fayer, Dr. Wickham Legg, Dr. Duka, and Dr. Leared.

MEDICAL MICROSCOPICAL SOCIETY.

ANNUAL GENERAL MEETING, JANUARY 15TH.

The President, Mr. JABEZ HOGG, in the Chair.

THE election of officers for the ensuing year having been taken,

THE PRESIDENT proceeded to deliver the annual address. After a few words of congratulation on the present status of the Society, its sound financial condition, and the good work accomplished with a thoroughness and an exactness that must become a precedent for future years, he briefly alluded to a loss the Society, although so young, had already sustained in the death of Mr. Edward Snell, late of Stepney. He went on to say that Mr. Needham had repeatedly urged in committee the expediency of issuing "Transactions," and he was glad to find the question settled in the affirmative by the unanimous voice of the Society. Henceforth proceedings will be published, for the proposal although understood as a tentative measure, there could be no reasonable doubt of its success, and their transactions would become a "Year-Book of Practical Histology." The President urged the exchange of specimens upon the members as a means of comparing and noting work and correcting morbid appearances. Crude

material, he also thought, would be some advantage to exchange, and if embedded in paraffin mixture, could be transmitted in a perfectly solid and safe state through the post; and since it is in contemplation to appoint a Morbid Growths Committee, to whom material forwarded to the Society will be submitted, good results and valuable reports might be looked for in future. The importance of "casual communications" was insisted upon as a means of eliciting useful discussion on practical matters, as in the medical societies, and also the exhibition of specimens under the microscope, with short descriptive notes on the mode of preparation, &c. The value of re-investigating very many points in histological anatomy, and an endeavour to settle vexed questions as to the size, form, and structure of the red blood-corpuscles in man, and their relation to those of the lower animals, a thing of value in medical jurisprudence. The mysterious surroundings of zymotic diseases and the life-history of those incomprehensible organisms said to produce typhoid, variola, &c., require investigation. There is much to be learnt respecting the bacteria and their share in pyæmia. The Germans are fully alive to the importance of such work, and Professor Heiberg, of Norway, is engaged investigating the nature of the *materies morbi* in pyæmia and specific blood poisoning. He has detected schizomycetes in the solid organs and at the actual seat of disease, the kidneys and their tubules, he found plugged by an amorphous granular material, which, upon examination with a power of 600, proved to be chiefly composed of these bodies. In the arteries, going to secondary deposits, and in the areolar tissue around them in pyæmia similar masses of bacteria have been found. The Norwegian Professor, however, attaches much importance to the form or species of bacteria. The spherical-shaped bodies he looks upon as the specific bodies; but Professor Sanderson attributes no great value to any particular species, because when a section of recent disease is moistened with water or even caustic potash both spherical and rod-shaped bodies are in a short space of time developed. The same bodies, indeed, are found in blood, serum, flesh, water, &c., after it has stood by for twenty-four hours. In unsuspected places, as Thames water contaminated with sewage, and in the air we breathe, bacteria at times abound. They have been taken on moistened glass slides exposed over sewers; and although not largely mixed in atmospheric air, it is a significant fact that living organisms are carried about by every breath of wind, and in a fit state to determine the contamination of fluids capable of supporting their existence. These marvellously minute schizomycetes elude the highest powers of the microscope, all we know about them is, that ammoniacal and albuminoid fluids favour their development; but what determines their selective powers, by what peculiar chemical or vital process in a few hours the whole mass of blood is poisoned by them is a mystery, which, like a shadow, recedes from us just as it seems to be within our grasp. The President finished his address with a review of the work of the Society during the past year, which, in his opinion, sustained the reputation the Society had already earned in the work of practical histology and in the promotion of original research in pathological anatomy.

A vote of thanks was moved by Mr. C. WHITE to the President for his address and past services, and also to the Secretaries for attention to the interests of the Society, which closed the meeting. A number of interesting specimens were exhibited by Mr. Groves, Mr. Needham, Mr. Ward, and other Members.

The following is the list of officers for the ensuing year:—

<i>President.</i>	<i>Committee (continued).</i>
Dr. J. F. Payne.	Dr. M. Bruce, Charing Cross.
<i>Vice-Presidents.</i>	Mr. E. C. Baber, St. George's
Mr. Jabez Hogg.	Mr. F. Durham, Guy's.
Mr. Kesteven.	Mr. H. S. Atkinson, King's.
Mr. H. Power.	Mr. J. Needham, London.
Dr. U. Pritchard.	Mr. Geo. Giles, St. Mary's.
<i>Treasurer.</i>	Dr. S. Coupland, Middlesex.
Mr. T. C. White.	Dr. W. S. Greenfield, St. Thomas's.
<i>Hon. Secretaries.</i>	Mr. E. A. Schäfer, University College.
Mr. C. H. Golding Bird.	Dr. W. H. Allchin, Westminster.
Mr. J. W. Groves.	Dr. Foulerton, General Profession.
<i>Committee.</i>	
Mr. J. A. Omerod, St. Bartholomew's.	

THE SURGICAL SOCIETY OF IRELAND.

THE Society met on the evening of Friday the 8th January, Dr. TUFNELL, the President, in the chair.

Mr. H. G. CROLY exhibited a specimen of

CANCER OF THE BREAST

which he had recently removed from a woman in the City of Dublin Hospital. The patient, who was aged 50, was a very strong, healthy-looking countrywoman. The tumour was movable, and there were apparently no glands in the axilla. Having removed the breast by the usual incision, he prolonged the lower incision upwards into the axilla in order to allow him to explore that cavity. He then found there was a chain of lymphatic glands running from the pectoral muscle to the axillary artery, varying in size from a garden bean to that of a pea, and so high did they run in the axilla that he was able to feel the pulsation of the axillary artery under the finger. Another feature of interest was that, notwithstanding the movable nature of the tumour, when the breast was removed the areolar tissue was found to be infiltrated with distinct masses of cancerous tissue, cutting as hard as cartilage. This was important, as showing that the more fat taken away in a breast amputation the better.

Mr. H. G. CROLY exhibited a

HAIR-PIN ENCRUSTED WITH PHOSPHATES REMOVED FROM THE BLADDER OF A FEMALE.

The following are the particulars of the case: A young lady, aged 22 years, residing in the country, was brought to me (said Mr. Croly) by her aunt for the purpose of getting surgical advice in consequence of the sufferings produced by a hair-pin having been introduced into the bladder. She stated that she inserted the hair-pin two months previously to the date at which I saw her. She presented the appearance of a hysterical girl. She stated that she suffered intense pain after passing water; and on further inquiry I ascertained that the urine contained blood, ropy mucus, and phosphatic deposits. I introduced a silver female catheter into the bladder, and readily struck a foreign body, which felt like a soft calculus. I then used Sir H. Thompson's sound, and was enabled to state that a stone was in the bladder, and if the girl's account were true, that most likely the hair-pin formed the nucleus of the calculus. I then decided on operating on a future day, and made up my mind first to crush the calcareous deposit by lithotripsy, and then to endeavour to extract the hair-pin. Accordingly, assisted by Dr. Kidd and Dr. Thornley Stoker, who administered the ether, the urine having been retained for a few hours, I introduced Weiss's modification of Sir H. Thompson's lithotrite and seized the foreign body, which I crushed gently, and then withdrew the instrument. Just as this step of the operation was completed, the patient became violent, and the ether seemed to lose its effect. We accordingly determined not to attempt any further operative interference on that day. I prescribed a sedative draught and a warm hip bath, and desired the urine to be kept for my inspection. A considerable quantity of phosphates was passed, and three days subsequently we met at the patient's lodgings, and, having placed the young lady under the influence of chloroform, I introduced a nasal polypus forceps for the purpose of removing the hair-pin. The pin was easily grasped in the forceps, and the two points appeared at the orifice of the urethra, and just as one end escaped through that orifice it broke off, but a sufficient portion was expelled to allow me to grasp the second leg and withdraw it. The pin, on removal from the bladder, was found to be coated with phosphates. The bladder was washed out to remove any detritus. A warm hip bath was ordered to be given, and repeated if necessary, also a sedative draught. The patient complained for several days of severe pain in the loins, but made an excellent recovery, and had full power over the bladder. My friend Dr. Jacob, of Maryborough, having seen in the notice-paper that I was about to bring forward this case, wrote to me as follows: "I observe that you are about to read a paper on a case of removal of a hair-pin from the female bladder. It will be interesting to you to know that such a case occurred to me about ten years ago, and on an occasion when it was necessary that I should be ready, if not rough, and when I had not more suitable means available than my little finger, which, well lubricated, I used as a dilator, and having reached the foreign body in the bladder with the index finger of the left hand in the vagina,

I adapted the fork of the pin to the bulb of my finger and readily removed it, sent the girl to my infirmary, where she remained for a few days, and left without any vesical difficulty, and with perfect contraction and control of the urethra and neck of the bladder." A few days before the operation (continued Mr. Croly) I procured at Messrs. Fannin's the instrument I now exhibit, which Mr. Breton informed me had been invented for the purpose of removing hair-pins from the bladder, and which they had had for many years in their possession, but had never been asked for it. It seems to me to be very well adapted for the intended purpose, for no matter how the hair-pin is seized, this instrument brings it into the long axis, and withdraws it. I found, however, that the polypus forceps acted well, and therefore did not make a trial of the instrument, but thought it worth showing to the Society. There are a great many methods recommended for removing foreign bodies from the female bladder—either by forcible or gradual dilatation, or removing it by lithotomy. In this instance I adopted lithotripsy, to reduce the size of the body by crushing the phosphatic deposits, so that I could remove the hair-pin without dilating the urethra. It is desirable to avoid dilating the urethra in females, in order not to give cause for incontinence of urine. If dilatation be adopted, it should be rapid, and under chloroform, as slow dilatation is so apt to be followed by incontinence. Though this was the first case of the kind I have met with in my own practice, it would seem that cases of hair-pins introduced into the female bladder are not uncommon. In addition to the case communicated to me by Dr. Jacob, Dr. Edward Stoker showed me a hair-pin which formed the nucleus of a stone which he removed from the bladder of a female. I looked into the works of Bryant and Erichsen, to see if they contained anything in reference to the subject, and I find that Mr. Bryant states that in the Museum of Guy's Hospital there are specimens of a bone bodkin, a cedar pencil, and a stiletto which had been removed from the female bladder. I did not see anything in Mr. Erichsen bearing on the subject. Mr. Croly concluded by saying that he would give the hair-pin to the Curator of the College Museum, to be placed in the case which contained a number of vesical calculi removed from the bladder by him by lithotomy and lithotripsy.

The PRESIDENT said there was one objection in his opinion to the instrument exhibited by Mr. Croly. If the hair-pin was lying across the bladder, and caught in that position, so far from its being withdrawn, it escaped the instrument. It appeared to him that the polypus forceps was the most simple instrument for the withdrawal of such a foreign body.

Dr. ATTHILL said he had had an opportunity of seeing the patient on whom Mr. Croly had operated, and the successful issue of the case had impressed him highly with the skillful manner in which the operation had been performed. In addition to the difficulty of the operation, from the nature of the foreign body, the patient was an hysterical, nervous girl, difficult to treat. Mr. Croly, he considered, adopted a judicious method; the mass in the bladder was of large size, and it was therefore judicious to crush it in the first instance. In the majority of cases it was not difficult to remove foreign bodies from the bladder, because of the dilatability of the urethra, and he did not know of any instance in which incontinence of urine followed. In any of the cases he had had an opportunity of seeing the bladder and the urethra retained their tone. As to the instrument exhibited by Mr. Croly, it struck him there was a serious objection to it. As you draw it down it makes a sweep or segment of a circle, and if the bladder were contracted, as it often was in these cases, the instrument, as it swept round, would be likely to lacerate the mucous membrane of the bladder. The mode in which Dr. Jacob effected the removal of the foreign body by the skill of his hand was therefore preferable.

Dr. QUINLAN wished to call attention to the method first used by Sir Philip Crampton, of making a slight incision on the upper side of the meatus before removing the object. In two cases where he removed foreign bodies from the female bladder, with the advice and assistance of the late Mr. O'Ferrall, he used Sir Philip Crampton's instrument, which was lent to him for the purpose by Mr. Hamilton. It consisted of a conical handle, having a concealed bistoury. This was introduced into the urethra, and he made an incision a line in depth on the upper side of the urethra; then the urethra was easily dilated; and although the dilatation was very great—the stone in one case being larger than a walnut—the urethra contracted very readily, and the bladder regained its power of retaining urine with great rapidity.

Mr. BARTON said that some time ago he removed a hair-pin from the female bladder. The pin was of full length, and coated with phosphatic deposits. It made a very long stone, weighed 36 grains, and was entirely impacted across the bladder. The mode he adopted was that of dilating the urethra by sea-tangle. Two portions were introduced in the evening, and in the morning the urethra was so far dilated that it admitted a third portion, and the next day it was so fully dilated that the forefinger could be introduced into the bladder. The patient was put under chloroform, and he was then able to bring the pin into the long axis and remove it through the urethra. The patient did well. He was aware of what the foreign body was, for the patient admitted that she had introduced the hair-pin on the 3rd January, 1869, and it was extracted on the 1st December of the same year.

Dr. RICHARDSON: Mr. Croly said he was not aware that there was any instrument of the kind he exhibited described; but in the last edition of Sir Henry Thompson's work on "Stricture of the Urethra" an instrument of this kind was delineated, and I think it an improvement on this one. It is tubular, and the hair-pin, when caught, is drawn into it by the force of the screw.

Mr. FLEMING said it would be in the recollection of many members of the Society that many cases similar to the present occurred in this city, and had been published. Sir Philip Crampton removed a hair-pin under similar circumstances from the female bladder, and, like this, it was largely encrusted with deposits. He recollected himself assisting Dr. Hardy in removing a needle-case from the bladder of a woman. In many instances foreign bodies were removed from the bladder without any operation at all, and some of these were detailed in Coulson's work on diseases of the urinary organs. In cases under his own care he had dilated the urethra by the ordinary means, by sea-tangle, and also by sponge tents, and passed his finger into the bladder without any difficulty; and he never had a case in which incontinence of urine was the result. He remembered removing with the greatest ease a mulberry-stone as large as a hazel-nut, by dilating the urethra, and the result was perfectly successful, no incontinence of urine following. They were not, therefore, to apprehend incontinence as a result of urethral dilatation.

Mr. CROLY, in reply, said the chief point discussed was the question of dilating the urethra or not; and whilst he must agree with Mr. Fleming and Dr. Atthill that there was not great risk of incontinence from dilatation of the urethra, yet he thought they must all admit that if the foreign body could be removed without dilatation it would be so much the better. In Dr. Jacob's case, where he removed the foreign body with his finger, it had only been in the bladder a couple of days. Dr. Quinlan mentioned that Sir Philip Crampton had introduced an operation for cutting and dilating. All surgical authorities alluded to cutting and dilating, and some surgeons thought that "vaginal lithotomy" was the only justifiable operation. He exhibited the instrument he had obtained at Messrs. Fannin's as a surgical curiosity. As it had lain in Fannin's for many years, and as Sir Henry Thompson's work was of very recent date, if there was any copying in the matter, it was not on the part of the inventor of this instrument. The polypus forceps had, however, acted very well, and he should be quite satisfied to use it in any future case.

opinion that it is desirable to have a balance in hand to meet the current expenses of the year 1875, decided to distribute an even amount of £3,000, thus leaving a sum of £181 towards the collections of next year. There were forty-one churches that refused, through various reasons, to join in the movement, and thirty-nine returned no answer to the communications sent to them.

The instructions to the Distribution Committee were— firstly, that the system of distribution be based on the amount of the subscriptions received by each hospital, and the work done during the previous year; and secondly, that in estimating the work done they should take into account the following cases only:—Intern patients, extern midwifery cases, and extern accidents; and that the Committee be requested to take evidence as to the approximate relative cost to the hospitals of these cases.

The Committee finally determined to distribute the fund according to the following plan:—

1st. That two-thirds of the £3,000 to be distributed be divided according to the amount of voluntary contributions received by each hospital during the preceding year.

2nd. That the remaining third be divided according to the work done (by each hospital) for the voluntary subscriptions received during the preceding year.

3rd. That 500 extern maternity cases be considered equivalent to one bed maintained throughout the year.

4th. That 1,000 extern accidents be considered equivalent to one bed maintained for one year.

5th. That an allowance of 20 per cent. additional shall be allowed on account of lying-in cases.

The working out of this plan is shown in detail in the accompanying tables, and the Committee has requested the trustees to pay over the amounts therein mentioned to the various institutions participating in the distribution of the fund for 1874.

These amounts are as follows:—Sir Patrick Dun's, £335 17s. 5d.; City of Dublin, £1,160 17s. 2d.; Steevens', £312 0s. 4d.; Cork Street, £121 3s. 3d.; Mercer's, £387 18s. 10d.; Rotunda, £407 1s. 10d.; Coombe, £215 2s. 7d.; St. Mark's (Ophthalmic), £59 18s. 7d. Total, £3,000.

It is to be remembered that the Meath and Adelaide Hospitals refused to participate in the movement, and in consequence, the dividend for each of the participating hospitals was somewhat larger than it would have been if these institutions had joined. The Committee, with the view of showing how the fund would have been divided had these two hospitals been included, estimate the amount that they would have been entitled to, and the consequent result to the other institutions now obtaining share of the fund.

The amounts calculated, from the information furnished by the published reports of these institutions, would appear to be about as follows:—Not participating in 1874—Meath, £435 7s. 11d.; Adelaide, £668 3s. 4d. Participating in 1874—Sir Patrick Dun's, £200; City of Dublin, £739 1s. 6d.; Steevens', £195 4s.; Cork Street, £75 19s.; Mercer's, £245 18s.; Rotunda, £255 11s. 6d.; Coombe, £135 18s. 9d.; St. Mark's, £48 16s. Total, £3,000.

From the foregoing statements it is evident that if th

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 27, 1875.

DUBLIN HOSPITAL SUNDAY.

Dublin Hospital Sunday distribution was de-
last week. The total amount lodged to the credit
fund is £3,317, but from this amount must be
the expenses incurred for the year 1874 up to
which are £124. The Committee being of

collections for 1875 realise the same amount as 1874, and that other institutions participate in 1875, the amount granted from the fund to each institution in 1874 must be looked upon as exceptionally large, and should be considered as such by the managers of the present participating institutions.

Bearing in mind the difficulties under which the Hospital Fund Council laboured, they may be congratulated on the success of the movement, for although they were excluded at one blow from a participation in the charitable collections at all Roman Catholic places of worship, and received with little cordiality, even with hostility, by others from whom encouragement might have been expected, they were able to produce a sum which, if not large, is sufficient to inspire hope of greater success in the future, and to bring waverers into co-operation with the movement.

It is quite obvious, however, on an observation of the sums voted, that the principles set down for the guidance of the Committee are not such as to secure a distribution relatively proportionate to the public value of the institution, or the work done by it. The only test which the public desires to apply to hospitals is the amount of good to the poor which is done with their charitable contribution, and all that they wish to know is that the smallest fraction of their money goes in unfruitful establishment expenses and the largest fraction into the mouths and in alleviation of the pains of the patients.

This consideration seems to have had no weight with the Hospital Fund Council; and when we remember that in some of the Dublin hospitals it costs three guineas for officials to distribute one pound to the sick man, we think that, in the distribution, the most important point has been forgotten.

The view taken by the Council seems to have been that all sorts of extern work should be discouraged, and all intern work rewarded; and that abundance of private resources should be a special claim upon the consideration of the Council. Thus they divided at once two-thirds of the whole sum in proportion to the amount of private subscriptions; and those hospitals like Mercer's, Sir Patrick Dun's, and Steevens', whose income from subscriptions was comparatively small, have been at a monstrous disadvantage in comparison with the City of Dublin, whose resources are wholly derived from private benefactors.

Even in the disposal of the remaining third of the money it seems to us that the almost total exclusion of extern work from the consideration of the Committee was a great mistake, and a great injustice to several hospitals.

We entirely demur to Professor Haughton's view that the statistics of extern departments of hospitals are made to order by the reduplication of worthless cases. *Au contraire*, we are well aware that the intern system is quite as much liable to abuse, especially in hospitals where subscribers' recommendations are influential, and where the beds are accordingly filled with the infirm retainers of my Lady Bountiful; and if the distribution scheme has been constructed for the special advantage of hospitals which are of little use to the sick poor, whose circumstances do not allow of their going into hospital, we think that the Dublin Hospital Fund has been misdirected

from the channel in which the contributors would have desired that it should run.

It seems to us that to calculate 500 extern midwifery cases and 1,000 extern accidents as equivalent to one bed is preposterously inequitable, and we hope that in next year's allocation the representatives of hospitals which have no out-patient department will not be permitted to impose such restrictions. Actual medical relief to the deserving sick poor ought to be the only title of any hospital to a grant, and that relief is quite as valuable when administered to extern cases as to the nominees of hospital subscribers.

SEX IN EDUCATION.

It is to be supposed that many of our readers had the advantage of reading the two interesting essays upon the above important topic which appeared in a spirited London periodical, the *Fortnightly Review*, last year, and which was written, on the one hand, by a very popular male medical author, Dr. Henry Maudsley, and on the other, by the lady who may at present be considered as the champion *par excellence* of female education, Mrs. Garrett-Anderson. The subject-matter for discussion was taken mainly from a work which now lies before us, entitled "Sex in Education, or a Fair Chance for Girls," the author of which is a distinguished physician of Boston, Dr. Edward H. Clarke, late Professor of *Materia Medica* in Harvard College.

Dr. Maudsley, it will be remembered, pointed out that on account of the fact that women were affected during their lives with a function which periodically caused a loss of some portion of the circulatory fluid, there were grave reasons to doubt whether the education of that sex could ever be permitted to be as thorough and continuous as that carried out by men, due consideration being given to the requirements of hygiene. In her retort to Dr. Maudsley, Mrs. Anderson alleged that the experiment of educating women thoroughly had been frequently tried, and the result had been to show that the process was of service, not injurious to the health of female students.

Dr. Clarke, in his little work, has some admirable remarks on the meaning of the word *Education*, which perhaps may go a little way towards reconciling combatants. "Education," he says, "is not used throughout this book in the limited and technical sense of intellectual or mental training alone. By saying that there is a boy's way of study and a girl's way of study it is not asserted that the intellectual process which masters Juvenal, German, or Chemistry, is different for the two sexes. *Education* is here intended to include what its etymology indicates, the drawing out and development of every part of the system; and this necessarily includes the whole manner of life, physical and psychical, during the educational period."

It has been the misfortune, certainly, of most countries in modern times, as compared with Greece in her palmy days, that education has lost this, its primary signification, and has popularly stood for studying without regard to the physical training that used to be considered a *sine qua non* of excellence of character in Athens, and especially in Sparta, both in the case of men and of women. Those who read the *Memorabilia* of Xenophon will remember the

discussion between the great Socrates and a young man who had been neglecting gymnastics and two other exercises enjoined by the sages of Greece. Socrates points out how the mind is apt to languish in a weak, flabby, non-muscular frame, and how much the virtues of courage and endurance of the mind are strengthened by those exercises which develop the frame. "A healthy mind in a healthy body" was the Greek ideal, and surely will again be the ideal of our less spiritual descendants in the centuries which will succeed this great scientific revival.

"The delicate bloom, early but rapidly fading beauty, and singular pallor of American girls and women have almost passed into a proverb. The first observation of a European that lands upon our shores is that our women are a feeble race; and if he is a physiological observer, he is sure to add, 'they will give birth to a feeble race, not of women only, but of men as well.'"

Such are the words of Dr. Clarke, and they will be, we are sure, concurred in by all physicians who have either travelled in the United States or seen many American women in their European haunts. "Circumstances," adds Dr. Clarke, "have repeatedly carried me to Europe, where I am always surprised by the red blood that fills and colours the faces of ladies and peasant girls, reminding one of the canvas of Rubens and Murillo, and am always equally surprised on my return by crowds of pale, bloodless female faces, that suggest consumption, scrofula, anæmia, and neuralgia."

Dr. Clarke is of opinion that the present system of educating girls in the United States is the main cause of this pallor and weakness. He does not assert that it is the sole cause, but only one cause, and one of the most important causes. Other causes of the effect remarked in America are, he says, irrational cookery and indigestible diet, perpetual pies and dough-nuts, and other abominations of the American cuisine.

Much evil he also attributes to the omission of clothing where it is needed, or to excess of it when the body does not need it. The regimen of a college arranged for boys, if imposed on girls, would foster the neglect of the peculiarities of a woman's organisation still more than girls' schools do.

Dr. Clarke says he has seen instances of such educated females in whom the special mechanism of their sex remained germinal—undeveloped. It seemed to have aborted. They graduated from school or college excellent scholars, but with undeveloped ovaries. Later they married, and were sterile. Nature, he says, has reserved the catamenial week for the process of ovulation, and for the development and perfecting of the reproductive system. Previously to the age of eighteen or twenty, he adds, opportunity must be periodically allowed for the accomplishment of this task. Both muscular and brain labour must be remitted enough to yield sufficient force for the work.

We confess we don't see how the work of the world is to go on if maid-servants, as a rule, are to be obliged to give up ordinary work for one week in every four, as it seems Dr. Clarke would like all young women to do. Nor do we think that women of any class in England are, as a rule, much less able for mental or bodily work at the catamenial period, than at others. Of course, we do not speak of delicate women, but of the ordinary women of Britain,

whose constitutions are familiar to all observant practitioners of medicine.

Our own conviction has long been that the climate of the United States is immensely inferior to that of European countries; and this, it seems to us, is the main cause of the comparatively weak state of health of the American young ladies referred to by Dr. Clarke in his interesting volume. There are very few parts of the States where the climate is at all tolerable to a person accustomed to the much abused but excellent climate of these islands. The inhabitant of New York is scorched and baked like a negro in summer; and, on the other hand, freezing to death is not by any means uncommon in winter. Boston is frightfully cold in winter; and, with few exceptions, the whole of the United States seem less favourable to health and vigour than our own continent of Europe. In England there is not a day in the year when a woman need stay indoors. In the States the excessive heat of summer forces them to remain as much indoors in many places as if they lived in India, whilst the terrible severity of the winters of the Northern States make life indoors, with foetid stoves and hot-water pipes, a part of the *régime* of every woman.

Why, then, should we run away with the idea that the women of America are more delicate than the women of England because of their mental culture? *Cæteris paribus*, our well-bred English young ladies are far more thoroughly educated than young American ladies; and yet, the well-mannered and accomplished young Englishwoman has a bright blush of health on her cheeks, and a body whose plumpness gives pleasure to the lover of a happy human existence; whilst the fragile American young lady seems altogether too light and unsubstantial for the critical eye of the physician.

Education of women, in short, like education of men, should be directed towards cultivating the brain and the muscles equally; and if this golden rule of hygiene be observed, we cannot see why women are to be kept in ignorance, or how it will in any way benefit posterity to keep one half of the race in the dark upon all the deepest questions which most interest our happiness. By the study of science alone does mankind advance in knowledge of nature; and we do hope, that women, as well as men, may soon be thoroughly grounded in the main principles of the sciences of the day.

THE SYSTEM OF ELECTION TO EXAMINERSHIPS AND PROFESSORSHIPS IN THE IRISH COLLEGE OF SURGEONS.

MOST of our Irish and those of our English readers who are conversant with the Charters of the medical corporations are aware that a peculiar method of election of professors and examiners is enjoined by the Charter of the Irish College of Surgeons, the function of choosing a fit person being devolved upon seven of the Council, who are cast upon by the turning of a lottery-box. In the reference to the election of a Professor of Midwifery which appeared in our columns last week we give a detailed account of the method, and we avail ourselves of the opportunity thus afforded us to call attention to the subject, in the hope of mitigating in some degree the

vicious results of so objectionable a method of election. For proof that the method is objectionable, and that, in the long run, its results must be injurious to the College and its School, we appeal not only to experience of many elections, but also to our readers' judgment of a system which makes the appointment to the most important offices in the College a matter of lottery-tossing, and insures the operation of private and personal influences in their worst form. We do not for a moment infer, as regards any recent selections made by this method (and last of all, as regards the appointment of Dr. John Cronyn), that bad selections have been made, or that personal views have ruled the choice; but we aver without hesitation that the results of the lottery system have frequently completely reversed the anticipations which had been entertained by the Fellows at large, and that under its operation Professors and Examiners have been more than once chosen who would not have had a chance in an open election either by the Fellows or by the Council at large. With all the perversity which attends the run of luck in games of chance, this lottery system has not infrequently laid the elective function upon seven of the uncompromising friends of one candidate to the exclusion of those of another, and it is usually quite easy to anticipate with reasonable certainty the result of the election as soon as "the draw" is known. This element of chance was introduced into the method of election with the worthy object of defeating the canvassing system, but we say that, while it entirely failed in this intention, it has introduced into the choice of College officers a principle which has on one or other occasion vitiated and must again vitiate the selection, and thereby act most injuriously to the College.

We are aware that it is not in the power of College or Council to alter the principle of this system without a resort to the Government, which, at the present juncture, would be very injudicious; but it is in their power, we believe, to mitigate the evil by adhering in its simplicity to the method which the Charter enjoins.

Hitherto it has been the practice of the seven electors to retire to a secret chamber, and even amongst themselves to record a secret vote. The whole purpose of the previous practice of the College seems to have been to render discussion upon the merits of candidates useless—to make the elector impenetrable to reasonable persuasion—and to bury in the most secret places of his mind the conclusion he has arrived at, and the vote which he has given. We need hardly point out that if electors are entirely irresponsible for their vote, and even forbidden to listen to free discussion, they should be more than human if they were not in some instances swayed by private and personal considerations, which should have no place in a Professorial election.

At the recent meeting of the College, summoned to witness the election of a Professor of Midwifery, Dr. Jacob called the attention of the Fellows to this matter, and pointed out by an analysis of the Charters that the taking of the elective vote by ballot, as has been hitherto done, is totally illegal. He complained of the attempt at secrecy which the system inculcates, and declared his personal experience that, while that attempt had no good effect in protecting the voter (inasmuch as the pledge of mutual confidence was habitually broken), it had, nevertheless, a most in-

jurious effect upon the selection of the candidate on the ground of simple merit.

We go further now than Dr. Jacob then went, and we submit that the intention of the Charter is that the seven electors should discharge their functions in the face of the College. We have found neither Charter, nor Bye-law, nor Ordinance to justify or render legal a secret vote; and we submit that until such legal authority is forthcoming it is not competent for the Council to continue to impose upon the College the extraordinary method of election which has hitherto been pursued.

Finally, we would ask upon what principle certain members of the Council are permitted to absent themselves from elections, and thus escape the onerous responsibility of their elective duty? and we would furthermore be glad to learn whether the fine which the bye-laws impose upon these gentlemen is uniformly enforced?

Notes on Current Topics.

Over Darwen.

DURING the last quarter of 1874 no less than 127 deaths occurred in Over Darwen from enteric fever. In September, it seems, a case of typhoid fever was brought into the town, into a house in the outskirts. The drain from this house emptied into the adjoining fields, through which the main which supplies water to the town passes, and thus the water-supply became contaminated.

Hospital Sunday in Liverpool.

THE collection made in Liverpool the Sunday before last for the hospitals resulted in £8,000. There are 600,000 inhabitants in Liverpool, and hence this subscription is considerably greater than that made in London, thus giving £30,000, in proportion to the number of the inhabitants.

Papillomatous Tumour of the Tongue.

MR. WAGSTAFFE exhibited at the Pathological Society of London, on the 19th January, two specimens of this disease, with drawings and microscopical sections. The first was from the tongue of a child aged 3 years, where a lump had been seen since the child was six months old, and it was said to have come after a fall. Twelve months ago, when first seen, there was a papillary growth on the dorsum linguae, commencing at one and a-half inches from the tip, and extending backwards for about an inch, projecting a quarter of an inch from the surface. After admission, the child's respiration became embarrassed, and the growth was removed on the 17th September, 1874. Microscopic examination showed the growth to be composed of highly hypertrophied papillae. Internally there were cavities showing like œvoid growth.

In the second case, the man was 50 years old, and there was a doubt as to whether the tumour was papillomatous or epithelioma. The growth was removed by the galvanic écraseur with a portion of the tongue. About 22 years ago the patient first noticed some white patches

on the tongue, of a warty character, which increased in size until this formed a sort of nodulated cauliflower mass on the surface of the tongue. In 1868 he was seen by Mr. Jonathan Hutchinson, who considered the disease as probably of syphilitic origin. He destroyed it, but it grew again, and formed a cauliflower mass, like a true papilloma, without ulceration or any discharge. The sub-maxillary lymphatic glands on the right side were greatly enlarged, but seceded after the operation, and the growth had not returned. The growth involved the right side of the tongue from the tip for about 3" back. The rest of the tongue was fissured and indurated. Under the microscope was seen great hypertrophy of the papillae but no invasion of the submucous layer.

Medico-Political Prospects.

THE meeting of the Executive Committee of the Medical Council has just concluded, and the business before them has, we understand, been of simple routine. No date has been fixed for the general meeting of the Council and it is probable that no meeting will be held until late in the session, unless there should be parliamentary business to discuss. We have reason to believe that the medical reformers of the British Medical Association are in hot incubation of a Bill which will be brought into the House of Commons at an early date, but they are not anxious that their occupation or intention should be known. The Bill—if there be one—will, of course, provide, as its first cause, for direct representation in the Medical Council, and it will, no doubt, exact a compulsory conjoint examination scheme for the three kingdoms. Such a bill would occupy a much better position now than it did on a former occasion, and might very possibly become law without serious opposition if it were not too radical in tone.

The visitations of the Medical Council at Oxford have already come off, and there will be little for the visitors to say. The medical licensing of the University is homœopathic in quantity, but first-rate in quality, and if it does little towards contributing to the *personnel* of the profession it does a great deal towards keeping up a high standard of education. We believe, however, that the expenses of this year's visitations have frightened the Executive Committee out of their propriety, and that the entire series will cost nearly £1,500. The London College of Surgeons has its "enabling" Bill ready, and all looks promising for a medico-educational reform of some sort.

Medical Advertising.

MR. JAMES LANE, in an address to the Harveian Society, on January 7th, alludes to the frequent custom of advertising medical books of all descriptions in the *Times* and other daily newspapers. Mr. Lane says he has himself never written a book, a fortunate thing for him to be able to say in days in which the struggle for professional existence is so great as to force even the most disinclined for literary labours to take up the pen. Mr. James Lane has, however, written many, very many papers in medical journals, any of which he could have published separately, and thus written a book, had he felt inclined. After all, what is this idea of non-advertising of medical works rather

a sentimental one in this commercial and hap-hazard England, where all hospital and other appointments are made by favour on family connection. Mr. Lane must remember that he had a famous father, and so did not require to write a book or advertise himself. And so we could speak of many other arguments.

Small-pox in Jersey.

THE deaths from variola in the town of St. Helier's were no less than forty during the first sixteen days of this month. Some of the cases were very malignant. A Vaccination Bill, making vaccination compulsory, has been submitted to the Local Government of Jersey by Dr. Le Cronier. Great precautions are being taken in Guernsey to isolate any cases of the disease that may be imported into that pleasant island.

Lady Doctors.

MISS MARIA VOGTHU, M.D., who was lately passed at Zurich, after most brilliant examinations, has established herself in that city as physician of women and children, and has already a large practice. She has married Dr. Henin, one of the professors of medicine of the Zurich Academy. It is curious to remark that all these lady doctors possess a great power of fascinating the hearts of our able and susceptible *confrères* both on the Continent and in the United States.

Buxton Sanitary Improvements.

It appears that Buxton is likely to become the seat of a series of experiments in the matter of disinfection and utilisation of the contents of the sewers, a point, as all know, of the greatest difficulty to carry out, however desirable the end to be attained may be. In the *High Peak News* of January 16 there is a well-written account of the system carried out at Leicester, Bilston, Coventry, and Leamington, from which it appears that the dry flow of sewage at Bilston is about 300,000 gallons a day, the population being 25,000. At Coventry, with a population of 40,000, the dry weather flow is about 1,800,000 gallons daily, there being a large number of water-closets in the town. The expenses of the disinfection of the sewage are not great, and it is to be hoped that the grand desideratum of utilising sewage may ere long be attained.

Longevity of Brain-workers.

DR. GEORGE BEARD (*New York Medical Record*, Dec. 15) says that brain-work is essentially healthful, and that brain-workers have less worry and more comfort and happiness than muscle-workers. To the happy brain-worker life is a long vacation; while the muscle-worker often finds no joy in his daily toil, and very little in the intervals. Physicians, lawyers, clergymen, orators, literati, and merchants, when successful, are happy in their work, without reference to the reward; and continue to work in their special callings long after the necessity has ceased. Where is the hod-carrier who finds joy in going up and down a ladder? and from the foundation of the globe until now, how many have been known to persist in ditch-digging, or sewer-laying, or any mechanical or manual calling whatsoever after the attainment of independence?

Good fortune gives good health. Nearly all the money of the world is in the hands of the brain-workers; to many, in moderate amounts, it is essential to life, and in large or comfortable amount it favours long life. Longevity is the daughter of luxury. Of the many elements that make up happiness, mental organisation, physical health, fancy, friends and money—the last is, for the average man, greater than any other, except the first. Loss of money costs more lives than the loss of friends, for it is easier to find a friend than a fortune. Almost all muscle-workers are born, live, and die poor. To live on the slippery path that lies between extreme poverty on the one hand, and the gulf of starvation on the other; to take continual thought of to-morrow, without any good result of that thought; to feel each anxious hour that the dreary treadmill by which we secure the means of subsistence for a hungry household may, without warning, be closed by any number of forces, over which one has no control; to double and treble all the horrors of want and pain, by anticipation and ruination—such is the life of the muscle-working classes of modern civilised society; and when we add to this the cankering annoyance that arises from the envying of the fortunate brain-worker who lives in ease before his eyes, we marvel not that he dies young, but rather that he lives at all. This is all true enough; but there is something deeper than this. Poor people die earlier than rich.

Unpaid Medical Services.

THERE is a good article in this month's *British and Foreign Medico-Chirurgical Review* on medical charity, in which the author sums up the numerous evils which have long been known to exist in our hospitals in London. "The advantages in the way of experience and reputation derived from a connection with public hospitals are constantly being urged, but such advantages afford no adequate repayment for the performance of arduous, continuous, and responsible duties, and they frequently fail, in the case of men of first-rate respectability and long hospital service, to bring about any reward in the shape of remunerative private practice." This is all quite true; but will the profession move? Alas! we are a sleepy set of men, and wedded to tradition. The Parisian medical men are more sensible, and all hospital appointments have an honorarium and are obtained by open competition. What says John Bull to such fair play?

Paisley and Glasgow Death-rate.

PAISLEY, a town of some 50,000 inhabitants, seems quite as unhealthy as Glasgow or Liverpool. It is abominably drained; over-crowding abounds. The death-rate actually was 65 in 1,000 a week or two back.

The Destitution of Liverpool.

MR. WORSNUP, a gentleman who has been engaged for three weeks in getting information on the wage-getting classes of that town, reports as follows:—

"The tenants of certain streets are chiefly dock, brick-layer's, plasterer's, mason's, and contractor's labourers, and cotton and corn porters, and, as a rule, only occupy one room, which has to answer as living and sleeping accommodation for the man, wife, and his family, and this

presents the most wretched state of poverty and dirt. Mondays, and often Tuesdays, are spent in drunkenness and riot. It is no unusual thing to see these people, before six o'clock on a Monday morning, crowding around the pawn-shops waiting for them to open so as to raise money on clothes, or, in fact, on anything they can carry. As soon as this money is obtained, away they go to the public-house, and seldom leave it till all is spent."

When we read of such miseries as these, we may indeed be rather inclined to be sceptical as to the great progress which civilisation has made. At the lowest part of our society there is yet a mass of savagery and degradation terrible to contemplate. Who can cope with drunkenness, over-population, and want? Not assuredly the optimist, or the complacent follower of Darwin or H. Spencer. Sterner minds are required, and if want and misery are ever to be less with us, we must look our fate in the face and determine to discourage over-pullulation.

The New Poultrice.

GREAT interest has been excited in the Académie de Médecine (*Tribune Méd.*, Jan. 3) by a new cataplasm suggested by Dr. Lelièvre. It is made with the *Fucus crispus*, a very abundant sea-weed on our shore, which is reduced to a very thin sheet by compression. When a piece of this cataplasm is cut off and dipped in hot water it swells up and becomes gelatinous. The *Fucus crispus* has been long used in medicine as well for its anaesthetic qualities as for a small quantity of iodine it contains. Poultrices of linseed meal dirty the linen, and they are often too heavy. This poultrice of Lelièvre requires to be covered with oiled silk to prevent it becoming dry too soon. The price will doubtless be low, and the poultrice is praised by Chassaignac, Verneuil, and other able surgeons.

Sanitary Reform.

THE interest excited by the conference on sanitary reform recently held in Birmingham has suggested the establishment of a National Sanitary Association for the promotion of social science. It is proposed that the first annual meeting shall be held in Birmingham in the autumn of the present year, and that other large towns shall be visited in annual succession if the proposal meets with sufficient support. A local committee will be first formed, and then, a meeting of members having been called, an executive, representing all important districts, will be elected to consider the future business of the association.

London Water Supply.

MAJOR BOLTON states that during the month of December last the state of the water in the Thames was unusually bad. On the 8th December the river suddenly rose two feet seven inches, and became very turbid. From an examination of the books, it was found that this is the worst flood occurring on the Thames for the last three years. During this time the Chelsea Company was obliged to take in dirty water and distribute as much as would pass through their filter-beds, which was very turbid flood-water imperfectly filtered. The discolouration was caused by the chalk and clay and is difficult to remove by filtration, requiring subsidence before being filtered. The

East London Company have completed the extension of the constant system of supply in a considerable part of their densely peopled district, and possess such ample reservoirs that the supply is not affected by the floods. The Southwark and Vauxhall Company have completed the reservoirs at Nunhead, to contain 18 million gallons.

Metropolitan Board of Works.

THE Vestries of Hampstead and St. Pancras have presented memorials to the Board of Works on the subject of the Hospital for Infectious Diseases at Hampstead. The Board decided not to interfere in the matter, which will, it is said, come before Parliament in the ensuing session.

DR. A. E. SANSOM has been elected Honorary Fellow of the New York Medical Society.

THE question of the admission of women to degrees in Arts is to be brought before the Convocation of the University of London soon.

THE annual returns just received at the Mining Record Office show that 5,449 tons of arsenic were produced in England in the year 1873. More than a third of it came from the Devon Great Consols Mine.

THE sanitary condition of Oxford still continues very unsatisfactory. Erysipelas and sore-throat are frequent. The water-supply of Oxford is impure, and cesspools and bad drainage are common in that city.

DR. HANDSEL GRIFFITHS, who, as a contributor to therapeutic and pharmaceutical literature, already occupies a foremost position in the ranks of our profession, and whose communications to the MEDICAL PRESS AND CIRCULAR are amongst its most valuable contents, has just received a distinction, the more gratifying because it has been entirely unsought. He has been appointed a Corresponding Member of the Therapeutical Society of Paris, and will undoubtedly prove his worth in that capacity. Considering that Dr. Griffiths has neither friend, relative, nor acquaintance in France, he may justly esteem this recognition of his writings as a very high honour.

BEANDRETH, of pill and plaster celebrity, writes to the *Chemist and Druggist*, complaining that that journal has libelled him by stating that he sells only £30,000 worth of pills annually. He explains that such a statement cannot be true, inasmuch as he pays stamp duty to the American Government on very nearly four millions of boxes annually. This estimate says nothing of a very large unstamped export trade, nor of the sale of Alcock's plasters to the number of 35,000 gross, or considerably over five million. We would venture to propound a new problem for the consideration of those ingenious, if not very useful members of society who spend their time in calculating how far the Franco-German indemnity would stretch if paid in sovereigns, and the coins set edge to edge. Given the proportion to the whole population of the world of those persons who are in want of pills and plasters, and given the number of pill and plaster sellers who make

money by supplying them. If one patent medicine man sells four million of boxes of pills and five million of plasters, to find the relative proportion of fools and sensible persons on the face of the globe.

Literature.

THE DISEASES OF TROPICAL CLIMATES AND THEIR TREATMENT. (a)

WITH the exception of Martin and Morehead's volumes on "Tropical Diseases," there is no other work of any note by an English writer to which army and navy surgeons can readily refer. The present volume, by Dr. Horton—an African—is a welcome addition therefore, to the literature of tropical maladies, but we wish it to be understood by our readers that we consider the title inaccurate. It should have been the diseases of Africa and the West Indies, as the references to the diseases of East India and its native drugs are but very slight, and are alluded to in the same incidental manner that African diseases are by Martin in his work. The book is divided into three parts, the first giving an account of the litoral, malarial, and specific tropical fevers. The chapter on ague is a good *résumé* of the subject, and the treatment laid down, both therapeutical and hygienic, is judicious, as are also the chapters on marsh, remittent, and ardent fevers. Hæmogastric, or yellow fever, "the hurricane of the human frame," from Dr. Horton's long experience and his thorough acquaintance with the physical and medical climate of Western Africa for the last fifteen years, as he himself says, "continually living in the vortex of tropical diseases, and taking notes of all important cases," it will not surprise our readers to be informed that this is one of the best written and most interesting chapters in the whole work. The account of dengue fever is the least satisfactory of the chapters in this part, in that it is incomplete, and no reference whatever is made to the more recently written papers on this subject by Indian medical officers.

The second part, on "Tropical Abdominal Diseases," treats, firstly, of intestinal, and secondly, of visceral diseases.

The first five chapters are devoted to indigestion, which is a clear account, and sufficient for all practical purposes. Constipation, as the author justly observes, "is a symptom in almost every case of tropical disease, and if correctly interpreted and treated, would tend to mitigate many very formidable complaints." This chapter evidences the author to be a good general practitioner, and the treatment, medical, mechanical, and dietetic can scarcely be improved upon. The article on dysentery is a good one, and the views of later writers are clearly marshalled forth and acknowledged. Dr. Horton is correct in saying "death from dysentery is now rather an exception than the rule, as it used to be a few years ago." The author describes dysentery under three different forms: 1. Acute; 2. Chronic; 3. Scorbutic, or asthenic; and after giving the symptoms of each, describes the pathology and morbid anatomy. The predisposing causes are next considered, and Dr. Horton is opposed to those writers on tropical dysentery who suppose that malaria is a common or direct and exciting cause of dysentery. Dr. Horton says, "Having for several years made this point a matter of careful study and investigation. . . . I cannot corroborate the opinion that malaria was a direct cause of dysentery, but it is one of the principal predisposing causes we have in tropical climates." After having care-

(a) "The Diseases of Tropical Climates and their Treatment." By J. A. B. Horton, M.D. Edin., F.R.C.S., Surgeon-Major of the Army Medical Department, &c., &c. London: J. and A. Churchill.

fully given all the predisposing causes, the exciting causes are given, and the author lays especial stress on "variations in temperature," and quotes very fully Dr. Massey's paper on "Acute Dysentery" in support of his views. The treatment of this disease is exceedingly well described, although it may be as well to mention, *en parenthèse*, that although "injections form one of the principal remedies of the natives in most parts of Africa, as well as other parts, for dysentery," such a remedy is regarded by the natives of India with abhorrence, and if it were used, it would be considered they had lost their caste. In "stubborn chronic cases," Dr. Horton says sulphur, in from fifteen to twenty-grain doses, combined with chalk and opium, is a most potent remedy.

There is a good deal in this chapter, as well as throughout the work generally, that shows a very earnest desire on the part of the author to weigh carefully the value of therapeutical treatment, and not as is noticed in many works lately issued, where treatment is indicated by merely giving a therapeutical index. We would suggest adding a fuller account of the hygiene of cholera in the next edition, especially as regards *campy*. In other respects we think the student will find the subject fully treated, and the history of the disease evidences an ability on the part of the author for accurate compilation such as we rarely meet with.

Liver diseases are next discussed, and then follows diseases of the spleen. Dr. Horton considers that of all local remedies for the reduction of the enlarged spleen the greatest benefit will be derived from the local application of the ointment of the biniodide of mercury, and quotes in support the opinion of Professor Maclean. Such practice, we may observe, is contrary to the views of many Indian practitioners, who have always held the opinion that mercury is inadmissible, tending as it does to debilitating results.

The third part treats of constitutional disorders, including anæmia, beri-beri, chronic rheumatism, delirium tremens, sun-stroke, goitre, guinea-worm, yaws, and Barbadoes legs. These chapters are all of average merit with the exception of the one on sun-stroke, which is incomplete, as, indeed, are most essays that have been written on the subject. We refer especially to the hygiene of this disease, and the absence of all allusion to the characteristic features, course and termination of insanity caused by sun-stroke.

In our necessarily brief review we have but touched on the leading features of interest, leaving much which we heartily recommend our readers to learn for themselves, as being not only interesting of itself, but valuable, as exhibiting steady perseverance, observation, and research performed with undaunted fortitude in trying circumstances and in pestilential climates.

We are sorry to notice, in conclusion, that the work has been allowed to appear before the commonest mistakes in spelling, of which it is full, had been corrected.

Correspondence.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Lombe Atthill has published in the *MEDICAL PRESS* of the 6th inst. a letter in which he contradicts a previous statement published by myself and others in the *MEDICAL PRESS* of the 30th ult.

The passage in our letter on which Dr. Atthill comments is the following:—"The proposal at that time (*i.e.*, December, 1867) to create the order of Member was a change of front rendered necessary by the action of the British Medical Association in favour of the 'one portal' system."

Dr. Atthill says, "The foregoing statement is entirely incorrect;" and, "Indeed, it was impossible that the 'one portal' system could have influenced the Committee, seeing

that it was not brought forward till the autumn of 1869, the report of the Committee being dated December, 1867."

By this flat contradiction Dr. Atthill accuses me not only of falsehood, but of stupidity; for I stated what was not merely "incorrect," but "impossible."

Although I had a perfect recollection of the resolution passed by the British Medical Association in Dublin (1867), and renewed unanimously in Oxford (1868), and again in Leeds (1869), at all of which meetings I was present, and advocated the "one portal" and "direct representation" principles; yet I felt there was no use in meeting Dr. Atthill's contradiction by a simple negative, seeing the tone of infallibility in which Dr. Atthill's letter was couched. I therefore wrote to Dr. Edward Waters, Chairman of the "Medical Reform Committee" of the British Medical Association, asking him whether my recollection as to the preceding points was correct or not. I received from Dr. Waters this morning the enclosed letter:—

14 Nicholas Street, Chester,
15th January, 1875.

MY DEAR DR. HAUGHTON,—When the Association met in Dublin (1867) the Government had charge of the Bill embodying the "one portal." At Dublin the Association decided that "direct representation" of the profession in the General Medical Council must be embodied in the measure.

At Oxford (1868) this was again resolved on unanimously. At Leeds (1869) the "Direct Representation" Committee, as it had been previously termed, was changed into one of larger scope, which was styled the "Medical Reform Committee." You were, then and there, unanimously placed on that Committee, and have ever since been a highly valued member of it.

Hoping it may be in our power soon to meet, believe me,
Ever yours sincerely,

EDWARD WATERS.

Professor Haughton, M.D.

This letter of Dr. Waters, confirmatory of my own clear and positive recollection, fully disposes of Dr. Atthill's wild assertion that I stated what was "incorrect" and "impossible," for my statement was pure and simple fact.

It is said that "fools rush in where angels fear to tread;" and such may possibly be the case of Dr. Atthill, whose character for wisdom and infallibility will not stand higher after this attack upon me.

I take no notice of the second letter of your anonymous correspondent in the *MEDICAL PRESS* of the 6th inst., as I regard the man who conducts a controversy by means of anonymous letters imputing bad motives as closely allied to the class of "cowards and poisoners." However, it is natural, perhaps, that the trade of anonymous writers should be taken up by those who advocate the ballot in order that they may black-bean in the dark a candidate whom they "do not like," to use the expressive phrase recently employed by one of the most zealous advocates of secret voting.

I am, your obedient servant,

Trinity College, Dublin,
Jan. 18, 1875.

SAML. HAUGHTON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Lyons's letter purports to be a reply to my strictures on the one signed by himself, Dr. Cruise, and Dr. Haughton; but in point of fact it is no reply. In my letter I said Dr. Lyons made a statement which was "entirely incorrect," namely, that "the proposal at that time (Dec. 1867) to create the order of Member was a change of front rendered necessary by the action of the British Medical Association in favour of the 'one portal' system," the fact being that the "one postal system," called by its projectors the "one faculty system," was not projected till after the Leeds meeting at the British Medical Association, in August, 1869, and the Bill founded on the petition in favour of the system transmitted to the Secretary of State for the Home Department in October of that year by Dr. Bell Fletcher, that is, just two years after I had unsuccessfully urged the College to institute the grade of Member, and which Bill called forth the opposition of the College, and was not introduced into Parliament till 1870. Dr. Lyons does not attempt to reply to this, and being unab to do so, proceeds to make another statement, which, I regret to say, is as incorrect as his former one. Dr.

Lyons says, referring to my statement that I drew up the report of the Committee, "this is true just so far as that Dr. Atthill, as the officer of the College, made a fair copy of the draft report." Dr. Lyons is well aware that I, while Registrar of the College, as also those gentlemen who have held that office since I resigned it in 1868, had, and have a clerk who makes a "fair copy" of all the proceedings, whether of the College or its Committee, when such is needed. Had I used the term "draw up the report" in the sense of copying it, imputed to me by Dr. Lyons, I would have been guilty of that which I condemn in others; but I repeat, "I drew up the report" in question; that duty devolved on me because I was the prime mover in the matter, and also because, after a brief discussion, the Committee were unanimous, and left it to me to draw up, and the report I drew up was approved of, with the addition of two or three words suggested by Dr. Haughton.

Dr. Lyons then proceeds to make a statement, if possible, more startling than either of the preceding ones, namely, "that some (of the Fellows) even contemplate the imposition of a stamp duty" on the admission of Licentiates to the Membership.

To explain this strange statement I am forced to the conclusion that Dr. Lyons must be ignorant of the fact that the power of taxes is vested solely in the House of Commons; but I do not believe that any other Fellow of the College is ignorant of that fact: and I trust Dr. Lyons will pardon me for saying that I think he must have allowed some knowing "old Fellow" to play on his credulity. Why, instead of seeking to have tax duty imposed on its members, the College has actually more than once urged Government to remove the duty levied by it off Licentiates admitted to the Fellowship. I cannot tell what may have been said to my evidently credulous friend, Dr. Lyons, in private conversation relative to "the considerable fee" which would be imposed on Licentiates admitted to the Membership; but when the subject has been mentioned to me, and I have spoken on it to most of the Fellows, the opinion invariably expressed was that all Licentiates admitted before the grade of Member was established should be eligible to that grade either without the payment of any fee, or if any, of a nominal one.

It is much to be regretted that the attempt of the College to obtain for its Licentiates a title and rank similar to that obtainable by Licentiates of the Colleges of Physicians of London and Edinburgh should be turned to account to make a kind of political capital; but I have great confidence in the Licentiates of the College, and in the members of my profession at large. I believe them to be quite capable of judging for themselves who are the persons most sincerely desirous of elevating them and upholding the dignity of the College, and, to quote the language of the author, to whom the epithets "ignorant," "disingenuous," "deficient in candour," found in the letter signed by Dr. Lyons, and inserted in the MEDICAL PRESS AND CIRCULAR for the 30th ult., are applicable.

I am, &c.,

LONGB ATTHILL.

January 22nd, 1875.

THE ARCTIC EXPEDITION AND ALCOHOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Recent Debates upon Alcohol," in your issue of Jan. 20, brought most vividly to my mind the vast importance of the subject as connected with the Arctic Expedition now getting ready for exploration in the Polar Seas. The experience of past expeditions of a like character seems to point to the necessity of excluding alcohol in any form from the rations to be issued to the crews during their engagement in the proposed voyage. Writing from memory, I would refer to the Expedition conducted by (I think) Sir John Kane. So long a time has elapsed since that period, and my not having the published account of the voyage in my possession, I can only state generally that no alcoholic drinks were issued to the men composing the crews of the ships during the whole time of their absence from England; and that no preceding expedition ever returned to England without loss of life from the severity of the climate, rum rations, however, having been issued to the men, in accordance with old regulations guided by tradition. When Sir John Kane returned from his arduous duties he brought the whole of his crews back—not a single man was lost; but no rum or other alcoholic ration was used by them under his command. What other inference can be

drawn from these facts but that alcohol, and not extreme cold, caused the deaths which occurred in previous Arctic explorations? Is it necessary to pursue this subject further, or to allude to the fact that in Sir John's published account of the voyage, he attributed his immunity from disease and death to the non-alcoholic treatment enforced on board the ships constituting that expedition? Or need any mention be made of Sir Garnet Wolseley's Red River expedition, on which occasion 1,600 men marched from Montreal to their destination, accomplished their work, and came back again in good health (no lives having been sacrificed to a mistaken and baneful custom) without the use of that supposed "necessary" for any extra exertion or exposure to the rigours of climate—an alcoholic stimulant?

The late Ashantee war is another instance of the non-necessity of alcohol, but in a widely different climate and under widely different circumstances; thus apparently proving that alcohol is not required in any possible variation of temperature or in any part of the world.

In the light of experiences like these, it may perhaps be judicious to call the attention of those about to leave our shores for the North, as well as the authorities under whose control they are placed, to the vital importance of the question. If life and health are jeopardised, in the one case, and conserved in the opposite, no exertion should be deemed too great, or no discussion too "dry" to bring this great and pressing matter into the prominence it so well demands.

Of course the question of expense is of such secondary importance, no further allusion to it is requisite; but at a future period this too may well occupy increased attention at the Admiralty and War Office, as also in the Mercantile Marine.

Yours faithfully,

H. P. G.

58 Poland Street, W., London.

MIDWIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—As there is a craze on the subject of the great value of the above among Dublin medical practitioners, I would like to offer a caution to young medical men about settling down in country districts. The caution I would give them is not to introduce them into their districts if they can keep them out. I have good reasons for offering this suggestion. There is no class which more forcibly illustrates the truth of the old adage that "a little knowledge is a dangerous thing," for every day they are found in the fulness of their conceit retaining cases in their exclusive hands, and so usurping the place of doctors, which were never intended should be left to them. I have more than once been called subsequently to cases of ruptured perineum, &c., after midwives. The masters of your midwifery hospitals ought to give the usual certificates to these women accompanied by the condition of forfeiture of such certificate in the event of their usurping the functions of doctor as well as nurse, notice of such forfeiture to be published in a local paper. Dublin men don't understand country habits on this point. No one in the metropolis thinks of having a nurse without a doctor; but one only is deemed enough in the country among many classes. The truth is, the public don't understand their exact function, and confound them with full-blown female doctors. Could not Messrs. Johnson and Ringland devote a little time to enlighten the public as to their real sphere. These gentlemen certainly ought, since it is owing to them that so many fees are taken out of the pockets of many country practitioners.

A COUNTRY PRACTITIONER.

THE next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday evening, February 3, at half-past eight precisely. A discussion on "The Construction of an International Pharmacopœia, from the Pharmacist's Point of View," will be introduced by Mr. Sutton, one of the delegates to the recent International Pharmaceutical Congress.

M. CHEVREUL, the eminent French chemist, who is now eighty-eight years of age, has been promoted by Marshal MacMahon to the dignity of the Grand Cross of the Legion of Honour, in recognition of his services to science.

PRESSURE on our space this week compels us to postpone publication of our notices of Cameron's "Manual of Hygiene" and the "Manual of Public Health," recently published by Fannin and Co., of Dublin.

IMPORTANT DEPUTATION ON VIVISECTION.

A LARGE and influential deputation waited upon the President of the Royal Society for Prevention of Cruelty to Animals on Monday last, to present an address signed by nearly fifty Peers, several members of the medical profession, and other gentlemen and ladies of position, urging upon the Society the duty of introducing into Parliament a Bill to prevent the continuance of the practice of vivisection. The Earl of Harrowby, as President of the Society, thanked the deputation for the moderation of their language as well as for their zeal, and promised the subject should receive their earnest consideration.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE Quarterly Court of the Directors of the Society was held on the 13th inst., the President, Sir George Burrows, Bart., in the chair.

The Acting Treasurer stated that the grants to be made amounted to £1,236 10s., to be distributed among 58 widows and 17 children, and 3 children were to be relieved from the Copeland Fund.

The expenses of the quarter were £55 12s. 5d.

Three new members were proposed and elected.

The Christmas donation to the widows and orphans voted at the last Court had been given a few days before Christmas to 56 widows and 20 children—£5 to each widow, £2 to each child, and £5 to each of the 3 children on the Copeland Fund, amounting in all to £329.

The deaths of two widows receiving grants were announced, and two fresh applications from widows were admitted.

It was resolved that a Committee consisting of the President, Treasurers, and Secretary should be formed to draw up a circular, stating the advantages to be derived from joining the Society, to be sent to all members of the Profession residing within the limits of the London District Post and the County of Middlesex.

As no anniversary festival will be held this year, the benevolent friends of the charity are invited to send their donations to the Treasurer or Secretary.

Obituary.

ROBERT ADAMS.

ALTHOUGH there are surgeons of his own epoch who still survive Robert Adams, his death will nevertheless be looked upon as the final extinction of a most noteworthy generation of Irish surgeons; and, as he has passed from amongst us, so we must bid farewell to the times when the profession in Ireland wore its highest honours, numbering amongst its sons such men as Abraham Colles, Crampton, Cusack, Jacob, Wilmot, Carmichael, and others not less noted and respected. The connection of Mr. Adams with the profession dates as far back as 1815, when he received the licence of the Irish College of Surgeons as the apprentice of Stewart, the Surgeon-General of the day. His first professional connection was with Jervis Street Hospital, which, however, he shortly relinquished in favour of the Richmond, in which he succeeded Ephraim McDowel. At this time, and for some years subsequently, he had been connected with Kirby and Reade in the founding of the Peter Street School; but his attachment to the Richmond Hospital caused him, shortly after his appointment, to dis sever his connection with Peter Street, and with Carmichael and McDowel he became the founder of the

Richmond—now the Carmichael School. His character as a surgeon in Ireland needed no record; but he has left his mark upon surgical literature, not only by his contributions to the Dublin Hospital Reports and Todd's Cyclopædia, but by his noted work on Rheumatic Gout—perhaps the most valuable work on the subject in the English language.

He occupied during his long and brilliant career almost every position of honour which a surgeon could occupy, highest amongst which were repeated Presidencies of the College of Surgeons, the Regius Professorship in the University of Dublin, the Surgeoncy to the Queen in Ireland, and the office of Senator in the Queen's University.

Robert Adams possessed all the qualities for a great surgeon—much talent, constant industry, and an address calculated to inspire confidence in those who sought his advice, and he was necessarily a great and successful surgeon. His profession, though not admitted usually to a close intimacy with him, respected him, and were proud of his high surgical attainments, and though his interpretation of the ethical relations of medical men to each other was not beyond cavil, he has left behind him the memory at least of a talented and skilful surgeon and "an honest opinion."

FRANCIS L'ESTRANGE.

THE Irish medical profession last week lost a member who was perhaps as generally known among its members as any one of its number, and who was no more generally known than he was respected. Frank L'Estrange was a household word in the family of every professional man in Ireland, to whom it was familiarly known as the name of a brother whose time and skill were ever at their command with friendly and disinterested readiness. His help was never wanting in their personal need, and was with equal liberality given when they required it in their practice in cases in which his special experience often rendered it invaluable.

More than half a century has now elapsed since Francis L'Estrange, while an undergraduate in Trinity College, commenced his studies, under the auspices of Sir Philip Crampton, to whom he was apprenticed about the year 1821, and with whom he maintained a close and affectionate intimacy up to the close of the life of that eminent surgeon. From the earliest period of his professional career, Mr. L'Estrange showed a readiness of mechanical invention which influenced his friends to direct his attention to the special line upon which he entered immediately after he was admitted to the ranks of the profession as a Licentiate of the Royal College of Surgeons, and he continued to practise as a dentist up to the period of his retirement into private life, some three or four years since. He never ceased, however, to maintain his position as a scientific surgeon, becoming in due course a Fellow of the College of Surgeons and Licentiate of the King and Queen's College of Physicians. So desirous was he of asserting this connection that he obtained a commission as a surgeon of militia, and up to the time of his death was surgeon to the Antrim Artillery. When he undertook this duty he was at the height of a most successful practice in Dublin, but never failed to join his corps at training time, and found in the change of professional occupation a recreation from his more laborious daily work. To those who knew his kindly social nature we need not say that in his yearly sojourn with his regiment he was ever heartily welcomed by his military companions. In his special practice Mr. L'Estrange brought to the service of his patients a general medical and surgical knowledge, which raised dentistry in his hands far above the level of a mechanical art, while his fertility of invention and practical skill enabled him to contribute most usefully to the advancement of operative surgery. Among his contributions in that line were a tourniquet adapted to compress the femoral artery in cases of amputation of the limb near to the hip-joint. He also invented and patented a truss for inguinal hernia, which is still in extensive use, and claimed to be the first who applied the principle of the screw in the operation of lithotomy. Among his other inventions was a contrivance for reducing luxations, and an apparatus for treating fractures of the lower jaw. At an early period of his professional life Mr. L'Estrange recommended himself to the Viceroy of the day, the Marquis of Anglesea, by the construction of an artificial leg, which was used with advantage by that illustrious soldier.

Mr. L'Estrange did not long survive his retirement, although

his age and his apparent strength of constitution seemed to promise a longer life. During his seventy years, however, he made many friends and no enemies, and has passed away amid the regrets of a large and closely attached circle of social and professional intimates, whose number, we regret to say, is rapidly diminishing.

Royal College of Surgeons of England.—The following members were elected Fellows of the College at a meeting of the Council on the 14th inst:—

Lawford, Edward, M.D. Aberd., Leighton Buzzard.

Thomas, Benjamin, L.R.C.P. Edin., Llanelly.

The following gentlemen passed the required examination and received the diploma in Dental Surgery at a meeting of the Court of Examiners on the 15th inst:—

Atkinson, Jonathan O., Kendal.

Bayless, Henry M'Ford, Islington.

Cartwright, Alexander, M.R.C.S., Old Burlington Street.

Gill, Henry B., Arnold Terrace, London.

Henry, William F., Cornhill, London.

Keeling, George R., Epson.

Silvester, Simeon T., Croydon.

Wallis, Charles J., Pau, France.

Watson, David, Torquay.

The following gentlemen passed the primary examination in Anatomy and Physiology on the 19th and 20th inst:—

G. T. Congrave, C. James, S. Skerman, W. H. Crowther, and S. Arnott, King's College; W. W. Cuthbert, W. H. Webb, G. H. Cressey, and C. R. Hall, St. Bartholomew's Hospital; F. Y. Livy, W. J. Heslop, W. S. Merriman, and W. B. Taylor, Owens College, Manchester; W. F. Blake, J. Heelas, H. B. Carter, C. C. Claremont, W. J. Cobbin, R. G. E. Willows, P. Hookham, and R. J. Stokes, University College; A. E. Powell, E. H. Jacob, R. N. Fenwick, G. B. Longstaff, and C. R. Gillard, St. Thomas's Hospital; G. H. Snowden and G. A. Duke, St. Mary's Hospital; W. P. Biden, Charing Cross Hospital; J. Carey, London Hospital; J. R. Blaikie, Cambridge; W. A. Molson, E. G. Henderson, J. L. Ritchie, and R. A. Stevenson, M'Gill College, Toronto; R. Mercer, H. C. Proctor, J. S. Sangter, Leeds; F. Wilson and G. R. Moore, Newcastle-on-Tyne; R. Griffiths and C. T. Marks, Dublin; R. F. Godfrey, Montreal; John Todd, Guy's Hospital.

Of the 317 candidates admitted to the recent preliminary examination, 153 were successful for the Membership and 39 for the Fellowship of the College.

NOTICES TO CORRESPONDENTS.

MR. STANTON, Oxford.—The number is out of print, and cannot be had at any price.

A CONSOLATION FOR DISAPPOINTED AUTHORS.—It must be admitted that authors, especially if they are inexperienced, or have no friends on the press, are not infrequently the subjects of unfair or harsh treatment. A little weakness of style, or some petty mistake is rushed out by the reviewer, and the unlucky wight pounced down upon in one journal or other, and lashed as unmercifully as if he had committed some foul crime, whilst the productions of other pens are ignored altogether, and the book upon which they had set their hearts, and from which they vainly hoped a great reputation would follow, receive but the scant publicity of the bookseller's shelves. For each or both of these classes a satisfactory solution has been arrived at. A letter and circular has been placed in our hands by our publishers to the effect that, on the 1st of February a Mr. Stonehan, publisher in Cheapside, will issue a new publication, entitled, "The Bookbuyer," in which "twenty pages of advertisements will be inserted, each page to consist of two-thirds of advertisement matter and one-third notices of your books, which you can supply." What finer opportunity can present itself to the eye of the disappointed author! Here, to the right of the page, myriads of anxious readers will be greedily taking in all that the author says in review of his own book, whilst to the left an advertisement of its cost, and the publisher, will point them to the exact spot where the precious treasure can be bought. Bravo, Mr. Stonehan! we shall be glad to receive the first number of "The Bookbuyer."

LECTURES ON HOMŒOPATHY.—Notice is given by advertisement in our columns and those of our contemporaries that a course of lectures will be commenced on Thursday, the 4th prox., in the London Homœopathic Hospital, by some of the leading men of that "persuasion," the attention of allopaths being particularly requested. Should any of our readers desire to hear what homœopathy really is the opportunity is offered them on presentation of their cards.

VACANCIES.

Royal Hospital for Diseases of the Chest, City Road. Physician. Honorary. Applications, with Testimonials, to be forwarded to the Secretary. (See Advt.)

University College Hospital. Resident Medical Officer. Full information from Mr. Robson, Secretary to the Council.

Birmingham Free Hospital for Sick Children. Two Acting Physicians. Emolument, £20 per annum; attendance three days per week. Applications to be sent in to the Medical Committee not later than the 31st prox.

Bath Royal United Hospital. Resident Medical Officer. Salary, £100 per annum, with board and residence. Application to the Secretary.

Hull General Infirmary. Dispenser. Salary, £100 to a fully qualified man. Applications to the Chairman of Committee.

St. Mary's Hospital, Paddington. Medical Tutor in the School. Full information of the Dean.

North Wales Counties Lunatic Asylum. Assistant Medical Officer. Salary, £100, with board and furnished apartments. Testimonials to the Clerk to the Visitors, Denbigh.

APPOINTMENTS.

BARBER, O., L.R.C.P.L., M.R.C.S.E., Demonstrator of Anatomy at the Sheffield School of Medicine.

BLAKELY, S., M.D., Superintendent Medical Officer of Health and Sanitary Officer for the Clogher Rural Sanitary District.

BROCK, W. J., M.B., Resident Medical Assistant at the Royal Infirmary, Dundee.

BURTONSHAW, T., L.S.A., House Surgeon to the North-Eastern Hospital for Children, Hackney Road.

CEURCH, W. S., M.D., F.R.C.P., a Physician to St. Bartholomew's Hospital.

COLL, R. M., L.R.C.P.L., M.R.C.S.E., Assistant Surgeon to the Gloucester Infirmary, Dr. FISKE R., Waterford, Superintendent of the Waterford District Lunatic Asylum, vice Dr. V. R. Fletcher, promoted.

COUPLAND, S., M.D., Curator of the Museum of the Middlesex Hospital.

CRAYEN, R. M., L.R.C.P., Resident Surgeon at the Workshop Dispensary.

CROFTS, J., L.K.Q.C.P.I., F.R.C.S.I., Professor of Midwifery at the Royal College of Surgeons, Ireland.

DAVIES, E., M.R.C.S.E., Medical Officer of Health for the Swansea Urban and Port Sanitary Districts.

DUNLOP, W., L.R.C.P.Ed., Superintendent Medical Officer of Health for the Letterkenny Rural Sanitary District.

GILL, S. A., M.R.C.S.E., L.R.C.P.Ed., L.F.P. & S. Glas., Medical Officer for the Torquay District of the Newton-Abbott Union.

LINGOAT, A., M.B., L.R.C.S.Ed., Medical Officer for the Morland District of the West Ward Union, Westmoreland.

LUCE, J. J., M.D., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Welford District, and Medical Officer to the Workhouse of the Stratford-on-Avon Union.

MACNAMARA, RAWDON, F.R.C.S.I., M.D. (Hon. Causd) Univ. Dub.; Professor of Materia Medica, Member of Council, and Ex-President, Royal College of Surgeons in Ireland; Surgeon to the Meath Hospital, &c. has been reappointed the Representative of the Royal College of Surgeons in Ireland for the ensuing year upon the General Council of Medical Education and Registration of the United Kingdom.

M'BRIDE, C., M.D., Medical Officer for the Parish of Wigtown.

POWELL, E., M.R.C.S.E., second Assistant Medical Officer at the Essex Lunatic Asylum, Brentwood.

PURCELL, R., L.A.H.Dub., Apothecary to the Workhouse and the Croom Dispensary of the Croom Union, co. Limerick.

ROBERTSON, J. D., M.D., L.R.C.S.Ed., Medical Officer for the Eamont-Bridge District of the West Ward Union, Westmoreland.

SHEFFIELD, R. L., F.R.C.S.Ed., M.R.C.S.E., Assistant Surgeon to the Orthopaedic Hospital, Hatton Garden.

TAYLOR, J., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Whitby Urban Sanitary District.

THOMPSON, H. G., L.K.Q.C.P.I., L.R.C.S.I., Resident Medical Officer at the Western Dispensary, Broadway, Westminster.

WADDY, H. E., L.R.C.F.L., a Surgeon to the Gloucester Infirmary.

WALSH, D., L.K.Q.C.P.I., L.R.C.P.Ed., a Medical Officer to the Poplar and Stepney Sick Asylum, Bromley.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major J. Fyrrer, C.S.I., Bengal Army, to be Deputy Surgeon-General. Surgeon-Major A. L. Adams, M.D., to have the honorary rank of Deputy Surgeon-General on retiring upon half-pay. Surgeon-Major E. Parsonage, M.D., retires upon temporary half-pay; Surgeon-Major A. L. Adams, M.D., retires upon half-pay; Surgeon W. G. Martelli and Surgeon J. V. T. Malcolm, M.D., retire upon temporary half-pay. Surgeon O. Codrington to be Surgeon-Major, vice T. J. Tufnell, retired on half-pay.

Marriages.

ARBuckle—BASSETT.—On the 19th inst., at St. Andrew's Church, Nottingham, Hugh Wight Arbuckle, M.D., of Thorne, Doncaster, to Martha Elizabeth Bassett, eldest daughter of the late Richard Bassett, of Mapperley Road, Nottingham.

SCATLIF—HARRIS.—On the 14th inst., at St. Saviour's Church, Haverstock Hill, J. M. Elborough Scatliff, M.B., C.M., M.R.C.S.E., of Brighton, to Edith, only daughter of the late Jas. Harris, Esq., of London.

SHIPLEY—NEVILLE.—At the residence of the bride's father, Edward Shipley, M.D., son of Thomas Shipley, Esq., Cape Clear, to Minnie Agnes, daughter of Thomas Neville, Esq., Ballintraana House, Macroom.

Deaths.

BOURNES.—On the 16th Jan., at his residence, Killala, co. Mayo, Wm. Henry Bournes, M.D.

BRACEY.—On the 13th Jan., Chas. Bracey, M.R.C.S.E., of Bristol Street, Birmingham, aged 60.

DUDLEY.—On the 9th Jan., at Yardley-Hastings, Northampton, Edward Dudley, M.R.C.S.E., aged 40.

HEALEY.—On the 9th Jan., Edward Healey, M.R.C.S.E., of Lister Street, Hull, aged 59.

JUSTICE.—At Mallow, Thomas H. Justice, M.D., of the North Cork Rifles.

M'LEAK.—On the 16th Jan., at Dublin, Annie, wife of J. D. M'Leak, Surgeon-General and principal Medical Officer in Ireland.

PICKFORD.—On the 18th Jan., J. H. Pickford, M.D., of Cavendish Place, Brighton, aged 78.

WINES AND SPIRITS (Foreign) on which Duty was paid in London by some of the principal firms during the past year.

WINES (Foreign).		(SPIRITS (Foreign)).	
	Gallons.		Gallons.
W. & A. Gilbey ..	896,998	W. & A. Gilbey ..	248,594
Dingwall, Portal & Co. ..	180,432	Twiss & Browning ..	192,211
F. W. Cosens ..	115,800	Daniel Taylor & Sons ..	165,066
R. Hooper & Sons ..	103,026	Trower & Lawson ..	137,427
Max Greger & Co. ..	100,168	Dingwall, Portal & Co. ..	136,794
D. Taylor & Sons ..	84,555	Galbraith, Grant & Co. ..	91,898
Dent, Urwick & Co. ..	79,791	E. S. Pick & Co. ..	65,362
Cumlife & Co. ..	78,251	R. Hooper & Sons ..	59,691
T. W. Stapleton & Co. ..	76,884	R. Burnett & Son ..	56,329
W. J. Murray ..	75,292	Daun & Vallentin ..	56,181
H. T. Mayfield ..	73,865	Omond & Co. ..	46,649
C. G. Phillips & Co. ..	72,002	Fulcher & Robinson ..	

Besides the preceding there were about 2,000 firms who paid duty on Wines and Spirits in less quantities than those above mentioned.—*Wine Trade Review*, 15th January, 1875.

Advertisements.

INDIAN MEDICAL SERVICES.

NOTICE is HEREBY GIVEN, that an EXAMINATION OF CANDIDATES for Twenty Appointments as Surgeon in Her Majesty's Indian Medical Service will be held on the 15th February, 1-75, and following days.

Copies of the Regulations for the Examination, together with information regarding Pay and Retiring Allowances of India Medical Officers, may be obtained on application at the Military Department, India Office, London, S. W.

The necessary certificates must be submitted to the Military Secretary at least a fortnight before the date fixed for examination.

(Signed) T. T. PEARS, Major-General,
Military Secretary.

India Office, 7th January, 1875.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—

Notice is hereby given that on Thursday, the 4th day of February next, at the hour of One o'Clock p.m., the President, Vice-President, and Council will proceed, according to the provisions of the Supplemental Charter, to elect an EXAMINEE in MIDWIFERY, in room of Dr. Cronyn, resigned.

A meeting of the Fellows of the College will be held same day, between the hours of One and Three o'Clock, to elect a MEMBER OF COUNCIL, in room of the late Dr. Adams.

Candidates are requested to lodge their applications and names with the Registrar at the College on or before Monday, the 1st day of February.

By order, JOHN BRENNEN, Registrar.

DUBLIN INFIRMARY for DISEASES of the EYE and EAR, Ely Place.

Ophthalmic and Aural Surgeon:

ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S., Ex-Ophthalmic and Aural Surgeon to the City of Dublin Hospital.

Consulting Physician:

EVORY KENNEDY, M.D. (Hon. Caus.) T.C.D. and Edin., Fellow and Ex-President King and Queen's College of Physicians.

Consulting Surgeon:

GEORGE H. PORTER, F.R.C.S.I.; M.Ch. T.C.D. (Hon. Caus.), Surgeon in Ordinary to Her Majesty the Queen in Ireland; Fellow and Ex-President, R.C.S.I.; Senior Surgeon to the Meath Hospital.

Obstetric Physician:

JOHN CRONYN, M.D., F.R.C.S., Examiner in Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

Work, Income, and Expenditure for Twelve Months, ending June 30, 1873.

Annual number of Dispensary patients ..	...	...	...
Number of visits paid by such patients ..	...	...	5,847
Number of patients within the Infirmary ..	...	...	124
Number of operations performed ..	...	...	163
Total gross expenditure per bed per annum ..	...	...	£37 15 0
Average expenditure per intern patient ..	...	...	1 10 6

The Infirmary is wholly dependent on private benefactions, and is in debt to the Medical Officer. SUBSCRIPTIONS ARE EARNESTLY SOLICITED

MIR. I. SANDHEIM,

Dentist,

16 STJFFOLK STREET,

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N.B.—A Vacancy for a Pupil

Established 1848.

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50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY, LL.D., M.R.C.S., F.L.S.,
 &c. (Knox's Coll.), and Author of *VIA MEDICA*.

Has always upon his books a large number of desirable Investments and available Appointments for negotiation.

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No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

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PRACTICES AND PARTNERSHIPS NOW OPEN for Negotiation (in addition to those advertised in Dr. Langley's List, which is sent post free on application).

Z 94. In a large town, with great scope for increase, a GOOD CLASS PRACTICE, yielding about £700 a year. There is an excellent residence, with stabling, &c. Rent £55.

Z 93. LONDON. OPEN SURGERY and RETAIL. Receipts £800 a year, nearly the whole derived from prescribing and retail. There is great scope for outdoor Practice. The shop is well fitted and stocked, and the house is situate in one of the best positions in the N. W. district.

Z 92. KENT. An OLD-ESTABLISHED PRACTICE for SALE. Receipts over £600 a year. The whole practice within a very narrow area. Appointments, £40; patients, good middle-class. The house is small, but convenient, contains eight rooms, and is held on lease at a very low rent. The Practice is chiefly in the suburbs of a large town, and there is considerable scope for increase.

Z 91. LONDON, N. W. EXCELLENT MIDDLE CLASS PRACTICE for TRANSFER. The receipts average nearly £1,000 a year. No midwifery under £1 la. Appointments about £50. There is an Open Surgery associated with the Practice, and from which upwards of £400 a year is derived in cash. The books are open to the strictest scrutiny, and the highest guarantees of *bona fides* can be given. The house is situate in a main thoroughfare, and within easy access of railway communication to all parts of London.

Z 90. PARTNERSHIP in a good COUNTRY PRACTICE in a pleasant and rich agricultural district in the home counties, and within 60 miles of London. In consequence of the death of the senior partner there is a vacancy for a doubly-qualified gentleman accustomed to good society. The practice is very old established, and the actual receipts during the last three years average upwards of £900. Previous to the illness of the late partner the receipts were £1,300, and could be raised to that amount again. The incoming partner would rank as senior, and would take two-thirds of the profits. Appointments yield nearly £200. There is no opposition. The residence is large and convenient, with gardens and meadow land. Rent £30.

Z 87. DERBYSHIRE. An OLD-ESTABLISHED PRACTICE, yielding £600 a year, for TRANSFER. Patients good middle-class. Usual midwifery fees from £1 la. to £2 2s.; about thirty-five cases a year. Appointments yield £150. House contains twelve rooms, with stabling, coach-house, large garden, green-house, and land. Incumbent retiring from practice. Premium, one year's purchase, part of which may be left on security.

LOCUM TENENS WANTED.—For fully-qualified gentlemen of experience and unexceptionable character, Dr. Langley can find constant employment on liberal terms. Apply PERSONALLY at 50 Lincoln's Inn Fields, as above.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 3, 1875.

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Original Communications.

CASE OF RAPID AMAUROSIS. (a)

By H. R. SWANZY, F.R.C.S.I.,

Ophthalmic and Aural Surgeon to the Adelaide Hospital, and National Eye and Ear Infirmary, Dublin.

The case which I have the honour of bringing under the notice of the Society this evening is not a triumph of diagnosis, but rather an example of how much we still have to learn in this respect, even in ophthalmology, which boasts (and rightly so) of such progress in late years. My reasons for thinking it worth occupying the time of the Society are, because the case seems to be a most instructive one, and because it has at least one point connected with it which even the autopsy has not explained, and which I venture to hope may obtain a satisfactory solution from some member present.

The patient, John Shea, was a labourer. He first came under my notice at the National Eye and Ear Infirmary on the 10th October, 1871. He was then 20 years of age. He died on the 18th December, 1874, so that the history of his case extends over a period of more than three years. Even if I cared to weary the members with a minute relation of the progress of the case, I could not do so, as the patient was an inmate of one or other of the Dublin Union workhouses, during most of the time, and that I saw him only occasionally, through the kindness of the medical gentlemen under whose care he happened

to be. When first applying at the Infirmary he said that he had been suffering from frontal headache for a month or so previously, and also that he felt light in the head when he stooped at his work. He began to complain of dimness of the left eye a week before presenting himself to me, and in the course of two days, or perhaps less, became quite blind of this eye. On examining it,

I found that he could not even distinguish a very bright light from complete darkness. For the last two or three days he said the sight of the right eye had been failing. Its vision was such that he could tell how many fingers I held up at a distance of 20 feet, but not further, and besides this, there was a complete defect in the field of vision below and to the outside, extending almost to the point of fixation. He had had no vomiting, and was perfectly clear in his intellect and memory. Percussion of the frontal region gave pain. He never had syphilis, or any severe illness. He was not habitually intemperate, but had occasionally been drunk. His urine was normal. The pupils were widely dilated. The heart and lungs were healthy.

On examination with the ophthalmoscope, I observed in each eye an indistinctness of the inner margin of the optic disc. This, if pathological, would indicate neuritis; but it was so slight that it might well have been physiological, and, accordingly, no conclusions could be drawn from it. On the next day he was admitted to the Infirmary as an intern patient, and I applied Heurteloup's artificial leech to the right temple, in the hope of averting the progress of the disease in this eye, under the supposition that it might be of an inflammatory nature. It was of no avail, for by next morning the right eye had become as blind as the left. I then repeated the Heurteloup, without any result, except that of lessening the headache. He was put on the iodide of potash internally. The pulse was normal. He perspired very much, while at the same time complaining of a sensation as of a cold wind blowing on his face. On the 18th October he was discharged, without any alteration in his condition having been effected. He continued to attend the extern department until the 8th November, when he was admitted to the South Dublin Union. On the 10th I noticed a slight paleness of the left optic disc, which I thought might indicate a commencing atrophy of the nerve. While in the South Union, he was under the care of Dr. Fitzgerald, and continued to take the iodide of potash combined with bromide of potash. On the 15th November, as he was walking in the hall with one of his fellow-inmates, he suddenly noticed that he could

The Surgical Society of Ireland, January 8. The full account will be found at page 97.

see his companion's cap with the right eye. For some days the vision of this eye continued to improve, until he was able to count fingers at 20 feet, as he had done when first he applied at the Infirmary. Still, it was little more than central vision that he recovered, for the field of vision remained very much contracted in every direction. The right pupil reacted now very actively to light. The left eye still remained sightless. Fourteen days after the return of vision to the right eye, sight returned also in the left, but in a more limited degree, and with a more contracted field than in his fellow. Notwithstanding the partial restoration of function which took place, it was remarkable that the optic nerves assumed more and more, each of them, the appearance of white atrophy. He continued now until the 1st February, 1872, without any marked change. On that day, after a previous stage of excitement, and having complained of excessive frontal headache, and vomited some bile, he became drowsy and stupid for some days. On recovering from this he was affected with right facial paralysis, and ptosis of the left eyelid; the tongue when protruded deviated to the right side. From the facial paralysis he gradually recovered, but the ptosis continued, and in the course of a few weeks became associated with ptosis of the right eyelid and paralysis of the other branches of the third on each side, and double paralysis of the sixth, and that each eye-ball was directed downwards and outwards. He got a little better of these paralyseæ, but never completely recovered from them. The patient remained in the South Dublin Union for about six months. He then lived with his parents for about two months, attending now and then at the extern department of the Infirmary. After this he entered the North Dublin Union, under the care of Dr. Rutherford Kirkpatrick, and continued there until his death. He became subject to slight epileptoid fits, which recurred every three or four weeks. The vision of the left eye became permanently extinct, and paralysis of the fifth nerve of the left side, attended with corneitis, came on late in the case. There was, otherwise, no change in the eye symptoms. He complained sometimes of a cough, for which Dr. Kirkpatrick used to prescribe. He became very much wasted, and latterly preferred to remain in bed. It is a remarkable feature in the case that six weeks before he died dry gangrene of the feet and lower half of each leg came on. This progressed until it ended in complete separation of the leg on the left side, and, if he had lived a day or two longer, a similar result must have followed on the opposite side. He preserved his mind up to the last. I saw him a fortnight before his death, and he recognised me perfectly well. On the 18th of last month he was seized with a violent epileptic fit, in which he died.

Dr. Yeo was so good as to make the post-mortem examination for me. The pleural cavity, where it corresponded to the lower and middle lobes of the lung on each side, was obliterated by adhesions. The lungs were œdematous and somewhat congested. The kidneys were slightly enlarged, the capsule being separable, the surface marbled, and the consistence flabby—in fact, incipient Bright's disease seemed to be present. I may mention that albumen had not been found in the urine during life. The other thoracic and abdominal viscera were healthy.

The cranium was then opened. On slitting up the dura mater over the lateral hemi-spheres of the brain, in the usual manner, it was found that the dura mater and pia mater were to a great extent adherent to each other. In some places they did not lie in close contact, but were separated by a layer of peculiar jelly-like exudation of a brownish colour. This was especially abundant over the left hemisphere, where it attained a thickness of about one-eighth of an inch. The difficulty of removing the brain was very great, as it was found that the meningitis extended also to the base of the skull, where the dura mater is normally so adherent to the bone. It was only by great care that Dr. Yeo succeeded in separating the adhesions between the dura and pia mater in this region,

so as to remove the brain with but slight injury to its structure. One could now see how extensive the inflammation of the dura mater had been, for the whole floor of the middle fossæ of the base of the skull, the posterior part of the anterior fossæ, the anterior part of the posterior fossæ, and the basilar process, were quite rough from exudation of lymph. Adherent to the inner surface of the dura mater, and disseminated over it, but apparently growing from the pia mater, were found circumscribed tumours varying in size and shape from that of a small bean to that of a convex lens such as cataract patients are obliged to wear, and larger. A few of these were imbedded in the grey matter of the hemispheres. A microscopic examination of the growths showed them to be fibro-sarcomata. The case was now, I think, shown to be one of disseminated fibro-sarcomata of the pia mater, causing extensive adhesive inflammation between the pia and dura mater. This inflammation extended to the base of the brain, and gave rise there to disease of the optic nerves and to paralysis of other cranial nerves. It should have been mentioned that no tumour, growth, or other disease could be found in any part of the brain, especially, none in the optic thalami or corpora quadrigemina. The arteries of the legs were examined, and found quite healthy.

The points which seems of greatest interest in this case are—1st. The difficulty of the diagnosis. The idea of meningitis at the base of the brain did no doubt suggest itself, but was abandoned again as being insufficient to account for some of the symptoms. By aid of it, it seemed difficult to account for the rapid blindness with little or no ophthalmoscopic signs in the commencement, and without any other head symptom than that of headache, which was not excessive. It was also not probable that a man of twenty years of age, with all the appearance of health, and who had never had any severe illness, especially syphilis, should be suddenly attacked with inflammation of the meninges. I now have little doubt but that the slight cloudiness which I observed at the margin of the disc when the patient first came to me was the sign of a descending neuritis, and if I ever had examined his eyes during health this would have been of great value as an aid in the diagnosis. I am aware that such slight haziness of the margin of the disc at one side is sometimes a physiological appearance, due to a great number of nerve fibres being crowded together at this point in passing over from the nerve to the retina, and I could not tell but that it might be the fact in this instance. Nor did the progress of the case speak for meningitis. The partial recovery of vision, in the absence of other symptoms, did not make meningitis probable. The fits might be caused by meningitis, but they might be due to some other irritation at the base of the brain, or to anæmia of the brain. The patient suffered only once from purposeless vomiting—that very common symptom of basilar disease. The last symptom of all made the case a greater enigma than before—namely, the gangrene of the legs and feet. By the light of the necropsy it is easy enough now to explain the blindness, paralysis of the cranial nerves, and epileptic seizures; but where to look for an explanation of the gangrene of the lower extremities I do not know. I trust, Sir, that I may obtain some information on this head to-night.

CASES OF NERVOUS AFFECTIONS OF THE THROAT.

By CLINTON WAGNER, M.D.,

Physician to the New York Throat Hospital; late Assistant in Dr. Prosser James's Clinic at the London Throat Hospital.

CASE I.—Hysterical aphonia, six months' duration, cured by two applications of electricity.

Miss E., aged 12 years, sent me for treatment by Dr. Hammond; complete aphonia.

Her father stated that, six months previously, she awakened one morning voiceless, although she had retired

the night before in good health. She was of a very nervous, excitable, timid temperament, which induced me to regard the aphonia as of hysterical origin.

Nitrate of silver on a sponge probang had been used frequently before she was brought to me, but without producing any good result.

A laryngoscopic examination revealed paralysis of the adductors. I applied the constant current to the vocal cords by means of Mackenzie's electrode. One application restored voice, but the power of modulation was lacking; the second application, made the following day, restored perfect voice.

At the present time (four months after treatment) she has had no return of the trouble.

CASE II.—Paralysis of left cord adductor, four years' standing, cured by five applications of electricity.

Mrs. R. K., aged 28 years, applied for treatment at the Metropolitan Throat Hospital. She stated that since a child of about twelve years of age she has had attacks of hoarseness. About four years ago she lost her voice, and since then has not been able to speak above a loud whisper. An examination with the laryngoscope showed paralysis of the adductor of the left cord. Upon attempted phonation, the cord did not come to the centre, and the capitulum santorini of the right arytenoid was drawn beyond the median line, and in front of the left arytenoid. Heart, lungs, and uterus seemed to be unaffected. Five applications of the interrupted current from a faradic battery restored voice.

Case III.—Dysphonia in scrofulous child.

M. L., aged 9 years, sent me for treatment by Dr. Herzog. This child was anemic, and very undersized for his age; of a strumous diathesis. His father informed me that several months previous he had first observed the affection of his voice. The little fellow spoke in a very hoarse tone, running into a shrill falsetto, with loss of power to modulate, and at times completely aphonic.

The laryngoscopic examination revealed imperfect action of the adductors of the left side, sufficient to interfere with the vibrations of the right, thus accounting for the falsetto pitch.

Quinine and iron were ordered internally, with inhalations of creasote. Electricity applied several times. His father was compelled to leave for his home in the West, and the little fellow was under my treatment for a few days only. The case is merely mentioned on account of the extreme youth of the patient, the youngest I have ever seen with paralysis of the vocal cords.

CASE IV.—Paralysis of tensors from overstraining the voice in singing.

Miss —, aged 28, consulted me July, 1873, at the suggestion of Dr. Marion Sims. She stated that three years ago, after an attack of acute inflammation of the throat, she experienced, while taking her music lessons, a peculiar dryness of the fauces and weakness of the voice as the lesson progressed. She complained to her teacher of the trouble, who, however, urged her to continue singing, insisted on her practising at least an hour daily, declaring that "exercise was all that her voice needed."

To quote her own language: "He was annoyed when I sang feebly, and said that my singing well at the commencement of the lesson was a proof that I could produce stronger tones if I would exert myself." At the end of nine months she could no longer trill, and felt that her throat was daily growing worse. She discontinued her lessons for nearly a year, and was treated during that period by frequent applications of caustics on a sponge probang. Considering herself cured, she accepted an engagement in a choir. For a short time she had but little difficulty in performing her part; but one day, upon being urged by the leader to make a greater effort, severe pain suddenly ensued in her throat, and she fainted. From that time all voice for singing was lost to her.

An examination with the laryngoscope discovered congestion of the vocal cords, with general hyperæmia of the

mucous membrane of the larynx. Both vocal cords were relaxed. Particularly was this observable upon attempting the middle and higher notes, when the level appearance of their plane seemed to be destroyed. The trouble in this case, as could be plainly seen, was in the muscles which give tonicity to the cords, brought about by overstraining in attempting to reach the higher notes, and also by too prolonged effort.

She was under my treatment many months. My first object was to relieve the local congestion. This was accomplished by applications of the milder astringents, perchlor. iron, zinc sulph., &c., with inhalations of the same, and the local use of medicated spray from compressed air. Later, the constant current was employed daily at first, and less frequently as the improvement became the more marked. Iron and quinine were given internally. In July she wrote me: "I have quite recovered my health. I can trill, and my voice has regained its power, strength, and sweetness."

CASE V.—Paralysis of left tensor, from same cause as Case IV. Mr. K., aged 27, a professional singer and leader of a church choir, was brought me for treatment by Dr. Frank Reynolds, U. S. A. Mr. K.'s voice is tenor, and before it became impaired, he could sing to B; he stated that for several months his voice had been failing him, and at the time of consulting me he had abandoned singing, and could scarcely maintain an ordinary conversation on account of the distress and pain using the voice occasioned him.

A laryngoscopic examination discovered a relaxed condition of both vocal cords, especially the left, which wavered upon phonation, and did not quite come to the centre; there was also a slight congestion of the cords, and a relaxed condition of the fauces. Astringents were at first employed to relieve the congestion, after which electricity was applied three times a week for three weeks.

Under date of Aug. 25th he writes me that he has quite recovered his voice, and sings as well as ever, without the slightest difficulty.

ON CATCHING COLD. (a)

By Dr. E. STIMES THOMPSON, F.R.C.P.

THIS is a matter on which most of us have some experience; though it will be new to know that a philosophical description of that unpleasant phenomenon is not "catching cold," but "losing heat," cold or catarrh being occasioned by loss of the natural heat of the body, whether abstracted by getting wet, sleeping in damp sheets, or being exposed to currents of cold air. In a normal condition we lose by insensible perspiration through the skin a quart of water every day. A sudden exposure to cold is liable to close the pores of the skin, inducing what is commonly called the "goose flesh" condition, and this quart of fluid not finding its natural outlet has to escape by the mucous membrane or inner skin of the body. In addition to continually giving off fluid there is a great deal of gas, which in a state of health also passes off through the skin, and it is the confinement of that gas which more especially gives rise to the phenomena which result from catching cold. It is the retention of that poisonous gas in the blood which gives rise to the characteristic feeling of lassitude, drowsiness, and feverishness, and were it not for the provision by which it also is able to eventually escape by the inner skin, the result would be poisoning and loss of life. The normal function of the mucous membrane is to secrete only the necessary lubricating materials; but when it has also to carry of the gas and fluid which ought to escape by the skin, every function of the body is disturbed. The first discomfort is the increased escape of fluid by the eyes, nose, and mouth, which ought to

(a) One of the lectures to the public during Lent Term at Gresham College.

pass insensibly through the skin ; but the consequences of the cessation of its action are also often manifested in rheumatic attacks, rheumatic fever implicating the heart and joints, sore throats, bronchial attacks, inflammation of the lungs, toothache, neuralgia, or derangement of the digestive organs, according to the predisposition of the person affected. While, worse still, active tubercular disease of the lungs is frequently set up by exposure to cold where predisposition to the disease exists. After a description of the symptoms and the pathological conditions induced by cold, Dr. Thompson passed on to the more interesting points of its prevention and cure. In regard to prevention, he deprecated too much fear of catching cold and the dread of the least exposure to cold air, as being very likely to bring about that tender hot-house plant condition so favourable to inducing the evil one wished to avoid. Exposure to cold air, he insisted, does no harm, except under the condition of its moving rapidly in a small space. Thus exposure to strong wind in the open air does no harm, while a Portuguese proverb said with a great deal of truth, if you catch cold from a draught through a keyhole you had better make your will. It was draughts coming with great rapidity through small openings which were so especially injurious. Living constantly in very impure air made people very sensitive to cold, and ill-ventilated bed-rooms had much to answer for in this respect. It was a mistake to suppose that night air, except in a quish place, was obnoxious. In London night air was purer than air in the day, and he advised every one, while avoiding a direct draught, to keep the bed-room window slightly opened. The effect of want of ventilation was strikingly illustrated in the case of horses. When left to run in the fields they were hardy, and did not suffer at all from cold ; but cooped up in warm stables they became very sensitive to cold and prone to serious and fatal affections of the chest. That was a lesson to us to keep our bed-rooms cool and well ventilated. In clothing, the great thing was to vary the character and amount according to the season and weather, avoiding the extremes of always being swathed in flannels no matter what the temperature ; or of never wearing flannel at all. As a rule we might imitate with advantage in cold weather the example of Russians and Canadians, who were careful to put on very warm outer clothing when leaving the house and to remove it the moment they came in. Of the curative treatment what was called the "dry method" had once been in great vogue. This consisted of abstaining from all fluids for 24, 36, or 48 hours, and where rigorously followed at the outset the cold was generally stopped. He would not, however, recommend this treatment to any but those in thoroughly good health, for in the delicate or the sickly the derangement of the vital organs, especially the liver and the digestive organs, by this abstinence from fluids, brought about evils more serious than the cold. Another method was the maintenance of an equable warm temperature, and where this could be done the skin was soon restored to a more natural condition, and the evil was relieved. The mucous lining, however, could be more rapidly relieved by inducing the skin to perspire vigorously, and if this was done at the outset the cold would be checked. This could be done by a hot bath ; or, very much better, by a Turkish bath, for while in a hot water bath it was not possible to endure a greater heat than 100 to 103 degrees, in a Turkish bath a temperature of 150 to 200 degrees could be sustained without discomfort. Vigorous perspiration was in this way induced, the blood was drawn from the internal organs to the surface, much of its impurity eliminated, and if the cold douche was avoided and the skin was got thoroughly to work the patient walked away in an hour, and left his cold behind. All these methods would only be successful in the early stage of cold. The medical treatment of cold also had for its object inducing action of the skin. Spirits, though they lowered instead of raised the temperature of the body when erroneously taken for warmth in cold weather, were admissible in

the form of a "night cap" for the treatment of cold. Mixed with hot water and nutmeg, spirits—rum especially—had great power of promoting perspiration, and therefore of relieving cold. The drugs having an analogous effect were ether, especially when taken in small and repeated doses of two drops to a teaspoonful of water every ten minutes ; opium, of which some people took half a teaspoonful, might produce a fatal effect. Sal volatile, or better still, sal-ammoniac, was a very useful remedy for cold, as it promoted a glow on the surface and relieved that influenza-like condition which was so exhausting.

HOME-WORK FOR THE MEDICAL MISSIONARY.

By EDWARD LANE, M.A., M.D. Edin.

(Continued from page 73.)

BUT it is in the case of the lower classes, where poverty is added to ignorance, that the baleful fruits of such an union are so terribly conspicuous. Enter one of the human dens—and it need not be among the worst—where, not a hundred yards from the Strand on one side, and Oxford Street on the other, a family, perhaps two or three, are huddled together, living very much like the beasts of the field. A picture revolting to every sense will meet your eye, utterly shocking in the midst of a civilised community. You will at once say, "that is the result of poverty ;" and to a great extent, so it is. But poverty is not all. Ignorance is rampant there too, of the direst and most abject kind, and most especially of the most elementary laws of physical well-being. Terrible, therefore, in its effects as the poverty is, in such fearful depths as it is there found, in debasing the moral character, its effects are tenfold intensified by the co-operation of ignorance, and it is absolutely certain that if anything could be done to remove that ignorance even a little, a marked change for the better would soon be manifest among the most indigent and apparently hopeless classes of the community. But the ignorant require to be taught, and this brings us back to the question, Who, under present circumstances, are best qualified to undertake the task ? I have already said that by far the most frequent and systematic labourers, hitherto, in the gloomy homes of misery and vice have been the clergy. But they have approached the work, only naturally, more from the moral and religious than the physical point of view, and in my opinion that is an error in the order of time, and one which fully accounts also for the comparatively small results accruing to reward efforts so great, so earnest, and long-continued. The fact is that the evils to be counteracted are both moral and material, but if you would have any success proportioned to your labour, you must begin with the latter. And that is precisely why I hold that, in the actual state of things, the teacher most wanted is the doctor. It is not, assuredly, that I would wish to see the clergyman estranged from the benevolent work which has engaged him so long and so worthily, nor is that necessary. There is ample room for both, and my contention is that the labours of the doctor will only prepare and pave the way for those of the clergyman. That was the idea, we may be sure, which prompted our great and lamented Livingstone, with characteristic Scotch sagacity, to superadd the doctor's education and calling to that of the clergyman, with which he had commenced, before he accounted himself qualified to undertake the missionary's part with success. He chose Africa for the field of his labours:—in my belief, a much more interesting and promising ground for similar efforts lies everywhere around us amid the "winds and closes" of all the great towns of our own England. Is the medical missionary, though he be not clergyman as well, really less needed here than there ?

And here, as a general proposition, it is surely not necessary to claim for the members of the medical

profession the credit of being much and most useful among the poor, as among the rich. Wherever disease is to be dealt with, and physical pain soothed, there, it is well known, is the doctor to be found unfailingly at his high calling. And let me ask in passing, how many have taken account of the spirit of daring and self-sacrifice—the silent heroism—that so often accompany him! I would not undervalue the courage of the soldier, titled or untitled, fighting his country's battles in the face of the enemy, with drums beating and colours flying; but I would ask if that of the doctor is not often greater, when, alone and unobserved, often too without the prospect of the smallest pecuniary reward, he enters the home of typhus and small-pox, or stands by the bed of his fellow-creature smitten with cholera? Surely humanity alone, and the highest sense of duty, can prompt that devoted courage, for no one is there to mark it—

“No fame is there to say who bleeds,
Nor honour's eye on daring deeds.”

But still, the point which I wish to urge is that the doctor is there in his capacity of *healer of diseases*, and in that only; and great and needful as that function may and always will be, in my idea it does not fill up the full round of a medical man's calling; nay, it is the least valuable by comparison, and the less important, of the services he is capable of rendering at present to his fellow-creatures. For mankind, be it observed, even in the most adverse of physical circumstances, are not always ailing, and therefore do not need the help of a physician as such; but the homes of the lowly are few where his daily presence in another and extended character—that of a *medical missionary* (so to speak)—would not be a boon of the highest value. To some, both in the medical profession itself and out of it, such an idea may appear fanciful or sentimental. In reality, it is but an enlarged view of a medical man's duties; but I am aware that the view is novel, and will have to be well considered before being accepted and acted on, as I trust it finally may be. I repeat, then, that the *cure* of diseases ought not, properly considered, to be the sole function of the doctor, but equally with this, and really much rather, their *prevention*. Here is a field of practical usefulness opened up to the medical calling, and especially to its younger members, of which it is impossible to overrate either the extent or the moral glory to be achieved in it. The work is there plainly enough, and the fittest labourers for the work are at hand too, in multitudes of only half-employed medical men; but the idea, to bear fruit, has to be taken up by the leaders of the profession, and the great truth proclaimed from the University chairs, that one of the prime functions and most solemn duties of the young practitioner, both from a scientific and humanitarian point of view, is to labour in the missionary spirit among the poor. As always happens, such a beneficent doctrine, if carried into practice, would be twice blessed. It would be of untellable value to the poor, a boon whose good fruits it is impossible to estimate adequately, but some of which would surely be greater cleanliness and temperance, with their legitimate consequences, less vice and less crime—in one word, an increase of health and morality. On the other hand, the medical profession, in its turn, must needs be benefited in more ways than one by such a movement. First of all, every one of its members joining in it must gain in personal nobility, from the consciousness of helping forward a great and pressing work in the spirit of pure manly duty and brotherly love. And then on the medical art itself the effect would probably be to accelerate the great change of medical opinion now going on in the profession as to the true scientific foundations of medicine, pointing out thereby practically, and in the most effective of all ways, that the prevention of disease should constitute the first and greatest aim of the medical man; one more in accordance with sound physiological reasoning and the dictates of common sense than has often prevailed hitherto; and thus leading up to the more sure establishing of the great doctrine of “hygienic medicine,” which is already producing

so beneficent a revolution in the general treatment of disease. And yet one final consideration—not the highest certainly, but one which the friends of the medical calling might well urge. It must often have occurred to many that, considering the varied and extended education of the medical man, and the great services he daily renders to society, a full recognition of such services on the part of the public has perhaps not always been apparent. The meeting, last autumn twelvemonths, of the Medical Association in London, with the exposition it afforded of the vast and laborious field of investigation in which the medical profession is everywhere engaged, struggling so patiently after nature's “open secret,” in the interests of the whole human race, must surely have been regarded with admiration. One earnest and eloquent voice at least, never raised but for the promotion of noble ends, in Parliament or out of it, was heard in generous praise of the doctor and his efforts; but it cannot be doubted that such additional services as I have pointed at, of such immense value to the general community, must necessarily command the grateful recognition (and with it the highest social consideration), of every properly constituted person of whom that community is composed.

Such, at any rate, are the views of the writer, very summarily expressed, on this great subject. Few, perhaps, will doubt the value of the idea, and none the importance of the work to be done. But some may yet ask: Is it possible, when regarded in the most matter-of-fact, practical way? Is it, to any large extent, within the power of the members of the medical profession to undertake the work? I sincerely believe it is. As before said, there is in all our large towns a whole army of only half-employed medical men—only half-employed because of the fixed notion, inherent both in the world and among themselves, that their sole occupation should be to cure disease—a part of whose spare time might be devoted with the very greatest advantage in labouring, as I have tried to explain, among the poor. But I do not disguise from myself the fact that, practicable though it be—easy indeed with a little organisation—it will never be done without a large infusion of what I have already called the missionary spirit. In the first place, the work must be partially gratuitous, for, in financial parlance, “it won't pay”—and with the increasing difficulty of earning a livelihood in this over-peopled old country, of course that is an obstacle. The doctor, too, must live by his profession, if it is worth following. But I repeat that, with but a moderate amount of organised arrangement, a certain amount of funds, possibly, being provided for the purpose by the public, and professional distinction and reward, whether in the form of hospital appointments or otherwise, being accorded by the Medical Faculty itself for good work done, some small portion of each day might be devoted to so great and pressing a duty—some of the many *leisure* hours only that belong to all but those in established private practice. The vital question is, Will the suggestion be taken up by the heads of the profession, and enforced with the authority that belongs to age, standing, and character? and still more, Will it come to be taught in the schools, as a great and sacred portion of every medical man's labours in the world—a duty which he owes alike to his profession and to mankind?

To myself, striving to look at the whole subject not only with the eye of a doctor, but also of a citizen of a great community, whose example goes for much in all the ongoinings of the world, I confess that the project we have been considering is peculiarly interesting and attractive. It is ever so far-reaching; and in contemplating it, one cannot but be struck with both its grandeur and goodness. Plainly, here is a door opened for the special exertions and services of the medical man, in his character of man of science and philanthropist no less—such services, moreover, as only he is qualified by education to render effectually. And surveying the world's condition as it is nearly everywhere, and unhappily not least in our own country, I cannot conceive a more glorious career of public usefulness, humanity, and devotion, than that to which, as it were extra-professionally, the medical profession would thus be sum-

moned. No one, indeed, can be more conscious than the writer that in the foregoing remarks a suggestion alone has been thrown out—the mere germ of a possibly great effort, not a completely thought-out and organised plan—yet even in its crudest state the bare idea may be worth something as a foundation to work on. Numbers, both in the profession and beyond it, who take an interest in social progress and are qualified to judge, will be in a position to pronounce how this may be; and in any case, the work to be done is of such a character that anyone in offering his mite of proposal in regard to it may be permitted to think, "*nec tentasse quidem est dedecus.*"

A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY
LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery
Royal College of Surgeons in Ireland.

LECTURE IX.

THE DEFORMITIES OF THE UPPER EXTREMITY.

Introduction—Deformities of the Shoulder: Causes, Treatment—Elbow-joint: Treatment for Stiff Elbow—The Wrist-joint: Various Bursal Tumours met with in the Situation—Various Congenital Dislocations—Cramps of Fingers peculiar to each Colling—Ganglions—Contracted Fingers—Stiff Joints—Webbed Fingers—Congenital Malformations.

DEFORMITIES OF THE SHOULDER-JOINT.

BEFORE considering in detail the deformities and changes that take place in this important articulation, which has, as before mentioned, the widest range of motion over any other joint in the body, it would be well to remember the shape and outline of the healthy shoulder, remembering how and what constitutes the rotundity and preserves the shape of the upper portion of the humerus, and, in fact, the precise anatomical bearings of the joint as regards the muscular attachments and the relative positions of the well-marked bony prominences that can be distinctly seen and felt in any healthy shoulder. Running your finger along the clavicle to its acromial end, then running your finger along the spine of the scapula, the position of the acromial process to the outer side is easily ascertained, then on the inner side of the ball of the shoulder the coracoid process is easily and distinctly felt. Just a little care in these anatomical points will prevent many a mistake that is constantly made in the diagnosing of obscure injuries about this joint. I shall divide the deformities met with in this situation under three heads—viz., Accident, Disease, and Debility.

From Accident.—After severe gun-shot or machinery accidents, or the contraction resulting from burns or scalds, or old unreduced dislocations, we frequently find great deformity, impairment, and limitation of motion. In some cases the arm may be united to the side after cicatrization has taken place, due to the non-use of the joint during the healing process; a certain amount of ankylosis has been induced; long unreduced and congenital dislocation may at times be met with.

Treatment.—After severe wounds, gun-shot or otherwise, the arm to be placed in a position less liable to be followed by impairment and derangement, and passive motion set up now and then at short intervals, as soon as possible. If there is much webbing of the arm to the side, this cicatrix must be cut through, and a mechanical instrument worn to keep the arm out from the side. Many devices are recommended, but all require various modifications to suit the circumstances of the case. If in old

unreduced dislocations, reduction ought to be effected, if possible, and also if reduction would likely give more motion and use to the arm. Dieffenbach relates two cases where he effected reduction—in the first case, after two years, by section of the pectoralis major, latissimus dorsi, teres major and minor muscles; the second case had existed many years.

From Disease.—The contour of the articulation is occasionally very much changed, and motion considerably impaired, when any of the tissues in or about this joint become diseased. Rheumatic swellings are often seen here, and after a repeated number of attacks leave a certain amount of chronic enlargement behind. The capsule in many cases is found greatly thickened. Chronic rheumatic arthritis is frequently met with in this situation, and causes great destruction to the component parts of the articulation. A very good pathological specimen of mine, presented to the Museum of the Royal College of Surgeons, Ireland, shows exactly the great change that takes place in the joint. The fibrous variety of ankylosis occasionally occurs here; but I may mention complete immobility of this joint is not common. True bony ankylosis I have never seen in this situation. Scrofulous and carious disease affecting this joint is very frequently seen. I have seen a "warty ulcer of Marjolin" implicating this articulation.

Treatment for the various forms of deformities caused by disease depends greatly on the primary affection—in some cases constitutional remedies, in others local applications have been deemed the most advisable. In rheumatic and gouty affections the vaunted remedies for those diseases ought to be administered, together with local anodyne ointments and liniments. In unreduced dislocations, passive motion and gymnastic exercise recommended, in order to give the person the greatest use in the impaired member as possible. The treatment for fibrous ankylosis, when no contra-indication exists, the adhesions should be broken up, and the same rules to be exactly followed out as mentioned when considering ankylosis in the lower extremity.

From Debility.—The various form of paralysis causing atrophy of the muscles and giving rise to what is termed *drop shoulder*, or inability to raise the arm, the deltoid muscle being the muscle most affected, together with the capsular and other ligaments connected with the joint, which become lax and impaired, so much so as to allow occasionally the head of the humerus to slip out of its natural cavity.

Treatment.—This depends greatly on the cause of the atrophy. A purely local treatment seems in some cases to be most efficacious, various forms of liniments, blistering, and galvanism of the muscles, passive motion set up by gymnastic exercise. Constitutionally, the debility should be treated by a course of strong tonic medicines, and every measure enforced that will ensure constant and healthful use of the debilitated muscles, for in many cases, owing to the disease, the muscles become considerably wasted and flaccid.

DEFORMITIES OF THE ELBOW-JOINT.

This articulation we very often find the subject of deformity, and, in fact, I may say it is more frequently affected than any other joint in the upper extremity, and for convenience I will divide them under two heads—1. Accident; and 2. Disease.

From Accident.—After fractures and violent strains in the vicinity of this joint, in some cases implicating the articulation itself, more or less stiffness or impairment is very likely to ensue, giving rise to what is termed *stiff elbow*. Now I know of no joint in the body where it is more important to be aware that a long-continued disuse from motion and the fore-arm kept in the one posture for the same length of time so frequently ends in impairment and partial stiffness and ankylosis. The contraction caused by the healing of very severe burns frequently produces a degree of deformity; and in fractures, healing of burns, or, in fact, during the healing of any traumatic injury about the joint, constant passive motion should be

often and constantly repeated at stated intervals, as any neglect will certainly be followed by stiffness or other still more unfortunate consequences. Mr. Hamilton, of America, as mentioned in another place, recommends passive motion to be practised seven days after fracture, implicating the joint, in the very young subject. This period, in my opinion, is rather early, and I would rather say a fortnight would be time enough to begin. Another point about the application of splints, and the position the fore-arm should be kept in during union of fractures, or in fact any injury about the joint. I may be deemed peculiar in differing from the usual way of applying an angular splint, and allowing the fore-arm to be flexed across the chest, and the arm bandaged to the side. No matter what way the arm is bent—to a position most agreeable and convenient to the patient's feelings, the muscles, biceps principally, are found to be in a state of semi-contraction, *i.e.*, shortened, which becomes permanent, producing stiffness and other deforming effects. I consider the best position is to have the arm *fully extended*, and kept in that position for a period which will vary according to the age of the patient; the muscles will be extended and stretched to their full extent, and if slight stiffness takes place flexion can easily be put in force, breaking up any adhesions, and preventing any risk of rupturing muscles, arteries, or nerves, which might occur if extension was practised suppose the arm is placed in the usual flexed position after fracture, or other injury. Old unreduced dislocations will necessarily produce considerable impairment, and in some cases ankylosis, as well as in fractures implicating the joint; for these unreduced dislocations in all cases, if there are reasonable grounds for suspecting an attempt at reduction would be successful, that attempt should unquestionably be made; but if a considerable time has elapsed, it is very doubtful whether reduction, if effected, would give the person very much more use of the arm. It is clearly laid down by authors that after certain periods have elapsed it is unwise to attempt reduction. Now, the periods named, in my opinion, are prone to mislead, for a dislocation in one subject, after a certain time has passed by, may be easily reduced, whereas in another person, when just the same time has passed, it may be exceedingly difficult; and different circumstances, variety of causes, and variety of patients, must in every case be considered, for a dislocation of three weeks' standing in one might be as difficult to reduce as that of three months' standing in another. In diagnosing and making out obscure injuries of this joint great attention should be paid to the anatomy of the part, and the relative positions of the bony prominences—*viz.*, the olecranon and internal and external condyles. Many a doubtful opinion given with caution might be changed into a moral certainty, and given with confidence and truth as regards the actual fracture injury, or otherwise, that has taken place if the anatomical bony points were more clearly known and made out beforehand. When the arm is extended completely, the internal condyle of the humerus, the olecranon process in the middle, and the external condyle to the outer side, is nearly found in a straight line; and I need hardly say in dislocation or fracture this relation will not be present, although in an occasional isolated case the relative position may be found but little changed. However, other signs of the particular injury will be likely present to enable you to clear up the matter. In all cases, when they are brought to you, make out these bony points, and remember their normal relations as regards each other. To the outer side of the olecranon, just below the external condyle, there is a very apparent pit, or hollow in the skin, constant and easily recognised in all arms, just below and behind the supinator radii longus. In the hollow you can easily feel the head of the radius rolling in the lesser sigmoid cavity, in supination and pronation, and on examining, it at once clears up the point whether the head of the radius is in the right place or not.

From Disease.—This is a most common cause of deformity in this joint, considering the many varieties of inflammation, specific or non-specific, that are prone to affect this joint, and always act most injuriously on the ginglymoid,

or hinge variety of articulation. Gout, rheumatism, gonorrhœa, syphilis, scrofula, or the consequence of traumatic synovitis, these all have the power of injuring, and at times producing complete immobility and ankylosis. In the Museum of the Royal College of Surgeons, Ireland, there are some beautiful pathological dry specimens, which were kindly shown to me by my friend Dr. Barker, the Curator, exhibiting the various degrees and forms of ankylosis, both of the false or fibrous variety, as well as the true and bony fusion of parts, with complete obliteration of the articulation. There are two specimens which particularly claim the attention of those interested in true ankylosis, which were presented to the museum by Dr. Handzel Griffiths. They show very clearly true bony fusion in both elbow-joints; the radius is absent in both cases, but the ulna is found completely welded and grown into the humerus, and ankylosed at right angles to the respective bones. No appearance of disease is present; the bones are of a full adult size, and this change must have commenced at a very early date; but nothing could persuade me that it was, or ever could be, congenital. Unfortunately, like many other cases recorded and preserved, the history is entirely unknown. On a recent visit to the splendid museum of Dupuytren, in Paris, which is well worth visiting, and well repays the time spent within its walls, I was very much pleased with the number of specimens of ankylosis I saw of the various articulations in the body. The causes, nature, and treatment of ankylosis in this articulation are very much the same as in the knee-joint, and a repetition of my remarks would be quite unnecessary here, and I would ask you to look back to my lecture on that subject.

STIFF ELBOW-JOINT.

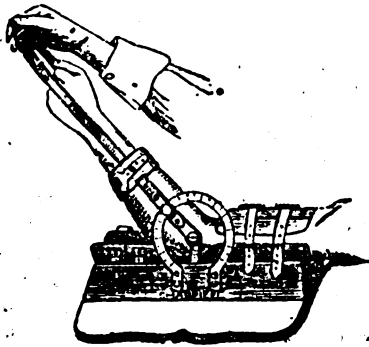
In the fibrous variety of ankylosis, causing what is called *stiff elbow-joint*, there are two treatments at our disposal, occasionally modified, owing to the circumstances of the case—*viz.*, non-mechanical and mechanical.

1. Non-mechanical treatment implies a certain amount of manipulation applied with steady and determinate force so as to break up the adhesions which have occurred either internal or external to the articulation. The case to be a favourable one for success in this treatment must have an articulation free from any active osseous or articular derangement or inflammation, which may, however, have existed at some previous period, but for the present all inflammatory process must have subsided, and all sinuses about the joint perfectly healed before any forcible manipulatory measures are resorted to. When such rules are attended to, a good and serviceable joint may be very fairly anticipated. In others that are rashly attempted, and adhesions ruptured with excessive force, while inflammatory action is actually present, failure and disappointment cannot but be expected. As regards breaking up these adhesions under the influence of chloroform, it is remarkable in some cases how little inflammation is set up by forcibly extending or flexing a joint. In others, however, in a few hours, violent inflammation, with all the concomitant symptoms, are plainly seen. Much, however, I believe, depends on the management and after-treatment of the case, and you should order cold evaporating lotions to be applied locally. Bowels to be kept free and constantly open by saline purgative draughts, and to always have your patient fully under the influence of chloroform before you begin to extend or flex, as the case may be. If you want to extend, it is safer to fully flex in the first instance, as adhesions can be broken up by flexion as well as extension.

2. Mechanical treatment comprises all the mechanical screw appliances recommended from time to time for remedying this distortion; they are all, however, made on the same principle, for the arm is generally stiff in the flexed or bent position, and the instruments recommended are used for the purpose of gradually inducing extension. They consist simply of two padded metal plates joined at the elbow in the form of a hinge connected by a screw, which is so placed to move the plates to any angle re-

quired. Fig. 24 represents an instrument recommended by Bonnet for restoring motion by the *gradual plan*.

FIG. 24.



Appliance for Curing Stiff Elbow-joint.

It also shows very clearly the mechanism of the appliance; and this, or modifications of it, is what is generally found most useful. My objection to this plan is that it is far too slow and tedious, and tires out your patient long before the deformity is completely remedied; besides, where there are strong and firm adhesions, such an instrument would never rupture them without using very great force; and when they can be so easily broken down with the judicious force applied by the surgeon, and when the patient is fully under the influence of chloroform, and attended, when care is taken, with so little inflammation, I see no reason for discontinuing such a practice. I have broken up adhesions over and over again, and in none of my cases was there any more inflammation than might have been expected; but in nearly all the motion was perfectly, safely, and expeditiously restored. Occasionally a combination of the mechanical and non-mechanical treatment may be deemed advisable in some cases; in others, again, where there are tense strong superficial bands of integument, dividing such subcutaneously with a tenotome may be useful. In the cicatrization after severe burns, much contraction and adhesion are frequently present.

(To be continued.)

CASE OF DISEASE OF HIP-JOINT—EXCISION—RECOVERY WITH A USEFUL LIMB. (a)

By J. K. BARTON, M.D., F.R.C.S. Irel.,
Surgeon to the Adelaide Hospital, Dublin.

WILLIAM FINNY, a very delicate-looking boy, *æt.* 13, was admitted for the third time into the Adelaide Hospital on the 13th of June, 1874, suffering from disease of the right hip-joint in an advanced stage. His previous history was as follows: Five years ago, when eight years old, he received a hurt, when attempting a jump, in his right hip. Six months after the hurt he came into the hospital for the first time, suffering from severe pain in the right hip, and the other signs of disease of that joint in an early stage. Complete rest, a weight to the foot, and an issue behind the trochanter relieved the patient so much that the symptoms disappeared, and he was able to go out to the Convalescent Home in the following summer, where he remained a few weeks, and then returned home, free of pain, but still lame. For nearly two years he seems to have remained much in the same state; but in July, 1872, his mother again applied for his admission to the hospital, as a large abscess had formed at the back of the joint. This was poulticed, and allowed to open of itself, which it did in

(a) Read before the Surgical Society of Ireland, January 8. The discussion will be found at page 97.

about a fortnight after his second admission. A weight over a pulley was again attached to his foot, which gave him marked relief. In the following February he was so much better as to be able to go about on crutches. He then was sent to the Convalescent Hospital for a month, and after this he obtained admission to a similar institution at Sandymount, where he remained eleven months, during which period I occasionally saw him. His right leg was shorter than the other, but he had partial use of it, and could get about on his crutches very well. His general health was only indifferent; he was very thin, and looked badly nourished, although well fed. He was free from any pain in the joint, but the sinus still discharged daily a thin purulent matter. During the early part of the past summer he seems to have been obliged to use his leg much more than before, and this increased exertion was followed by the formation of another abscess, which was accompanied by very severe constitutional disturbance of a hectic type. When admitted for the third time, in June last, he was in such pain that his mother carried him on her back into the ward, this method of being lifted being the only one he could bear. When placed in bed and submitted to examination I found that the abscess was but small, in front of the joint, and did not seem to extend to any depth, it evidently could not be the cause of the pain or the constitutional disturbance. There was constant severe pain referred to the region of the joint, and the slightest pressure on the great trochanter greatly increased this. The poor boy lay on his back, his face shrunken, an expression of constant pain, his leg and thigh slightly flexed; pulse, 112; temperature, 101.2°.

The opinion I formed was that a fresh attack of osteitis had been set up by increased use of the limb, which the boy stated he had been obliged to make latterly. A 3lb. weight to the foot and opium internally gave some relief; but it became quickly evident that the boy's life was placed in peril by the continuance of the disease, and that unless relieved from the cause of irritation that he would sink. Encouraged by the success of the former case, in a still more unpromising subject, my colleagues agreed with me that excision should be performed, and accordingly, upon the 25th of June, I excised the upper extremity of the femur, the section of the bone being made immediately below the trochanter; the ligaments offered but slight resistance, the *teres* having totally disappeared, the head of the bone was much reduced, presenting the appearance of a truncated cone, the cartilage being totally destroyed; the acetabulum was found widened out, and deprived of its cartilage; but there was only one spot, about the size of a sixpence, which was carious, and to which, consequently, the gouge was applied. No vessel required ligature. The corners of the wound were closed with sutures, while the greater part remained fully open, the large cavity being filled with charpie soaked in carbolio oil.

The leg was laid on a long straight splint, but as soon as the boy was conveyed to bed this was removed and the weight substituted, a short inside splint being added to prevent any rotation. Very troublesome, although not severe hæmorrhage, came on the same evening, which compelled me to plug the wound with pledgets of lint soaked in *liq. ferri*. No vessel could be seen, but blood coozed up from the bottom of the deep cavity. This recurred two or three times during the first three days after the operation. As soon, however, as suppuration commenced, all tendency to hæmorrhage ceased, and the whole of the wound could be syringed out; so the large cavity was dressed from the bottom daily with charpie wetted either in carbolio or chloride of lime lotion. Opium had to be given to control pain and procure sleep for two or three weeks after the operation, but gradually this became unnecessary. The bowels caused considerable trouble, from the tendency to remain obstinately confined.

Gradually the deep cavity contracted, the upper end of the cut femur, covered with vigorous granulations, slowly became drawn up into the acetabulum, and the leg became at the same time more fixed and under the patient's control. The progress of the case was slow: it was not until

the latter end of September, three months from the time of the operation, that he was allowed up on crutches; since then his progress to health has been more rapid, and upon his leaving the hospital, about three weeks since, the following was his condition:—

As he lay on his back the two legs were seen to be perfectly parallel: the right measured 2½ inches less in length than the left; both seemed equally well nourished. When told to raise the right leg from the bed, he did so with ease, and as to lift the foot about fifteen inches off the bed; this was evidently accomplished by the rotation of the pelvis on the opposite femur. Upon examining the wound, a deep cicatrix marked its position, at the bottom of which a sinus remained open; a probe passed into this entered about an inch, but came to no bone. A few drops of pus were discharged daily from this. When told to get up, he did so readily, and stood erect, supporting himself upon the toes of the right foot. With a crutch he walked easily and rapidly, aiding himself by the toes of the right foot, which touched the ground. He had no pain, had a good appetite, and slept well.

He left the hospital a few days before Christmas day last, six months having then elapsed since the operation.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Society met on the evening of Friday, the 8th January, Mr. TUFNELL, the President, in the chair.

Dr. BARTON read a communication on

EXCISION FOR DISEASE OF HIP-JOINT,

which will be found at page 96.

The PRESIDENT said he thought such cases as that described by Mr. Barton would be prevented going to the extremity they had hitherto been allowed to go by the use of the water-cubation, which enabled the patient to be laid on his back and kept in a straight position.

Mr. BARTON had seen several instances in which the patient had been laid up and the limb so much improved that they were allowed to get up; but using the limb was invariably followed by a relapse.

Mr. McDOWELL: Did you think it was a case in which the discharge was running down the patient?

Mr. BARTON: Yes.

Mr. FLEMING said he had had an opportunity of seeing this case, and he never recollected having witnessed one in which the results reflected more credit on the operator, on the one hand, or were more calculated to make a favourable impression, with respect to the operation, on the other. There was very little shortening of the limb, and it had rather increased in length since the operation. The case was one of great practical interest, and the statement made that evening respecting its progress confirmed the view he took of the case when he had an opportunity of seeing it.

Dr. SWANZY read a paper on

A CASE OF RAPID AMAUROSIS,

which will be found at page 89.

In the succeeding discussion Dr. C. FITZGERALD, under whose care the patient had been, wished to make a correction on one point, namely, with respect to the paralysis the man exhibited when he got the seizure in the South Union, for it was an interesting point, and difficult to describe. The right side of the face was partly paralysed, there was ptosis of the left eyelid, and the tongue deviated to the left, and not to the right.

Dr. HENRY KENNEDY had seen a considerable number of cases like the present, but instead of occupying a year, as this had done, they ran their course in a few weeks. He should like to know if there was any effusion into the ventricles in this case. It struck him that the case was somewhat like those given by a late writer on the subject of syphilis affecting

the nervous system. He did not hear whether mercury was used in this case, but he had seen some benefit result from its administration. Generally speaking, he had seen these cases in connection with stromous disease.

Dr. SWANZY replied that there was no effusion into the ventricles, no fluid at the base of the brain or any part of the cranium. Anything that was there was firm lymph. No mercury was given, for he could not make any diagnosis or see any reason for giving mercury. There had been no syphilis. It occurred to him that there might be an explanation for the gangrene of the feet—that it might depend, perhaps, on the paralysis of the vaso-motor nerves arising at the base of the brain, if they do arise there. As it was not decided whether they do arise there, he did not wish to speak positively on the subject; but if they do, it is easy to understand that they would be paralysed, and would thus give rise to gangrene of the feet.

The Society then adjourned.

PATHOLOGICAL SOCIETY OF DUBLIN.

THE usual weekly meeting of this Society was held on Saturday, January 9th,

Dr. HENRY KENNEDY in the Chair.

INTRA-CRANIAL TUMOUR.

Dr. YEO exhibited for Dr. Gordon the brain of a female, *æt.* 20, who had been under Dr. Gordon's observation for five years, during which time she had suffered from epileptoid attacks, attributed to a slight injury of the head. She then became stupid, and the fits increased in number until they reached several in a day. The stupidity increased until it was almost impossible to obtain any information from her. She became perfectly blind, and remained several days in a semi-comatose state before her death, which took place on the 7th of January. The body was considerably emaciated, but the autopsy showed that the thoracic and abdominal viscera were healthy. In the anterior part of the cerebral hemisphere of the left side there was a tumour about the size of an orange immediately next the corpus striatum, but not implicating the optic thalamus. The external or peripheral part of the tumour was extremely dense, white, and non-vascular, the central portion grey, and very vascular. The microscopic examination showed that the different parts were composed of various forms of tumour, named by Virchow glioma, the peripheral part being simple sclerosis, the centre having undergone myxomatous degeneration. The specimen showed admirably the characteristics of a form of tumour which is not commonly met with.

STRANGULATION AND GANGRENE OF INTESTINE.

Dr. WM. MOORE showed a morbid specimen taken from the body of a woman, *æt.* 26, who was admitted into Sir P. Dun's Hospital on the 28th of November last. On the night of the 21st November she had eaten about a quart of cockles, and the following morning she was seized with violent abdominal pain and vomiting. Enemas were employed, but without avail. After admission into the hospital on the 28th the vomiting was checked, but the pain persisted, its main seat being referable to the inferior umbilical and hypogastric region. On the 3rd December the vomiting returned, the matter ejected being decidedly stercoraceous; this persisted till her death, on the 5th December. The post-mortem examination revealed a general adherence of the peritoneum, and in the hypogastric region a cavity, formed by the pelvis below, and behind, the agglutinated coils of intestines above, and the abdominal wall in front, contained a quantity of liquid feces, and in addition a loose gangrenous portion of intestine (the ileum), nine inches long, attached to the upper part of this cavity by a few shreds. About a foot and a half from the cæcum the ileum was found thickened, and two openings in it, through which a catheter could be passed upwards or downwards. A band from the mesentery had strangulated a coil of the ileum, which led on to ulceration and detachment. Dr. Moore considered that the mechanical weight of the impacted cockles had caused a coil of the ileum to drop into the pelvis, where it was strangled by this mesenteric band; and in connection with the question of the diagnosis of the seat of the obstruction from symptoms, he observed that the scantiness or suppression of urine so much

dwelt on by Barlow as pointing to obstruction of the small intestine did not hold in this case, as the patient passed urine in normal quantity up till the day of her death.

Dr. HAYDEN said that within the present session some examples of gangrene of the lung had been exhibited to the Society. He now proposed to bring under its notice another similar specimen. The patient was a woman, *æt.* 33, who was confined on the 29th October, and who imprudently went out three days afterwards. On the evening of that day she had a rigor, and then complained of pain in the chest, and had a cough. On the 18th November she was admitted into the *Mater Misericordie* Hospital, and on the following morning he saw her for the first time. She was remarkably pale, and had a puffed and pasty aspect. She also had a very distressing cough. The pulse was rapid, and she complained of very great pain in the chest. The heart acted tumultuously, but feebly; its sounds were normal. On the evening of the 19th there was congestion of the base of the right lung; the sputa were blood-stained. The specific gravity of the urine was 1.020. It contained no albumen. On the following day crepitation and percussion and dulness were distinct. The sputa were deeply tinged with blood, and in large quantity. On the 21st the skin was hot and dry. The left lung exhibited evidences of solidification. About this date, for the first time, she complained of pain in the left leg. There was œdema of the left foot, the sensibility was extreme, and she could not bear to be touched. On examining the groin he detected cord-like hardness, which would lead to the conclusion of lymphatic engagement; she also complained of pain in the region of the uterus. There was effusion into the left knee-joint. Under ordinary treatment she improved, but in the course of four or five days decided fœtor of the breath was discernible, and the sputa were of a gangrenous character. In this state she continued until the 24th of December, when she died, apparently worn out. For some days before her death he was not able to make a satisfactory examination of her chest, so strong was her objection to be disturbed. However, he succeeded in making an examination sufficient to afford evidence of the following condition: There was decided dulness of the lower half of the right side, with defective respiratory sound, in fact, it was almost *nil* in the early stages. There were coarse crepital râles, which ultimately became a guggle. There were no metallic phenomena. The autopsy showed that there was some effusion into the peritoneum. The left femoral artery, to the extent of two inches below Poupert's ligament, was of a pink red on the internal surface, but with this exception the line of membrane of the femoral vessels was normal in appearance, and there was no clot in either. He regretted to say that an examination of the uterus was not made. There was some effusion into both pleural cavities. The liver was found enormously enlarged, fatty in a high degree, and adherent to the diaphragm. He had examined a portion of the structure of the liver, and found it to be in a most advanced stage of fatty degeneration. The heart presented no remarkable feature, and was not fatty. The kidneys were fatty. The right lung was firmly attached to the diaphragm, and in the lower part of it he found a large gangrenous cavity containing a quantity of fœtid matter. The walls of this cavity, which were traversed by bands enclosing blood-vessels, presented a ragged appearance. The point of interest in the case lay in the connection of pneumonia with phlegmasia dolens. His conclusion was that there must have been a blood-clot detached from the uterine or adjacent veins, and impacted in a branch of the pulmonary artery, giving rise to infarction, inflammation, and gangrene of a limited district of pulmonary tissue. The history of the case led to this view; also the circumstance that the woman had led a healthy life, did not drink, and there was no evidence of antecedent illness. The surfaces of the right lung and pleura were remarkably thick. On laying open the pulmonary artery a plug was found in the tertiary division of its right branch, where it ran right forward to the abcess. The case was interesting in connection with one reported by his colleague, Dr. Nixon, a short time since.

Dr. T. E. LITTLE brought before the Society

A CASE OF DOUBLE FRACTURE OF THE SPINE WITH INJURY TO THE SPINAL CORD,

occurring in a man who had, while in a state of intoxication, fallen from a window which he had mistaken for the door of a room. When admitted to Sir Patrick Dun's Hospital

he displayed very few symptoms of the serious injury which caused death. He complained almost solely of pain and tenderness in the regions upon which he had fallen—the back of the neck, shoulders, and back of the head. About four days after he had entered hospital he developed certain symptoms which pointed to injury of the spinal cord—slight paralysis of the upper extremities, left arm and hand. As had been several times remarked by him (Dr. Little) as occurring in the early stages of injury to the spinal column, this patient's face and the upper part of his body were flushed to a remarkable degree. He had also a troublesome cough, and the diaphragm appeared to be the only vessel by means of which respiration was being carried on. He also complained of severe and frequent spasms in the thighs and calves of his legs. There was, however, no *anæsthesia*. He subsequently had an attack of diarrhœa; but Dr. Little could not connect it with injury to the spinal cord. The dyspnoea became much aggravated, the cough tickled him a great deal, and he was unable to expectorate. His pulse was 104; temperate 100°. His death appeared mainly to be due to the abnormal respiratory symptoms. The autopsy showed there were fractures between the third and fourth cervical vertebrae, and at the seventh, the injury to the upper being the more serious. The injuries to the cord were at the seats of fracture. The interest of the case was the progressive character of the symptoms and the slight amount of lesion to the spinal cord that was sufficient to cause the man's death.

The Society then adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 3, 1875.

BOARDING OUT AND INFANTICIDE.

THE National Committee for promoting the boarding-out of pauper children has just issued its third annual report, and we rejoice to see that its labours are being gradually crowned with success. The plan is being adopted in new districts, and everywhere favourable reports are made as to its operation. The Committee calls renewed attention to the immense evils attending the prevailing system of dealing with pauper children. Crowded together in large numbers, it is impossible they should receive that careful attention necessary to true physical, mental, and moral education. It cannot be too often recalled that last session it was authoritatively stated in Parliament that in St. Pancras Workhouse 89 children out of 407 had died during the previous year, being a mortality of 210 per 1,000. This may, as the Committee observe, be an exceptional state of things; but pauper and district schools are notoriously unhealthy, and everyone knows to

what an extent ophthalmia in particular prevails in them. Besides, "poor orphans, many of them the offspring of virtuous and industrious parents, snatched away by death, are too frequently exposed to the corrupting companionship of the degraded class of casual children, the offspring of thieves, tramps, and vicious women."

"Boarding-out not only brings more healthy influences to bear on children; it is the cheapest mode of solving a great problem which has yet been devised." So says the Report. Professor Fawcett and other economists complain that it tends to hold out inducements to the neglect of children by their parents, and there is no doubt that there is a very great amount of truth contained in that view of the case. Indeed, take away the responsibilities of rearing their own offspring from the poorer classes, and they would doubtless, as kings and queens do, launch forth into the production of posterity at a most alarming rate.

It must be remembered, and the excessive mortality of our large cities has just been spoken of by quite a host of learned men at the Sanitary Congress at Birmingham, that in the case of the poor, who usually marry as young as they can see a way to do so, many of the children die from privations of all kinds due to the distressed condition of their parents. Now, if it were very easy for such parents to hand over any of their children to pauper asylums where they could be boarded out, there would soon be an immense increase of children demanding admission to such asylums, as formerly to Foundling Hospitals.

The mortality of children in different countries in Europe is a very good index of the comfort of the poorer classes in each State. Thus, in Norway, where the condition of the peasantry is probably superior to that of all other European countries, out of 100 children born, 83 attain the age of 5; in England, 74; in Russia, 62; and in Italy, 61. Comparatively few children are, of course, wilfully killed or exposed by their own parents, but there can be no doubt that the great distress caused by a numerous family causes many mothers to neglect their children in a way which no less certainly causes death. All physicians must see this.

Infanticide, however, is by no means unknown in London, for, in one district alone—Central Middlesex—the number of cases increased from 84 in 1863 to 114 in 1865, where children were found exposed, many of them, however, supposed to be still-born children, which were left in the streets to avoid the expense of burial. Many bodies of infants are thrown into the river and the canals or other places, by persons who are unable to pay 7s. 6d. for their burial. Infanticide in London, it would seem, is chiefly confined to the class of domestic servants, and it is no use concealing the fact that female domestic servants are very much exposed to the temptations which result in their having illegitimate children. The mother of such children, in the present state of social life, is in the greatest difficulty, since she finds it very difficult in most instances to get a living, unless she goes into the work-house, whence, once entered, and her child brought into the world, she finds herself unable to make her exit, because she cannot leave the child behind her, and cannot obtain, in many cases, sufficient wages to pay for the honest nurture and care of her child.

Hence arise those cases of baby-farming, about which so much has been said in England, and above all in France, the country *par excellence* of nursing-out of infants. In London, the infants of those domestic servants who are unlucky enough to become pregnant, without securing the certain co-operation of the father of their child in its rearing and nurture, are compelled to hand over the infant to women, who must, of course, live by the trade of nursing. Such poor women receive a weekly pittance from the poor mother from her scanty wages, and attempt to rear the child by hand.

Every medical man knows how hard it is to rear an infant by hand, when the most sedulous care is taken of it; but how much more unlikely is this to be the case where the nurse is poverty-stricken, ignorant, and without affection for the poor infant? Hence, of course, in London, almost all of such nurse-children die.

In Paris the matter is now taken up by the municipality, and a supervision of the infants put out to nurse is obligatory. And with what results? Why, that the great majority of the children also die, when they leave the care and love of their mothers to be conveyed down in waggons to Nogent-le-Rotrou or some of the noted nursing villages adjoining Paris.

We observe in this week's *British Medical Journal* that the Parisian correspondent of our respected contemporary is, as is usual with the Press of this country, uttering a sorrowful lament as to the paucity of births occurring in France, and the stationary character of the French population. But, in the face of the immense mortality of the children of our manufacturing towns, such as Manchester, Liverpool, and Glasgow, we really cannot see anything to pity France for, because the fathers and mothers of that prudent nation do not care to bring so many infants into life only to be killed by ricketts, scarlatina, bronchitis, or starvation, as the inhabitants of our large cities evidently are so prone to do.

Nay, we very much doubt the advisability of those Parisian mothers who are so addicted to business or pleasure as to send away their newly-born infants by the "*Chemin de Paradis*" (as the carrier's carts are called, because the infants almost all die) having any children at all, until they learn that the first duty of a human being is to refrain from bringing into being creatures who are to be only neglected, ill-treated, and unfortunate.

The late Dr. Lankester used to say that a certain considerable proportion of all the women met with in the streets of London had committed infanticide. The former coroner, Mr. Wakley, used to think it the best policy to say as little as possible about such cases; but it must be confessed that human affairs do not go on well without open discussion. The immense infantile mortality of our towns is a disgrace to our intelligence as heads of the animal kingdom. That there should be myriads of the young of the lower animals destroyed in the struggle for existence, we can readily understand; but that society should see with complacency the terrible and ceaseless slaughter of children in Liverpool or Glasgow, &c., which is at least six times as great as in healthy country districts, is not to be tolerated.

Cynicism of this kind amounts to a denial of all morality; and we have no patience with the self-satisfied wealthy

follower of Darwinism, who looks upon the sufferings and early death of infants and young children as only a way of obtaining the "survival of the fittest." Such lucubrations are silly, immoral, and in the highest degree dangerous to the happiness of mankind. As if, forsooth, it would not be a thousand times more pleasant, and infinitely more simple, to obtain the amelioration of the *physique* of the race by proper attention to the selection of parents; and, above all, to the question of not having more offspring than can be made happy, and well-fed, and educated.

How little has hitherto been really done for the condition of the poorer classes in our large cities! They have, indeed, been preached to mildly as to their duties in attending church, or keeping out of police-courts; they have occasionally had some attention paid to the water-supply; but where, until lately, have the poorer class been taught anything about the impossibility of living in health without a proper supply of air, food, and cleanliness?

To make our fellow-citizens enjoy a healthy life, and prevent the enormous waste of infantile life, which invariably goes on in our large towns, ought to be the medical religion of the remaining quarter of this remarkable century. To live a long life, and to live all our lives, ought by this time to be perceived to be the practical teaching of all medical science; and no other consideration should allow these wholesome truths to be obscured from the view of the medical profession. We can see but one difficulty in the way of the medical faculty taking the lead in matters concerning the health of the community—and that is, that it has not as yet been thought to be part of the education of the medical world to learn anything of the science of wealth, called Political Economy. The ignorance of this important science among the general public is glaring enough. It leads to all kinds of serious revolutions and plans of Utopian character for obtaining wealth without work. It leads to Communism and the grim spectres that desolated the beautiful city of Paris but the other day. In the case of the medical world, ignorance of political economy leads to narrow views as to the powers of sanitary science, to crude theories of hygiene, leaving out some of the most important points, and, above all, to utter confusion with regard to all that relates to sex and the relations between numbers and food. Had the medical world, indeed, the good fortune to possess among its members only a few who were familiar with the science as expressed by the great masters, Adam Smith, Ricardo, Levior, the Mills, and lately by Cairns and Fawcett, it would not be long before there would be some notable progress made; and it would no longer be able to be said in the latter quarter of the 19th century that the poverty and misery of our large manufacturing cities is a reproach to us both as philanthropists and as men of science.

Poverty and early death are as much the consequence of ignorance of Nature's laws as the construction of an unseaworthy vessel or of an insecure railway bridge. Weak social theories about wealth lead to death and destruction quite as surely as want of knowledge of mechanics.

THE IRISH COLLEGE OF PHYSICIANS.

THE five "Dissentients" of the Irish College of Physicians have published a reply to the counter-statement promulgated by the Fellows in answer to their "Dissent." We find it quite impossible to print even a portion of this reply in our present issue, and we therefore refrain from expressing any opinion upon it until we are able to lay the salient points in it before our readers. The letter of Dr. Atthill which we publish to-day requires from us, however, a notice of the arguments which he uses. The theorem which is supported by those who desire the perpetuation of the ballot is, that inasmuch as the administrative function in the College is reposed in the whole body of Fellows, it would be highly inconvenient that that body should be unlimited in number, as it would be if the election by ballot were abolished. We argued *contra* that it was never intended that the whole body of Fellows should hold the executive duty, and if it were found that the body would become too large for smooth working, that difficulty might readily be solved by taking power to form a council such as administers the internal affairs of other corporations.

Dr. Atthill pleads in reply, that in 1692 the Fellowships were limited by Charter to fourteen; that by an Act of the reign of George III., the Fellowship having by a former Act been thrown open to all comers, was limited to University graduates, and in 1862 the restriction was abolished, and all Licentiates were declared eligible "under such limitations as the President and Fellows may deem fit."

It appears to us that the misinterpretation of this phrase by the Fellows has been the *fons et origo mali*, for while Dr. Atthill appears to imagine that it would justify the Fellows in imposing any conceivable disability that they chose, it is read by us, in common with the "dissentients," to authorise the President and Fellows to submit candidates to any test (by examination, or as to length of service, or as to good repute) which might be reasonably imposed for the good of the profession. Dr. Atthill would, we are certain, not consider the College to be entitled by this phrase to insist that all Fellowship candidates should stand six feet in their stockings, and it seems to us not much more reasonable that they should demand, as they did, that a candidate should achieve a popularity sufficient to secure four-fifths of the ballot vote.

Our contention is founded, however, not only on the ground that the requirements of the College from its Fellowship candidates are unreasonable, but on the abstract principle that the capacity to practise medicine is the *only* qualification which should be exacted from a claimant for a registrable medical diploma. We regard the Fellowship of the College of Physicians in this and in no other light, and we maintain that the good or bad opinion of any number of members of the profession should afford no cause either for the admission or rejection of a candidate, inasmuch as we look upon a registrable degree as the inherent right of every man who can display his competency to make use of it.

The "Dissentients," however, seem to have made no effort to meet the practical objection to the enlargement of the body of Fellows as long as that body exercises executive functions. They do not, we suppose, suggest that the Fellowship should be indefinitely extended (say to the number of 400), and should, nevertheless, continue to manage the internal affairs of the College, and yet they not only offer no alternative, but, individually, they have persistently resisted and succeeded in defeating a proposal for the formation of a Council.

In the petition to the Queen for this Charter, as at first drafted, a clause was contained which prayed Her Majesty to grant to the College powers "to constitute a Council consisting of the President, Vice-President, and nineteen Fellows . . . to regulate and manage the affairs of the College in all particulars that are not by Charter or Act of Parliament already directed to be done by the entire body." This clause was adopted by the College on the 20th of December, 1872, but was subsequently, on the motion of Sir Dominic Corrigan, modified by restricting its operation to the time when the Fellows should exceed one hundred. Nay, more! The clause was finally struck out of the petition on the motion of Dr. Lyons.

These two individual "Dissentients" have thus laid themselves open to the charge of having engaged in a resistance to the ballot without making any effort to render its abolition possible, and we think the course they have pursued calls for explanation, and until such explanation is offered, the Fellows are entitled to say that, however desirable the unlimited admission of Fellows may be in other respects, it is practically impossible without plunging the College affairs into a chaos of mal-administration.

There is one other point raised in the controversy to which we wish to refer to-day. In our issue of the 20th of January, referring to the statement of the College that they were merely asking a privilege of ballot granted to nearly all the medical corporations, we said that "on a careful perusal of the Ballot Committee's report we have been unsuccessful in finding a single case of a corporation in which the ballot was used under circumstances strictly analogous to those of the College of Physicians. We find therein instances of ballot in the election of officers of a College; of ballot as a secondary qualification after examination; and of the use of the ballot as an exclusive test in some societies; but we have found no precedent for the exclusion from, or admission of any person to, a legal medical or surgical qualification solely by the votes of those who already hold the degree."

As this statement has been challenged, we have again examined the Committee's report, and we have been still unable to find a case "strictly analogous," or a "precedent for the exclusion of any person solely by the votes of those who hold the degree."

There are only three licensing corporations besides the College of Physicians itself in which the ballot is enjoined in the Charter. This is, of itself, an important difference between these bodies and those in which the ballot is permitted by the bye-laws, because the Charter is irrevocable by any act of the corporation itself, while a bye-law may be at any time rescinded with or without the approval of the Secretary of State. There is much more granty, therefore, in the grant of such a power by Charter than by bye-law. The three bodies in which the ballot is enjoined by Charter are the Irish, English, and Scotch Colleges of Surgeons. In the Irish College the ballot is used for election of Council *not* of Fellows, and there is, therefore, no analogy. In the London College the admission of Fellows by ballot is restricted to those who were members on the 14th of Sept., 1843, and all others must submit to examination. Lastly, in the College of Surgeons of Edinburgh the ballot is only subsequent and subsidiary to the examination. We believe, therefore, that we are justified in saying that the instances in which the ballot is permitted, quoted by the Committee, are not strictly analogous to that of the Irish College of Physicians, where an elective power by ballot, without any other test, is sought to be secured by the Charter. But, in truth, this point is not of great importance. The "Dissentients" do not object to the ballot, on the ground that it has no precedent, but on the ground that it is unjust and inexpedient, and it does not make their case the less strong, because a certain number of corporations may have enjoyed the power of ballot some decades or centuries ago.

Notes on Current Topics.

Adulteration of Quinine.

The *Chemist and Druggist*, in its last issue, refers to remarks which recently appeared in our columns on this subject, and publishes a circumstantial statement from a well-known firm of chemical brokers in London, which corroborates forcibly the observations made in our pages. The firm quotes a statement from the *North China Herald*, published at the request of the Consulting-Surgeon to the Customs. The statement was to the effect that a package of 80 bottles of a white powder purporting to be sulphate of quinine was brought for examination to the Customs shed. The examiner immediately recognised the spurious character of the drug, and attempted to stop its delivery. On reference to the Acting Commissioner, it was ascertained that the Customs had no power of seizure. The value placed upon the "quinine" by the Chinese importer was 40 Mexican cents per ounce, or about one quarter of the cost at which genuine sulphate of quinine can be supplied wholesale by manufacturers. The bottle was made up to represent French manufacture. At the upper part of the label is a scroll bearing the words "Produits Chimiques." Immediately beneath this is the fac-simile of a medal. Beneath this, in a separate line, are the words "1 ounce," and beneath this again, in two lines, "Sulfate de Quinine, Paris." Messrs. Blagden and Angus, the firm who have addressed the *Chemist and Druggist* on the subject, says:—

"We recognised the article described as having been imported into Shanghai as identical in respect of labels, marks, &c., with a sample put into our hands a short time ago by a highly respectable house here.

"This sample had been sent to our friends by one of their Indian correspondents with an order for a large quantity. We submitted the sample to Messrs. Howards & Sons, and it was found on examination not to be sulphate of quinine at all.

"Of course our friends refused to execute the order, but there is little doubt that it was executed through another channel."

The Chemistry of Milk.

DR. CAMERON, the city analyst of Dublin, communicated last week to the Royal Dublin Society some interesting researches which he has made with reference to the chemistry of milk. He pointed out that the white colour and opacity of milk were not due, as was commonly stated, to the liquid being a fatty emulsion, but that they were owing to the fact that the fat globules in milk were invested with a caseous solid membrane which reflected light. By appropriate treatment all the fats of butter could be extracted from milk, and yet the residue would retain the characteristic appearance of that fluid. Butter-milk, which contained only 0.5 to 0.7 per cent. of fat, was yet a perfectly white liquid. In milk there were fat globules without investing membranes, but they were not numerous. The solids in cow's milk never sank below 12 per cent. in the case of town dairy cows, or 11.5 per cent. in the case of farm cows on poor pastures. In Dublin milk of average quality, and when pure, the solids averaged 13

per cent., and the fats 4.1 per cent. From ten analyses of Irish mares' milk, Dr. Cameron concluded the average composition to be—Water, 90.0; butter, 0.90; cheesy matter, 1.92; sugar, 6.78; mineral matter, 0.40—100. Sow's milk he found to be extraordinary rich, and to contain water, 81.72; butter, 5.66; cheesy matters, 7.06; sugar, 4.60; mineral matters, 0.96—100. It showed no cream on standing.

The Efficacy of the Contagious Diseases Acts.

ONE of the most forcible and convincing contributions to the abundant literature of the Contagious Diseases Act controversy has fallen from the pen of Professor Parkes, last week, and the accuracy of the statement and the closeness of the reasoning which the learned writer puts forward ought to go far to settle the question, even with the partisans who have hitherto declined to see or listen to evidence on the subject. In a letter addressed to the *British Medical Journal*, Professor Parkes says that he had asked Surgeon-Major Fox, of the Royal Engineers, to collate the number of admissions from primary syphilis and gonorrhœa during the years 1860 to 1874. The Contagious Diseases Act of 1864 was applied to Chatham in the middle of 1865; in 1866, '67, and '68, the Acts were only in partial operation. The results are as follows:—

From '60 to '65, *i.e.*, before the Acts, the admissions per 1,000 men were, on an average—for primary syphilis, 93.4; for gonorrhœa, 143.3.

From '66 to '68, when the Acts were in partial operation—for primary syphilis, 81.4; for gonorrhœa, 118.3.

From '68 to '74, under full operation of the Acts—for primary syphilis, 53.1; for gonorrhœa 78.0.

These figures, says Professor Parkes, speak for themselves. Both primary syphilis and gonorrhœa have been reduced nearly one-half. To what is this owing? To sanitary improvements? But these troops have been in the same barracks and under the same sanitary system since 1860. To lessened recruiting? The recruiting has been more active in the last period. In neither of these directions can a sufficient reason be found. It may, indeed, be possible that some of the very great lessening of admissions from syphilis which occurred in 1874 was owing to an order brought into force in the last half of the previous year, which imposed penalties on men with venereal diseases. This may have led to concealment of disease, and to an apparent and not a real diminution. But this cannot account for the lessening in the other years.

"Does anything remain," asks Professor Parkes, "except the operation of the Acts to account for the decline of these diseases?"

We hardly expect that (as the statistics of small-pox before and after the discovery of vaccination have failed to convince the vaccinophobiacs) the figures quoted by Professor Parkes will persuade the Contagious Diseases fanatics.

In connection with this subject we observe that the medical men of Liverpool have been forced to take public notice of one of the rash and entirely false statements which the opponents of the Contagious Diseases Acts have put forward. The following memorial is in course of signa-

ture, and has already received nearly two hundred attestations amongst the Liverpool practitioners:—

"To the Right Honourable R. A. Cross, Her Majesty's Secretary of State for the Home Department.

"It having been publicly stated that, of the medical practitioners in Liverpool, not more than twenty-six could be induced to sign a memorial in favour of the Contagious Diseases Acts, and that at the present time it would be impossible to find twelve medical men in Liverpool who are favourable to the said Acts, we, the undersigned medical practitioners of Liverpool, beg to express our approval of the Acts as at present in operation in seventeen garrison towns and ports in the United Kingdom, and to state that we are not in favour of a repeal of those Acts."

WE are sorry to notice in the columns of a contemporary the announcement that Dr. Rumsey, of Cheltenham, after suffering from severe cerebral symptoms, is now for some time incapacitated from work of any active professional kind. If any of its members have a special claim upon the profession, Dr. Rumsey is he. For years he has given his time and his best energies to their service, a sacrifice which is unhappily seldom appreciated by the mere money-making section of his brethren.

Irish Workhouse Supplies.

THE Irish Local Government Board have been obliged to write to the Kilrush guardians and express their opinion that more vigilance ought to be exercised as to the quality of the wine and other liquors supplied to the union. They based their remarks upon an analysis by Dr. Cameron, which stated that the port wine contained 19 per cent. of alcohol and 866.8 grains of sugar, nearly two ounces per pint, which clearly indicated that the wine was a very spurious article, and, in his opinion, a mixture of red wine, currant syrup, and spirits. The porter submitted contained 6.5 per cent. of alcohol, 4.63 per cent. of extractive matter, including 2.96 of sugar. It contained an over-due amount of water, and is a very poor stuff indeed. The tea yielded 34.2 per cent. of extract, and 6 per cent. of ash. Dr. Cameron considered it a very low-class article. The whisky was a very good article in point of quality. He found it, however, 13.5 under proof.

At the meeting of the Listowel Board a report was also read from Dr. Cameron. The tea, at 2s. 1d. per lb., was reported as being weak, and of the common or low-class quality. The coffee supplied was still worse, containing a mixture of more than half chicory. The whisky, which was supplied as 25 o.p., was found to be fresh, and 16 under proof. The Chairman, in referring to Dr. Cameron's report, said that it now appeared the inmates of the house were being supplied with articles very inferior to what the Board, up to this, supposed they were receiving. Mr. Hayes remarked that the Board might blame themselves to a great extent for this in accepting the lowest tender. Mr. Egan said that if a party tendered to supply the best black tea at one penny per lb. he considered the Board ought to accept it, and it would be for them to insist on the contractor performing the terms of his contract.

THE degree of M.D. Oxon. has been conferred upon George Bagot Ferguson, of Hertford College.

Definition of Adulteration.

We referred recently to the meeting of the Society of Public Analysts for the purpose of fixing upon a definition of what is meant by adulteration. They have completed their conference upon the matter, and have decided upon the following as the latter part of their definition. In the case of drugs, they shall be deemed to be adulterated—

1. If, when retailed for medicinal purposes under a name recognised in the *British Pharmacopœia*, any drug be not equal in strength and purity to the standard laid down in that work. 2. If, when sold under a name not recognised in the *British Pharmacopœia*, it differ materially from the standard laid down in approved works on materia medica, or from the standard under which it is sold. It was also resolved that the following should be deemed limits for the articles referred to under A. *Milk* shall contain not less than 9.0 per cent., by weight, of milk solids not fat, and not less than 2.5 per cent. butter-fat. *Skimmed Milk* shall contain not less than 9.0 per cent. milk-solids not fat. *Butter* shall contain not less than 80.0 per cent. of butter-fat. *Tea* shall not contain more than 8.0 per cent. of mineral matter, calculated on the tea dried at 100 deg. Cent., of which at least 3.0 per cent. shall be soluble in water, and the tea sold shall yield at least 30.0 per cent. of extract. *Cocoa* shall contain at least 20 per cent. of cocoa-butter. *Vinegar* shall contain not less than 3.0 per cent. of acetic acid.

The Quarter's Mortality in Dublin.

THE death-rate of the last quarter for Dublin is considerably higher than for the corresponding period of last year, and still further in advance of that of the previous year. Scarlatina caused 238 deaths, against 250 in the September quarter; and 151 in the fourth quarter of last year. Chest diseases have been very severely felt, in consequence of the terribly inclement weather. Bronchitis caused 338 deaths, those of this time last year, 287; and for the September quarter only 122.

The New Scriptures.

According to Tyndall, Huxley, Spencer, and Darwin.

In favour of the following clever *jeu d'esprit* we break our rule against the admission of such matter to our columns. It is taken from the columns of a Cincinnati paper, and, if read without irreverence, is a most amusing satire upon the materialist school:—

GENESIS—CHAPTER II.

1. Primarily the Unknowable moved upon cosmos and evolved protoplasm.
2. And protoplasm was inorganic and undifferentiated, containing all things in potential energy; and a spirit of evolution moved upon the fluid mass.
3. And the Unknowable said, Let atoms attract: and their contact begat light, heat, and electricity.
4. And the Unconditioned differentiated the atoms, each after its kind; and their combinations begat rock, air, and water.
5. And there went out a spirit of evolution from the Unconditioned, and working in protoplasm by accretion and absorption, produced the organic cell.
6. And cell, by nutrition, evolved primordial germ, and germ developed protogene, and protogene begat eozoon, and eozoon begat monad, and monad begat animalcule.
7. And animalcule begat ephemera, then began creeping things to multiply on the face of the earth;

8. And earthy atom in vegetable protoplasm begat the molecule, and thence came all grass and every herb in the earth.

9. And animalcula in the water evolved fins, tails, claws, and scales; and in the air, wings and beaks; and on the land they sprouted such organs as were necessary as played upon by the environment.

10. And by accretion and absorption came the radiata and mollusca, and mollusca begat articulata, and articulata begat vertebrata.

11. Now these are the generations of the higher vertebrata, in the cosmic period that the Unknowable evolved the bipedal mammalia.

12. And every man of the earth, while he was yet a monkey, and the horse, while he was a hipparion, and the hipparion, before he was an orodon.

13. Out of the ascidian came the amphibian and begat the pentadactyle, and the pentadactyle by inheritance and selection produced the hylobate, from which are the simiadae in all their tribes.

14. And out of the simiadae the lemur prevailed above his fellows and produced the platyrhine monkey.

15. And the platyrhine begat the catarrhine, and the catarrhine monkey begat the anthropoid ape, and the ape begat the longimanous ourang, and the ourang begat the chimpanzee, and the chimpanzee evolved the what-is-it.

16. And the what-is-it went into the land of Nod and took him a wife of the longimanous gibbons.

17. And in process of the cosmic period were born unto them and their children the antthropomorphic primordial types.

18. The homunculus, the prognathos, the troglodyte, the autochthon, the terragen—these are the generations of primeval man.

19. And primeval man was naked and not 'ashamed, but lived in quadrumanous innocence, and seemed mightily to harmonise with the environment.

20. And by inheritance and natural selection did he progress from the stable and homogeneous to the complex and heterogeneous; for the weakest died, and the strongest grew and multiplied.

21. And man grew a thumb, for that he had need of it, and developed capacities for prey.

22. For, behold, the swiftest men caught the most animals, and the swiftest animals got away from the most men; wherefore the slow animals were eaten, and the slow men starved to death.

23. And as types were differentiated, the weaker types continually disappeared.

24. And the earth was filled with violence; for man strove with man, and tribe with tribe, whereby they killed off the weak and foolish, and secured the survival of the fittest.

Unqualified Practice in an Irish County Infirmary.

As far back as last November we endeavoured to elicit from Dr. Browne, the Surgeon of the Galway Infirmary, an explanation of the fact that the duty of apothecary to the Infirmary has for the last eighteen months been discharged by a person who holds no qualification whatever, and that he is recognised and salaried as such by the Grand Jury. The circumstances of his appointment were stated by us to be the following. For very many years the appointment was held by Mr. Patrick Staunton, a licentiate apothecary, who died, leaving his nephew, who is now a practitioner in Galway, in possession of his business and in discharge of his official duties. This gentleman continued to act as apothecary to the Infirmary for a long period, and appeared from year to year in the list of officers of the institution. One morning, about a year and a half since, on going to the Infirmary, he found another person installed in office by order of Dr. Browne, the surgeon, without any notice whatever to him. From personal reasons Mr. Staunton refrained from complaint, and permitted the unqualified

practitioner to remain in possession. In pursuance of the course which we then stated our intention to adopt, we now ask the attention of the Apothecaries' Company to an open infringement of the law, and of their privileges; we request the notice of the Grand Jury and of the *sitting* Judge to the undoubted illegality of the payments made to the *soi-disant* apothecary; and we ask the profession to form their judgment of the conduct of Dr. Browne in establishing and maintaining an unqualified person in a position which ought to be held only by a medical man. We have reason to be satisfied that the case is accurately as we have stated it, and the reticence of Dr. Browne is accounted for by the fact that no satisfactory explanation of the circumstances is possible. It seems to us a most audacious proceeding that the surgeon of a county infirmary should assume to himself the right of displacing a properly qualified and competent medical man and inducting into his place an unlicensed person, and we are assured that—now that the matter has been publicly noticed—the Grand Jury will not continue to permit such an illegality.

Exclusion of Irish Medical Men from the Commission of the Peace.

It will be in the recollection of our readers that many months ago we called attention to the reply given by Sir M. H. Beach to a question put to him by Mr. Moore, the Member for Clonmel, in reference to the veto of the nomination of two magistrates exercised by the Lords Commissioners, who were then temporarily exercising the functions of the Lord Chancellor in Ireland. Lord Lismore had appointed to the Commission of the Peace a medical gentleman of repute in his county, and Sir M. H. Beach stated in the House of Commons that the appointment was cancelled because the Government does not consider a physician in practice to be a fit person to be entrusted with the Commission of the Peace. Having regard to the fact that for a long series of years practising physicians have been approved for the office of J.P., and have discharged their duties without the slightest suggestion of impropriety, and as everyone is aware that the Commission is every week granted to petty shopkeepers and persons infinitely inferior in social and educational status to the practising physician, we expressed ourselves as unable to comprehend the declaration of opinion of the Chief Secretary either as a statement of policy or as an authoritative insult to the medical profession. In the succeeding week's issue of the MEDICAL PRESS AND CIRCULAR we published a letter informing us that Sir Thomas McClure, the Vice-Lieutenant of the County Down, had refused to nominate Dr. Stuart for the Commission of the Peace on the ground that "the Lord's Commissioners would not sanction the appointment of any practising doctor, even if only consulting at his own house."

We believe that the attention of the Council of the Irish College of Surgeons was called to the matter, and it certainly appears to us to be deserving of their consideration; and yet they did not think it worthy of notice, and permitted this slight to be imposed upon the profession without remonstrance.

We are recalled to the subject now, having observed in the *Lancet* of last week the announcement that Dr. Pyle, of Sunderland, Dr. Underhill, of West Bromwich, and

Dr. Gisborne, of Derby, had been placed on the Commission of Peace, all of them being surgeons in actual practice. We would ask the attention of Mr. Moore, the Member for Clonmel, to this record, and we hope he will avail himself of an early occasion to interrogate the Chief Secretary for Ireland as to the reasons why the general practitioner of England should receive a distinction which is refused to the Irish medical profession—not, be it remembered, to an individual, but to the whole class.

This insult to the profession in Ireland, following not upon the exclusion of Her Majesty's surgeons and physicians in Ireland from the Viceregal entertainments, while their English brethren are regularly invited to Court in London, is, as we have before said, a premeditated official degradation which it behoves the profession to consider upon.

Abortionists and Diploma Vendors.

THE proprietors of the sham University of Philadelphia, we learn from the *Philadelphia Medical Times*, the chief income of which is derived from the sale of "bogus" diplomas—with the details of which traffic our readers are already acquainted—have been detected in the procuring of abortion, and one of "The Professors" sent to jail. Curiously enough, the abortion was produced at a house which has been the home of successive regular practitioners of excellent repute for very many years, until it passed into the hands of Mrs. Mixter and colleagues. A young woman was brought, some few days since, to this house, and an abortion produced by some one as yet unknown, from which she died a few days afterwards. The detectives in some way got wind of the affair, and obtained such information that they called upon Dr. Paine, the proprietor of the University, and asked if he knew anything about a body recently brought to his college. The learned professor stated that he did not; but, on the twin going to the institution, the janitor informed them that a Dr. Perpente, or Dr. Dubois, as he is variously named, had brought one into the college the day before. The dissecting-room was next visited, and the body was found, not as yet injected or in any way injured, but showing, it is said, very decided traces of criminal abortion. Dr. Perpente was arrested at his office about midnight the same evening. On going to Mrs. Mixter's house, it was found vacated, the bird having suddenly flown, taking seemingly only clothing and money, leaving everything else in the house just as last used. Of course Prof. Paine denies that Dr. Dubois had any connection with the institution; but, unfortunately, his name appears upon the official printed card.

THE operation of ovariectomy was performed on Saturday morning last at the City of Dublin Hospital, by Mr. Croly, Senior Surgeon, in the presence of many of the leading practitioners of Dublin, on a woman fifty years of age. The operation was completed rapidly, and the pedicle was secured by the clamp, the adhesions being altogether anterior, and the prognosis appears, as regards the operator, to be favourable. As the results of ovariectomy are a subject of much interest to Irish surgeons, we hope to report the condition of the patient in our next.

Winslow's Soothing Syrup.

We have more than once drawn attention to this and other dangerous narcotics, which are sold in large quantities to the general public, and pointed out that its sale should be under the restrictions of the Poisons Act. Surely there should be no hesitation in dealing with a matter which affects the health, and even the life of thousands of little innocents. Perhaps the proper authorities will heed the warning given in the last number of our American contemporary, *The Clinic*. It is not generally known that "Mrs. Winslow" is manufactured in America, thence imported to England, where it finds a ready market, in speaking of which before one of the American medical societies lately, Dr. Harlow denounced it as a poisonous mixture, that had not only killed its hundreds, but is spoiling the health of thousands of children. He stated that the amount sold yearly contains over fifteen million grains of morphia, which amount is administered to infants without professional advice with such dire results.

AN examination of candidates for twenty appointments as Surgeon in Her Majesty's Indian Medical Service will be held on the 15th February and following days.

THE Hunterian Oration will be delivered in the theatre of the Royal College of Surgeons of England by Mr. Frederick Le Gros Clark, F.R.S., President, on Saturday, the 13th of February, at 3 o'clock precisely.

ANOTHER meeting of the Hampstead Vestry was held on Thursday last, at which it was stated that two other sites had been offered to the Asylums Board for the erection of the proposed hospital for infectious diseases. Hope was expressed that the hospital would not be erected on the present site selected by the Asylums Board. The Works Committee reported that they had approved of a draft petition to Parliament against the establishment of the proposed fever hospital.

THE Registrar-General calls attention to the fact that during the last seven weeks there have been twenty-six fatal cases of small-pox in the metropolis, whereas only one occurred in the previous seven weeks. South London would seem to be the principal seat of the disease, as, with the exception of one in Whitechapel, all the rest occurred on the Surrey side. Three took place in the Stockwell Hospital, eleven of the inmates being unvaccinated.

IN London last week, 2,498 births and 1,569 deaths were registered. The births were 37 above, and the deaths 122 below the average numbers in corresponding week of the last ten years. The deaths had averaged more than 2,000 in the nine preceding weeks. The death-rate, which had been in the two preceding weeks 35 and 29 per 1,000 of the population, further declined last week to 24 per 1,000.

THE yield of the Hospital Sunday collection in Belfast has been, for 63 churches, only £607, a most discreditable

pittance considering the number and wealth of the factory owners, and the strong responsibility which lies upon them of taking care of their operatives. As a much smaller proportion of the population are Roman Catholics in Belfast than in Dublin, it was confidently expected that the contributions would have nearly reached those in Dublin, whereas they have hardly touched a fifth of the amount.

A CORRESPONDENT of the *Students' Journal* states that at the recent College of Surgeons primary examination 108 candidates presented themselves for examination, of whom no less than forty-four were plucked. Several of them were rejected for the fourth or fifth time, and two were sent back for the sixth time. One of these latter would, he says, have got through, in all probability, had it not been for the three B's. He had been prepared for the examination by a "grinder," and was well primed with artificial aids to memory. In the course of his examination he was shown the biceps muscle, which he at once recognised, but when asked what nerve supplied it, he was unable to recollect its name. After considering for a few moments, he said to the examiner, "I forget the name of the nerve, Sir, but I know very well; it's the nerve that supplies the three B's." (caraco-brachialis biceps and brachialis anticus). A friend of mine who attended the *vidu voce* examination last week, and watched the proceedings very closely, told me a few days ago that he was satisfied that not a single candidate was "plucked" who ought to have passed, whilst several were passed who, if they had had their deserts, would have been "plucked."

THE *British Medical Journal* has recorded this week a ludicrous error of its Dublin correspondent. The information of this gentleman appears to be a little unreliable, for he states that Dr. John Cronyn has resigned the Professorship of Midwifery in the Irish College of Surgeons to which he was appointed last week, and he proceeds to confer the chair, which he supposes to be vacant, upon one out of six candidates. The fact is, that Dr. Cronyn holds, and has not the least notion of resigning, his Professorship; but he has, in accordance with the obligation imposed by the Charter, resigned the Examinership in Midwifery, which our contemporary's correspondent might have ascertained if he had looked at the advertisement which appeared in our columns last week. None of the gentlemen who are named by the *British Medical Journal* are candidates, because the only two of them, Drs. Roe and Kirkpatrick, who being Fellows of the College, would be entitled to compete, are already Examiners in Midwifery. Dr. Croly, of Rathfarnham, who formerly held a seat on the Court, and Dr. Peter Shannon, of Dublin, are candidates.

Dr. Croly, of the City of Dublin Hospital, son of the gentleman whom we have named, is almost certain to be chosen to the seat on the Council vacated by Mr. Adams.

Literature.

MANUAL OF PUBLIC HEALTH FOR IRELAND. (a)

WITHIN recent years two events of national importance contributed to fix general attention upon a subject

(a) "Manual of Public Health for Ireland." By Thomas W. Grimshaw, M.A., M.D.; J. Emerson Reynolds, F.C.S., &c.; Robert O'B. Furlong, M.A., Barrister-at-Law; and John W. Moore, M.D., M.Ch., &c. Dublin: Fannin and Co. London: Longmans. 1875. Pp. 336.

directly bearing upon the public health; the first was the lamented death of the Prince Consort from typhoid fever, contracted, it is believed, in consequence of defective sewage at Windsor Castle; the second was the narrow escape from a similar fate of the Prince of Wales, the disease in his case being also traceable to defective sanitary arrangements in connection with sewage. The shock occasioned by the first event, and the intense anxiety awakened by the protracted and perilous struggle for life of the Prince of Wales turned the current of public attention in the direction of one branch of sanitary science, namely, the origin and prevention of zymotic diseases. As is usual in cases where the public interest is strongly diverted into a particular channel, the attention thus given to preventable disease extended to all the kindred topics connected with public hygiene. Society was interested, minds professionally trained devoted their energies to the subject, the public health and the questions involved in its consideration became a topic of special study, and every well-informed medical man was expected to grasp the general principles of a comparatively new but most important branch of professional knowledge. No stronger proof can be afforded of the importance that the whole question within a brief period had assumed than the declaration in favour of sanitary reform which was made by Lord Derby in a speech delivered at Bootle in April, 1872. The subject of State Medicine was by that speech presented to the public mind as one of the questions of the day. Opinion within and beyond the ranks of the profession was ripe for legislative direction, and legislation soon followed.

There was probably no portion of the United Kingdom which stood in greater need than did Ireland of intelligent legislation on questions of public health. There was certainly no portion of the United Kingdom which presented a machinery more complete and ready to hand for undertaking this important duty. The sanitary authority of the executive was to a great extent exercised or controlled through a Local Government Board, which, under its earlier title of the Poor-law Commission, had with consummate ability and judgment administered the laws for the relief of the poor, and had not only administered, but had organised and guided, a system of medical relief unsurpassed in its efficiency in any country in the world. By this central authority the country had been mapped out into unions and subdivided into dispensary districts, and from the earliest moment the highest administrative ability had marked the proceedings of that Poor-law Commission to which we shall henceforth refer as the Local Government Board. A singular earnestness of purpose characterised its procedure: by its strong central authority it supported the medical officers in the proper performance of their duties; with stern determination it repressed the often wretched parsimony of local boards of guardians, gradually elevating their views as to the sacredness of the trust reposed in them, and, as it were, educating them into a more enlightened exercise of their functions. Controlling at the same time the dispensary committees and the relieving officers, by very gradual steps it perfected the local machinery to such an extent that at any moment the execution of new and valuable functions could be entrusted to the existing organisation. Thus, when an act for the registration of births and deaths was extended to Ireland the existing machinery was so perfect that the measure passed into noiseless operation at a very moderate public cost.

"The Public Health (Ireland) Act, 1874," is the latest and most important measure which has been entrusted by the Legislature to the Local Government Board. It is also a measure in the successful working of which all classes of the community are interested. It appears to us that, complete though the existing machinery may be for carrying out its provisions, there are some other conditions necessary for its success—first, an enlightened and liberal spirit on the part of local boards of guardians,

and with regard to this point we need only remark that the public (who are most interested) and the profession will have to trust to the "sealed orders" of the Local Government Board. In our last issue we expressed our gratitude at the decided position taken up by them on this vital question of the adequacy of the remuneration to be given to the officers charged with the often disagreeable duties imposed upon them by the Act. In the second place we regard, as an essential condition for the smooth and efficient working of the Act, some degree of education on the part of the poorer class, who, while they will profit so much by sanitary arrangements, will be apt at first to regard interference, of medical officers especially, with suspicion and jealousy. Unhappily, in the case of the occupant of a cabin, the manure-heap and the domestic pig contribute to pay the rent. For some considerable time great forbearance will be necessary; time and patience will be required to educate the poorer class into the recognition of the fact that the interference of the sanitary officer is for their benefit and the public advantage when he insists upon the observance of the plainest rules of hygiene. We venture to think that something might be attempted in this direction by boards of guardians, through their relieving officers, through the diffusion of some elementary information on the subject of public health amongst the poor. There can be no doubt that much might be done in the course of a very few years, through the national schools for instance, by the distribution of a short catechi hehal uos tcom-f public-ised within the limits of a wall-tablet and hung up in every national school. That something of the kind can be done is evident from the fact that we have before us at this moment a most admirable code of rules entitled "Personal Precautions against Fever," which contains in a very small space the clearest possible precepts of unquestionable truth and value upon such topics as fresh air, pure water, wholesome food, clothing, personal cleanliness, and temperance, as prophylactics against disease. We do not know from what source the paper emanates, but it is so terse, so clear, and so valuable, that we can only say it deserves adoption by the Local Government Board, and its study by the rising generation would form an excellent introduction to sanitary science. We have also a recollection of having somewhere seen a collection of sanitary rhymes, inculcating in that plain verse which appears to leave so deep a mark upon the young mind, a knowledge of the first principles of physiology. Something of this kind is required to enlighten the dense popular ignorance, and to prepare it for an intelligent co-operation with the local sanitary authorities throughout the country.

Last in order, although first in importance, of the conditions necessary for the successful application of the Act—a condition to which we particularly direct the attention of our readers—is that there should be a competent knowledge on the part of the dispensary medical officers of subjects connected with public health, the duties they have to perform, and the technical knowledge, as well as the principles, which should guide them in the execution of their sanitary work; and this point leads us to the consideration of the valuable manual before us. The "Manual of Public Health for Ireland," as the title-page informs us, is the joint production of two most accomplished physicians, probably the highest authorities in Ireland upon the subjects with which they deal—Dr. Grimshaw and Dr. J. W. Moore; of a chemist of the first rank, Dr. J. Emerson Reynolds; and of Mr. Robert Furlong, barrister-at-law. Let us at once discharge the grateful task of congratulating the joint authors upon the result of their labours. The work before us leaves nothing to be desired. It opens with the Act itself, it gives the orders of the Local Government Board on the subject of the Act, the sanitary duties of authorities and officers, and a valuable index to all the Sanitary Acts bearing upon the subject. Then follow some most able chapters upon vital statistics, the conditions necessary to

public health, preventable disease, etiology of disease, food, water-supply, examination of water, house construction, drainage, sewerage, air and ventilation, hospital accommodation, disinfection, climate and meteorology, and the appendices in addition contain valuable tables for reference. Considering the great number of subjects comprised within the curriculum of the modern student of medicine, it would, we hold, be absurd to expect from every practitioner the technical knowledge so lucidly conveyed in the manual before us. It will, however, be very difficult for any sanitary medical officer to fulfil his duties under the Public Health Act without a greater acquaintance with subjects within the scope of State Medicine than is usually possessed by students who have just passed their qualifying examination. By all who are anxious to supply a deficiency which was inherent in the system under which they studied this volume will be welcomed as a perfect vade-mecum of sanitary law. We have no doubt that it is by this time in the hands of every sanitary authority, and that all will concur with us in regarding this manual as a most valuable addition to medical literature. The book deserves attentive study in every way, and we strongly recommend our younger professional brethren to observe not only the matter but the language in which the authors have conveyed their thoughts, and we may add that the form in which the book is issued, the paper, and letterpress, reflect great credit on the publishers.

Correspondence.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Believing that any editorial articles which appear in the *MEDICAL PRESS* on the subject of the “Irish College of Physicians” are dictated in a spirit of fairness, and with the intention of advocating what in your opinion is best calculated to promote the true interests of the profession, I take the liberty of addressing you, even though some of my remarks may appear to be a criticism on yourself.

After arguing against the use of the ballot in the election of Fellows, you proceed to say that it may be urged “that the Fellowship of the Irish College of Physicians is more in the nature of a seat on its Administrative Council than a high medical qualification;” and then you add, “We don't think that it was originally contemplated in the Irish College of Physicians that this should be so, and so long as the difficulty can be readily met by the appointment of a Council, we do not think that the body of Fellows ought to be restricted in order that the administrative efficacy pertaining to a small number should be maintained.”

These quotations involve three distinct and widely different questions worthy of consideration, namely:—

1st. Is the Fellowship of the Irish College of Physicians, as at present constituted, equivalent to a seat on the Administrative Council of the sister Colleges?

2nd. Was it originally intended that this should be so?

3rd. Is it advisable to meet “the present difficulty” by appointing a Council as suggested by yourself?

As to the first, it will, I think, be generally admitted that, as at present constituted, the Fellowship is equivalent to a seat on a Council, for all the Fellows, resident or non-resident, are summoned to every meeting of the College, and with them resides the decision of all questions brought before the College.

As to the second question, I believe I can show that it was originally intended that “this” should be so. By the Charter of 1692 the Fellowships were limited to fourteen; by the Act 1 Geo. III. they were made unlimited; but by another Act, 40 Geo. III., they were again virtually limited, being by it restricted to Graduates of the Universities of Oxford, Cambridge, or Dublin, and a very stringent limitation this proved. This Act was repealed at the request of the

College in the year 1862, the Act then obtained empowering the College to elect to the Fellowship “under such limitations as to them may seem fit,” such of its Licentiates “as may appear to the President and Fellows to merit such distinction.” Observe even in this Act, Licentiates are to be admitted only “under such limitations” as the President and Fellows may deem fit. I think, then, that no matter how this Act may be interpreted, it was originally intended that the Fellowships of the Irish College of Physicians should be limited, and be of the nature of a seat on a Council.

Before entering on the third question I would point out that in all the medical corporations, and in all the scientific societies of which I have any knowledge, the government is either vested in a Council, or the Fellowship, or its equivalent, by whatever name termed, is limited.

It is urged by the few dissentients who oppose any change in the governing body of the Irish College of Physicians that its Fellowships should be virtually unlimited, and that there should not be a Council. If their views be carried out to the full extent the influx of Fellows would be so great that its administrative power would be seriously impaired, for it would be impossible for a body consisting of two or three hundred Fellows to discharge its functions efficiently without the intervention of a Council. One of the greatest objections to an unlimited enlargement of the College as at present constituted is this—that it would cease to be a deliberative body, that its meetings would be made use of for the display of carefully prepared oratory. This tendency is already plainly manifested by the fact that reports of speeches delivered in the Irish College of Physicians are, from time to time, furnished to the daily papers, while it is gravely proposed to have newspaper reporters present at its meetings. Speeches nearly an hour long may be both amusing and instructive; probably they may be neither one nor the other: but certainly their delivery consumes much valuable time, and considering how precious time is to those of our profession who have risen to eminence, it is not to be wondered at that many are deterred from attending the meetings of the College; and it is impossible to over-estimate the serious injury their absence inflicts, not alone on the College, but to the profession at large.

With respect to the third question, I entirely agree with you. I unhesitatingly advocate the extension of the Fellowship and the institution of an elective Council, and I have done so always. Two years ago a resolution was moved in the College to the effect, that it was desirable to obtain powers to institute a Council, and more recently, when the Charter was being applied for, it was again proposed that a clause enabling the College to elect a Council should be inserted. On both occasions the supporters of the motion were out-voted, the opposition being led by the very Fellows who, to use your own words, “now object to the narrowness of the College.” Nay, more, the insertion of a permissive clause giving the College power, if it thought right to exercise it, of electing an Executive Council whenever the number of Fellows reached 100 was, though recommended by a Committee of the Fellows, successfully resisted by these gentlemen, the rejection of the clause being moved by Dr. Lyons. I hold that the Fellowship should be unlimited, but that there should be in that case a Council, and that if a Council be not conceded, that it becomes absolutely necessary to limit the Fellowship.

I am well aware that there are difficulties in the way of carrying out the course I advocate, but they are such as can easily be overcome. I am equally aware that objections exist to the mode of governing a medical corporation by means of a Council; but what mode of government, political or professional, is not open to objection from some quarter? and the objections which can be urged against the formation of an elective Council are of infinitely less weight than those arguments which can be brought forward in its favour. The mere fact that a Council exists in all the other medical corporations in which the number of Fellows is unlimited is a proof that it is the plan found best adapted to ensure the well-being of these corporations, and I trust the Fellows of the Irish College of Physicians will ere long join in demanding what cannot be refused—a constitution similar to that of the sister Colleges.

I am, &c.,

LOMBE ATTHILL.

Jan. 20th, 1875.

Medical News.

Royal College of Physicians of London.—William Guyer Hunter, M.D. Aberd., India, was elected as a Fellow of the College on January 28th.

On the same date the following were admitted Members :—

Francis John Corbould, M.D. Aberd., Reigate.
George Frederick Elliott, M.D. Dublin, Hull.
William Richard Gowers, M.D. Lond., 50 Queen Anne Street, W.
Edward Mackey, M.D. Lond., Birmingham.
William Harris Stretton, M.D. St. And., St. Bartholomew's Hospital.
Clement Duke, M.B. Lond., Rugby.
Sidney Coupland, M.D. Lond., 33 Elisham Road, W.
Benjamin Hunt, M.D. St. And., Edgbaston, Birmingham.
Arthur Evershed, 8 Belle Vue, N.

Admitted Licentiate :

Roger Edwards, University College Hospital, W.C.

Royal College of Surgeons of England.—The following having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on Jan. 25th, 26th, and 27th :—

Adkins, Edward James, Canonbury.
Balshaw, Edward Pass, Bayswater.
Barron, Thomas Walter, Sunderland.
Basham, William Richard, Westminster Hospital.
Black, James, Highgate Road.
Boddy, Evan Marlett, L.S.A., Camberwell Road.
Brodrigg, Francis Benjamin, L.S.A., Upper Clapton.
Buckland, A. G., L.S.A., Auckland, New Zealand.
Chapman, Paul Morgan, Camden Park Road.
Champneys, Francis Henry, Litchfield, Staffordshire.
Clutton, Henry Hugh, Westminster.
Collenette, Frank de B., L.S.A., Guernsey.
Cooper, Ernest Frederic, Canonbury.
Cumming, Hugh Gordon, Exeter.
Dent, Clinton, Thomas, Chesham Street.
Dearden, J. A., L.R.C.P. Edin., Douglas, Isle of Man.
Dixon, James Deighton, Gateshead-on-Tyne.
Duke, Herbert, Clapham Road.
Edmunds, Walter, M.B. Cantab., Hampstead.
Edwards, Roger, L.R.C.P., Dolgelly, North Wales.
Friend, Frederick Worrall, Bayswater.
Footner, John Bulkley, Romey, Hants.
Gonsalves, Manoel Martino, L.S.A., Cambridge Terrace, Hyde Park.
Haden, Arthur Chas., Sloane Street, Chelsea.
Hales, Robert Turner, Holt, Norfolk.
Haggood, Henry, Eastbourne, Sussex.
Hart, George Henry, Birmingham.
Harvey, William Yeo, Rutland Street, N.W.
Hastings, George, Brixton.
Hawkins, Alexander F., Blackrock, Dublin.
Hughes, William Lewis, L.S.A., Carmarthen.
Hutton, Edwin Rutherford, Lever Street, St. Luke's.
Jackson, Ernest Carr, Harley Street.
Jones, Valentine L. W., Carmarthen.
Jones, William M., Blaenavon, Monmouthshire.
Kains, Robert, M. B. Toronto, Palace Road.
Lee, Edwin, Leeds.
Lewis, Ivor Ajax, L.R.C.P., Llantrissant, South Wales.
Lovett, Henry Albert, Norwich.
Marks, Charles Ferdinand, Dublin.
Morris, Walter Cameron, Barbadoes, West Indies.
Newham, Francis, L.R.C.P. Edin., Oldham.
Newton, Edward Shackfield, Canonbury Park.
Owen, Herbert Isambard, Gloucester Gardens.
Parkes, Alfred, West Bromwich.
Paul, Ernest Watson, L.K.Q.C.P.I., Brixton.
Peck, Awdry, Bath.
Pink, Thomas, L.S.A., Greenwich.
Richardson, William B., Leeds.
Ross, Geo. Hamilton, L.R.C.P., Hart Street.
Roy, John James, Hammersmith.
Rudd, Leonard, Kempsey, Worcestershire.
Sall, Ernest W. H., Dolphin Holme, Lancashire.
Sampson, Henry Moore, Yeovil, Somerset.
Sargent, Arthur Francis, Belsize Park, Hampstead.

Smalley, Thomas, Pickering, Yorks.
Smalley, Herbert, Grays, Essex.
Smith, Sydney Lloyd, L.R.C.P. Edin., Brixton Road.
Spooner, Frederick Henry, Plymouth, Devon.
Strandling, William Arthur, Sloane Street, Chelsea.
Streeten, Friend Edward, Ealing, Middlesex.
Vaillant, Marie Edouard, George Street, Portman Square.
Wallis, Kenneth Serjeant, Cambridge.
Webb, Charles Lewis, L.S.A., Bentley, Hants.
Wharry, Robert, Charlton, Kent.
Williamson, Francis, Durham Place, Chelsea.

The following passed the primary examination in Anatomy and Physiology on the 21st ult. :—

G. A. Boodle, F. A. Hallsworth, G. R. Howat, H. M. Floyer, H. F. Chapman, J. W. Langdon, and H. L. Walcott, St. Bartholomew's Hospital; E. J. D. Boyard, J. C. Wilkinson, and J. S. Clowes, Guy's Hospital; R. Owen, Charing Cross Hospital; G. H. Hornsby, and H. G. Lowe, Birmingham; G. P. Best, and J. Biale, St. George's Hospital; J. Weller, London Hospital; W. P. Blackley, St. Thomas's Hospital; M. H. S. Allen, St. Mary's Hospital; H. S. Atkinson, King's College; I. L. Alleyne, University College.

Death of Dr. Jameson of Dublin.

WE regret to announce the death, on Monday last, of Dr. Jameson, formerly Surgeon to Mercer's Hospital, ex-President, and for many years a Councillor of the Royal College of Surgeons in Ireland. Dr. Jameson has been for a considerable time a sufferer from calculus, which was twice subjected to lithotomy, and to which he eventually succumbed.

NOTICES TO CORRESPONDENTS.

DR. CHARLES MAURIAC, Hôpital du Midi, Paris.—There is at this moment a grave debate going on in England and America about the result of Acts of Parliament which were framed to resemble the Bureau des Mœurs of Paris. We want much information on this subject here, and should feel deeply indebted to M. Mauriac if he would say whether there is much venereal contagion in Paris, and whether the Bureau des Mœurs succeeds in much lessening prostitution.

DR. DE SMET, Brussels.—Dr. Thiry, in one of his lectures, states that there is plenty of venereal disease in Brussels. Is this the case in your experience, and does the civil population of Brussels suffer much from syphilis and from gonorrhœa?

G. A. CARLETON, Boston, U.S.—Thanks for the *Laboratory*. We intend quoting from it shortly. Should like to hear your own experience of ophthalmology and skin diseases in Boston. How does heifer vaccination progress? How many female doctors are there in America now, and do they attract the confidence of their patients? Dr. Richelot, of Paris, has been writing a tirade against the Faculté de Médecine of Paris for admitting women to its medical degree, and has had the want of chivalry and bad taste to speak of Mrs. Garrett-Anderson and Mrs. Putnam Jacobs by name, and disparage the theses they composed. We don't know anything of Dr. Richelot except this piece of literature against women. The conduct of Mr. George Critchett and his honourable coadjutors is at once more manly and noble. They say, "It is not for us to prevent all women from studying medicine: let the public judge them as it has judged us by our merits—"caveat emptor." And this, doubtless, the just view of the case. We wash our hands of responsibility for the fate of all women. It is hard enough to try to secure the happiness of those we have to work for ourselves; we dare not legislate for the whole of the sex.

DR. H. R.—We have not deemed the subject of sufficient interest to refer to in our column.

Mrs. CARSTEN HOLTHOUSE.—Your communication will appear in our next.

DR. W. H. G.—Too late.

A STUDENT is referred to the *Students' Journal*, an excellent little fortnightly medium, containing many hints and notes which will be of service to him. We cannot answer the questions asked in these columns; probably our contemporary will give the information he seeks.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Clinton Wagner, New York. Dr. Farr, London. Dr. Black, Cockburnspath. Mr. Thompson, London. Prof. Lombard, New York. Dr. Martin, Portlaw. Dr. Balthazar Foster, Birmingham. Dr. Lyons, Dublin. Dr. L. S. Forbes Winslow, London. Dr. Clare, Leeds. Dr. Byles, London. Dr. Hadden, Horncastle. Mr. Hy. Startin, Oxford. The President of the Medical Microscopical Society. Dr. Hilliard, Holloway. Mr. Oliver, Penge. Mr. Kemp, London. Mr. A. Crisp, Markham. Dr. Pritchett, Huddersfield. Mr. Day, Birmingham. Mr. Griffin, London. Mr. Blackett, Society for Relief of Widows of Medical Men. Dr. Handzel Griffiths, Dublin. Mr. H. Eschwaga, London. Mr. Kirkley, Sheffield. Mr. R. Savill, Nafferton. Mr. Austin, Liverpool Medical Society. Dr. Smith, Dublin. Dr. Tilton, Stonehouse. Dr. Hy. Day, Stafford. Mr. J. B. Edge, Manchester. Dr. Lane, Sudbrook Park. Dr. Hy. Harris, Redruth. Mr. J. Verdon, London. Dr. Lane, Douglas. Dr. Merrick, Letterkenny. Dr. Purdon, Belfast. The Registrar, Royal College of Physicians of London. Our Indian Correspondent, The Registrar-General. Dr. Harrison, Edinburgh. Dr. Williams, Manchester.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Local Government Directory for 1875. London: Knight and Co. New York Medical Journal. Boston Medical Journal. Le Progrès Medical. The Clinic. La France Médicale. Allgemeine Wiener Medizinische Zeitung. Philadelphia Medical Reporter. Lo Sperimentale.

VACANCIES.

Royal Hospital for Diseases of the Chest, City Road. Physician. Honorary. Applications, with Testimonials, to be forwarded to the Secretary. (See Advt.)
 North Wales Counties Lunatic Asylum. Assistant Medical Officer. Salary, £100, with board and furnished apartments. Testimonials to the Clerk to the Visitors, Denbigh.
 Donegal District Lunatic Asylum. Consulting and Visiting Physician. Salary, £100 per annum. Applications, enclosing testimonials, to Dr. Merrick, at the Asylum. (See Advt.)
 Seamen's Hospital, Greenwich. House Physician. Salary, £120, with furnished rooms, &c. Applications to the Secretary.
 Fulham Union. Medical Officer for No. 5 District. Salary, £50, with the usual fees extra. Applicants must address the Clerk of the Union, Hammersmith, S.W.

APPOINTMENTS.

BEACH, FLETCHER, M.B., Medical Superintendent of the Clapton Asylum for Idiots.
 BRANWELL, B., M.R.C.S., Consulting Surgeon to the Brighton Dispensary.
 BRUNTON, T. L., M.D., M.R.C.P.L., F.R.S., an Assistant Physician to St. Bartholomew's Hospital.
 CARRE, Dr. F., Medical Officer, &c., for the Letterkenny Dispensary District of the Letterkenny Union, co. Donegal.
 COXWELL, J. E. G., L.K.Q.C.F.I., M.R.C.S.E., a Medical Officer to the Worthing Infirmary.
 DRURY, Dr. R., Resident Surgeon to the General Dispensary, Birmingham.
 ELLERTON, J. F. H., M.R.C.S.E., an Assistant Resident Medical Officer to the General Infirmary, Leeds.
 FLEMING, W. J., M.B., L.F.P. & S. Glas., Assistant to the Professor of Physiology in the University of Glasgow.
 GARTLAN, J., M.D., Superintendent Medical Officer of Health for the Dundalk Rural Sanitary District.
 JULER, H. E., M.R.C.S., Resident Registrar to St. Mary's Hospital, London.
 LAMB, W. H., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Public Hospital and Dispensary.
 LEVINGE, E. G., A.B., M.B., L.R.C.S.I., Junior Assistant Medical Officer of the Hants County Lunatic Asylum, Knowle Fareham.
 LIVESY, Mr. E., Assistant House Surgeon to the General Infirmary, Derby.
 MAHON, C. J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Easkey Dispensary District, Upper Division, of the Droineur West Union.
 MEIGHAN, T. S., M.D., a Surgeon to the Glasgow Eye Infirmary.
 MUNRO, ENEAS, M.D., C.M., F.F.P. & S. Glas., Assistant Physician to the Hospital for Women, Soho Square, London.
 MUSGRAVE, S., L.R.C.P.Ed., Superintendent Medical Officer of Health for the Lisburn Rural Sanitary District.
 OLDHAM, C. J., F.R.C.S., Surgeon to the Brighton Dispensary.
 O'MEARA, F. A., L.R.C.P.Ed., Medical Officer of Health for the Southern Sub-district of the Axminster Rural Sanitary District.
 REEVES, H. A., M.R.C.S.E., P.R.C.S.Ed., Surgeon to the Hospital for Women, Soho Square, London.
 ROOSEY, Dr. J., Medical Officer, &c., and a Sanitary Officer for the Shercock Dispensary District of the Bailieborough Union, co. Cavan.
 SMITH, J. G., L.K.C.S.Ed., L.M., Medical Officer for the Parish of Reay, Caithness-shire.
 WHITE, B. S., M.R.C.S.E., L.M., Medical Officer for the No 9 District of the Brentford Union.
 WOLLASTON, R. G., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Lyme Regis District of the Axminster Union, Devon.

Marriages.

LAKING-MANSELL.—On the 26th ult., at St. James's, Piccadilly, London, Francis Henry Laking, M.D., to Emma Ann, daughter of the late Joseph Mansell, Esq.
 PEACOCK-OGLIVIE.—On the 21st ult., at SS. Mary and Eanswith, Folkestone, Henry Peacock, R.N., M.R.C.P., F.R.C.S., of Gloucester, to Lucy Jemima, youngest daughter of the late John Ogilvie, Surgeon R.N., of Boughton-under-Blean, Faversham, Kent.

Deaths.

ARTHUR.—On the 19th Jan., Thos. Arthur, M.B., of Airdree, Lanarkshire, aged 30.
 DAVENPORT.—On the 19 Jan., Chas. Davenport, L.R.C.P.Ed., of Bromsgrove, Worcestershire.
 FRENCH.—On the 28th Dec., at Bhandara, C.P., India, suddenly, from bursting of a blood-vessel, Thomas E. French, Surgeon, Madras Army, Civil Surgeon of Bhandara, second son of Allen French, M.D., Bellary, co. Galway, aged 33.
 KEEL.—On the 23rd Jan., at Highfield Lodge, near Southampton, H. W. Keele, M.D., Staff Surgeon R.N., aged 84.
 REYNOLDS.—On the 12th Jan., H. W. Reynolds, M.R.C.S.E., of Thame, aged 72.
 SCOTT.—On the 6th Jan., Robt. Thos. Scott, L.R.C.S.Ed., Deputy Inspector-General of Hospitals and Fleets, of Melby, Shetland, aged 63.
 SHORTT.—On the 20th Jan., at 14 Belgrave Road, Rathmines, John Shortt, M.D., late Inspector-General of Hospitals, in his 92nd year.

DONEGAL DISTRICT LUNATIC ASYLUM, LETTERKENNY.—The Governors of the above Asylum will, on WEDNESDAY, the 10th FEBRUARY, 1875, proceed to elect a gentleman duly qualified in Medicine and Surgery, to act as Consulting and Visiting Physician to the Institution, at a salary of one hundred pounds per annum.

Applications, enclosing testimonials, &c., to be forwarded to Alex. Stewart Merrick, Esq., M.D., Resident Medical Superintendent.
 The personal attendance of candidates required on the day of election.
 (By order) HUGH STEVENSON, Clerk.
 Letterkenny, 27th January, 1875.

LECTURES ON HOMŒOPATHY.
 Instituted by the British Homœopathic Society.

A Course of Lectures will be delivered at the LONDON HOMŒOPATHIC HOSPITAL, Great Ormond Street, Russell Square, W.C., commencing on Thursday, February 4th, at 5 P.M., and to be continued on every succeeding Thursday until further notice. The course will comprise, firstly, Lectures on the History and Principles of Homœopathy, by Dr. R. E. Dudgeon; secondly, Lectures on Homœopathic Materia Medica and Therapeutics, by Dr. Richard Hughes; thirdly, Lectures on Clinical Medicine, by the Medical Officers of the Hospital.
 Members of the Medical Profession admitted on presentation of address card. Medical Students can obtain cards entitling them to admission on application to Dr. Bayes, Honorary Secretary to Lectures Committee, 68 Brook Street, W.

THE ROYAL HOSPITAL for DISEASES of the CHEST, City Road, E.C.—Notice is hereby given that the Council will meet on Tuesday, the 16th day of February now next ensuing, to examine applications from Candidates for the post of PHYSICIAN to the Hospital, vice Dr. H. B. Donkin, appointed to the Westminster Hospital. The Candidates must be Fellows or Members of the Royal College of Physicians of England on the day of election.

Applications, with testimonials, &c., to be forwarded to the undersigned by Monday, the 15th of February, of whom also any further information may be had.
 By order, C. LOWTHER KEMP,
 22nd January, 1875. Secretary to the Council.

TO MEDICAL MEN AND CAPITALISTS.—HOTEL AND CONVALESCENT SANITARIUM.—The Proprietors of a furnished Hotel, in one of the most fashionable and frequented Marine Resorts, on which about £18,000 has been expended, possessing sanitary advantages not to be surpassed, and having a well-established first-class hotel business, with a view to its extension, are desirous to treat with one or more persons who can command £20,000.

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SURGICAL SOCIETY OF IRELAND.—The FIFTH MEETING of the SOCIETY will take place on FRIDAY EVENING, 5th FEBRUARY, 1875.

Chair will be taken at half-past eight o'clock precisely.
 B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
 HUMPHREY MINCHIN, F.R.C.S.I., }
 Royal College of Surgeons, Dublin,
 25th day of Nov., 1874.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 10, 1875.

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ON NOXIOUS AND OFFENSIVE TRADES AND MANUFACTURES, (a)

WITH ESPECIAL REFERENCE TO THE BEST PRACTICABLE MEANS OF ABATING THE SEVERAL NUISANCES THEREFROM.

By H. LETHEBY, M.B., M.A., &c.,

Professor of Chemistry in the College of the London Hospital; late Medical Officer of Health and Public Analyst for the City of London; and President of the Society of Medical Officers of Health.

HAVING shown the intentions of the Legislature and the duty of medical officers of health in reference to nuisances, the author classified them under three heads, namely:—

1st. Those which are caused by the escape of noxious or offensive effluvia, as gases and vapours.

2nd. Those which are produced by smoke, dust, or other mechanical impurities.

3rd. Those which are occasioned by the discharge of noxious or offensive matters into gutters, ditches, or water-courses.

He then said: It will not be possible to discuss in a satisfactory manner the whole of these subjects in this paper, and therefore I propose to limit your attention to the first of them, namely, to those trade nuisances which are caused by the escape of noxious and offensive effluvia, as sulphuretted hydrogen, empyreumatic or other organic vapours, and the gaseous acids.

Foremost of those operations which cause offence by the escape of sulphuretted hydrogen into the atmosphere is the manufacture of sulphate of ammonia from gas liquor. This liquor is produced in great quantity at the gas-works—

varying from 10 to 40 gallons per ton of coals, according to the strength of the liquor and the perfection of the processes for removing ammonia from gas. The strength of the liquor is estimated and expressed by its gravity in degrees of Zwaddell, or by the number of ounces of strong sulphuric acid (sp. gr. 1,850) required to saturate a gallon of it. This varies from 5 or 6 ounces per gallon to 25 ounces, and, according to my experience, the proportion of sulphuretted hydrogen contained in it ranges from 230 grains, or rather less than one-third of a cubic foot of sulphuretted hydrogen per gallon, to rather more than 1,250 grains, or nearly 2 cubic feet per gallon; so that the liquor is exceedingly offensive from the quantity of sulphuretted hydrogen contained in it; and therefore it is necessary to store it in air-tight tanks, and to transport it from place to place in air-tight vessels—as barrels or tank-barges, or tank-trucks. It is proper also that the orifices which give exit to the air at the time of filling the tanks should be guarded with a box or small barrel containing hydrated oxide of iron, which absorbs the sulphuretted hydrogen, producing sulphide of iron which is subsequently dried and revived by the action of the air.

The methods of treating this liquor with sulphuric acid so as to produce sulphate of ammonia have differed at different times and places. In my early experience, even in this metropolis, the process was to neutralize the liquor with brown acid of specific gravity 1,720, and to convey the evolved gases into a furnace fire, as their escape into the air would be dangerous to the workmen; and the saturated liquor still reeking with sulphuretted hydrogen was evaporated in open lead troughs over open fires. The nuisance arising from these operations was absolutely unbearable; and as people got to be more and more sensitive of annoyance, the old process was discontinued. At the present time the practice is to evaporate or distil the liquor from closed boilers or chambers, and to convey the volatile products—ammonia, carbonic acid, and sulphuretted hydrogen—into a closed chamber, or saturator, containing weak sulphuric acid, there being a contrivance for the escape of carbonic acid and sulphuretted hydrogen, and the conveyance of them to a furnace fire. In some cases the liquor is distilled from boilers set over a common

(a) Part of a paper read before the Association of Medical Officers of Health on January 16, 1875.

fire; but, as this is liable to flushes and irregularity in working, it is objectionable, and has given place to the process of distilling by means of a steam coil set in the boiler by which steam at from 20 to 30 pounds pressure is blown into the liquor. But the best contrivance of all is that known as Coffey's still, which consists of a vertical chamber from 20 to 25 feet in height, having a series of transverse septa which alternately leave an opening at their ends. In this way, with about sixty of such septa, a superficial area of about 1,000 square feet of evaporating surface may be obtained. The liquor is delivered in a constant and graduated stream at the top of the chamber, and as it flows backwards and forwards in a descending current over the transverse septa, it meets with an ascending blast of steam which is let into the bottom of the chamber at a pressure of from 15 to 30 pounds. In this way the volatile constituents of the liquor are carried over to the saturator, where the ammonia is arrested by sulphuric acid, and the exhausted liquor flows out in a continuous stream from the bottom of the chamber. The saturator is generally an air-tight, leaden vessel, about 4 or 5 feet square and 3 or 4 feet deep, containing a charge of diluted sulphuric acid—equal parts of chamber acid (1,600) and water. When the acid is saturated with ammonia, which is known by test-papers, steam alone is blown into it for about half an hour to displace all traces of sulphuretted hydrogen, and the solution is drawn off into open pans or troughs, where it is evaporated by means of a closed coil of high pressure steam set in the solution.

Another kind of saturator occasionally in use is a leaden vessel divided into two compartments by a diaphragm or curtain, which descends below the liquid to within about 18 inches of the bottom. One of these compartments is closed air-tight and receives the volatile products of the still, where they meet with a graduated stream of brown acid (sp. gr. 1,720), which continually neutralises them, and forms crystals of sulphate of ammonia, which are constantly laded out of the open compartment. The apparatus is ingenious, and saves much labour and time in evaporation, as the acid is used in its undiluted condition; but it is not so certain or satisfactory in its action as the closed saturator before described.

In both cases the uncondensed gases—sulphuretted hydrogen and carbonic acid—with much steam, are conveyed from the saturator through a 4-inch pipe to the furnace fire, where the sulphuretted hydrogen is burnt. It is necessary, however, that the sulphuretted hydrogen should be deprived of its moisture before it reaches the fire, or it will extinguish it; and this is effected by throwing the pipe into coils, or otherwise cooling it. The precautions, therefore, to be taken in the conduct of this business are:—

1st. The transference and storage of the gas liquor in air-tight tanks guarded with boxes of hydrated oxide of iron.

2nd. The distillation of the liquor in a steady and continuous manner in air-tight stills by means of high pressure steam.

3rd. The saturation of the ammonia in close vessels, and the complete expulsion of sulphuretted hydrogen from the saturated solution before it is drawn off for evaporation.

4th. The condensation of moisture from the sulphuretted hydrogen evolved from the saturator, and the conveyance of the cold dry gas to the furnace fire where it is to be completely burnt.

5th. The treatment of the exhausted liquor from the still with cream of lime, so as to recover the residual ammonia by a second distillation; or, if the process be in operation at a gas works, the use of the residual ammonia as an absorbent in the purification of gas.

6th. The observance of the greatest care as regards the tightness of all parts of the apparatus.

Another operation which demands care in its management is *distillation of coal tar* for the various products derivable from it. There are two kinds of tar derivable

from coal, according as the temperature of distillation is high or low, and according to the richness of the coal in hydrocarbon. One is ordinary coal tar, and the other is the tar from which paraffin oils are obtained. The tar produced from common coals at a high temperature (common coal tar) is always heavier than water (sp. gr. 1,120 to 1,150); it dries freely in the air by oxidation; it contains hydrocarbons with such an excess of carbon that they cannot be burnt in a common lamp; it is almost entirely destroyed by strong oil of vitriol; it contains much sulphur, and its percentage composition is about 86 carbon, 7 hydrogen, 6.5 oxygen, and 0.5 sulphur. Whereas the tar produced from cannel coal at a low temperature is lighter than water (sp. gr. about 900); it will not oxidate or dry in the air; it contains hydrocarbon of the paraffin series which are comparatively poor in carbon, and which can be burnt in a lamp; it is not much acted on by oil of vitriol; it contains little or no sulphur, and its percentage composition is about 84 carbon, 12 hydrogen, and 4 oxygen. Each of these tars is the subject of technical manipulation, and if not properly managed are the cause of nuisance, as are also the processes used in their primary production. In dealing with ordinary coal tar, it is proper that it should be stored and carried in air-tight tanks, and left covered with a little water. The delivery of it into the tank barges or tank trucks, and from them into the tanks of the works, should be by means of pumps and air-tight flexible hose, and the openings of the barges and tanks should be guarded with a box containing hydrated oxide of iron, as in the case of ammoniacal liquor.

The distillation of coal tar is always conducted in iron stills set over a naked fire—the stills are of varying capacity, from 1,200 to 5,000 gallons, and the crown of them is always protected with brickwork to keep them hot, so that the later volatile products may not cool and condense and fall back into the still. The time of the distillation of a charge is from twelve to fifteen hours, according to the capacity of the still, and the products are first condensed in a worm or pipe kept cool in water, and are received into a specially contrived box (varying in form and construction at different places) which permits the several products to flow away by separate pipes (four or five in number, and each provided with a tap) to their several tank receivers. This box is made air-tight (its cover being guarded by a water valve), and it is provided with an ascending pipe, which carries the foul gases to proper purifiers before they pass into the furnace shaft. The gases which are evolved during the process of distillation are, first sulphuretted hydrogen from the ammoniacal liquor which always accompanies the tar, then gaseous or uncondensable hydrocarbons, and finally the acid vapours of the superheated pitch with an abundance of sulphuretted hydrogen. These gases and vapours should be made to pass, first through a vertical condenser or scrubber charged with a stream of cold water, and then through an oxide of iron purifier with two or three trays of oxide, and finally to the furnace shaft. The necessary draft for these operations should be secured by means of a fan or by the aid of the furnace shaft. It is proper to mention, that unless there is a draft of considerable power, the unavoidable leakage from the constantly loosening joints of the pipes will not be prevented. It is right also to state that it is dangerous to convey these gases and vapours into a furnace fire, as they are explosive when mixed with air, as they necessarily will be.

The products of the distillation of coal tar vary in different places. At one time they were but four, namely:—First, ammoniacal liquor and very light naphtha, which come over before the tar in the still begins to boil. Second, a crude naphtha, which floats upon water, and is therefore called "light oil." Third, a creosote oil, which sinks in water, and is called "heavy oil;" and fourth, the residuum, which is a soft pitch. At present, however, in well-conducted works, the creosote or dead oil is run off in two portions, namely, an early portion, which is a mixture of

creosote and heavy naphtha, which is used for burning in furnaces; and a later portion, which is best suited for the preservation of timber. This is followed by a greenish oil, which is sometimes collected apart, and redistilled with the anthracene oil that runs from crude-pressed anthracene; and then follows a green oil (anthracene oil), which is allowed to flow until it gets very thick from the presence of chrysene. It is in the later stages of the process, when the high temperature of the still causes the decomposition of the pitch, that sulphuretted hydrogen and acrid vapours are evolved; and this also is the cause of the nuisance from the hot pitch when it is run off from the stills into open pits. To guard against this, it is proper that the fire should be raked out from under the stills directly the process is over, and the pitch should remain in the stills to cool for ten or twelve hours; it should then be run into close receivers, or into a properly constructed chamber, and allowed to cool for twenty-four hours before it is discharged into the final receiver. All these should be ventilated so as to convey the vapours through the scrubbers and purifiers before mentioned. An excellent form of receiver for the pitch from the stills is a long air-tight chamber, which will bear internal pressure, and which communicates at the bottom with an outside trough, into which the cool pitch is forced by the weight of the hot pitch at each time of its discharge from a still. The pitch when cooled to a temperature of about 180° or 190° Fahr. may be freely exposed to the air, and be either run into pits or ladled out into moulds.

It may be interesting to know that the approximative yield of the several products per 1,000 gallons of coal tar is as follows:—

Crude and light oil, sp. gr. 940 to 970	from 24 to 40 gals.
Creosote oil	1,060 „ 1,070 „ 120 „ 180 „
Anthracene oil.....	1,080 „ 1,095 „ 100 „ 160 „
Pitch which melts at 170° Fahr.	3.2 to 3.6 tons.

These products are again submitted to further operations for the purpose of getting benzole, toluol, light burning and solvent naphthas, carbolic and cresylic acids, creosote for fuel and for timber, and anthracene; but the processes are not generally offensive, and therefore need not engage much of our attention, although a brief outline of them may be useful. The light oil is redistilled from stills with steam jackets or with closed coils, or by blowing steam into it. That which flows up to a gravity of 940 is put aside for benzole and solvent naphtha, and the remainder is used for carbolic acid. The naphtha thus obtained is purified by treating it with strong sulphuric acid, and then washed with lime water, and distilled for benzole and solvent naphtha. The heavier naphtha, and the first runnings of creosote are washed with a solution of caustic soda for carbolic acid, which is subsequently separated from the alkali by neutralization with acid; and the green anthracene oil is allowed to stand until quite cold, when the crude anthracene separates from it in granular particles. This is strained off through canvas bags and pressed in hydraulic or screw presses, whereby the crude anthracene of commerce is obtained. The approximative yield of each of these several products is:—

From crude naphtha and light oil from	6 to 10 per cent. tar acid.
Ditto ... 20 „ 28 „	benzole.
Ditto ... 10 „ 15 „	solvent naphtha.
Creosote oil ... 10 „ 15 „	carbolic acid, &c.
Anthracene oil 10 „ 12 „	crude pressed anthracene.

For the purpose of increasing the yield of anthracene the distillation of the pitch is sometimes carried on until a spongy coke remains in the still, and under these circumstances the acidity of the evolved vapours is most offensive, and requires the utmost attention to prevent their becoming a nuisance to the neighbourhood. The main points, therefore, to be observed in the conduct of works of this description are:—

1st.—The transport and storage of the coal tar in air-tight tanks or vessels guarded with boxes containing hydrated oxide of iron.

2nd. The proper construction of the primary receiver of the products of distillation, so that it may freely deliver them by special pipes to their respective receivers, and at the same time convey offensive non-condensable products to the scrubbers and purifiers.

3rd. The passage of the offensive non-condensable gases and vapours to a scrubber charged with a douche of cold water, from thence to an oxide of iron purifier, and thence to a tall chimney shaft.

4th. The proper cooling of the pitch in air-tight vessels before it is allowed to reach the external atmosphere, and the ventilation of these vessels through the scrubber and purifier before mentioned.

5th. The use of a fan or other exhausting power, so as to draw all the noxious gases and vapours from the stills, the pipes, the receiver, and the pitch den, into and through the scrubber and purifier before mentioned.

The production of paraffin oil from cannel coal, and the distillation of the crude tar, as well as the distillation of petroleum and Rangoon oil, requires like precautions, though not to the same extent, as the products are not nearly so offensive as in the case of coal tar products.

Dead oil or creosote is largely employed for preserving timber; but unless there is great carelessness in the management of the operations they are not offensive. The process is conducted in the following manner: The timber to be creosoted is placed in iron cylinders of great strength and capacity, and when the end opening is closed and well secured with screws, the interior of the cylinder is exhausted by means of an air-pump until there is a vacuum of only about 5 inches of mercury. This is maintained for nearly half an hour, during which time the contents of the cylinder are heated by steam pipes. In this manner the air and moisture of the wood are drawn out of it, and dead oil is then allowed to run into the cylinder until it is full. The heat is continued, and pressure is put upon the contents of the cylinder until it reaches to from 100 to 150 lbs. upon the square inch. This is maintained for many hours, the time varying from 4 to twelve hours, according to the nature of the work; in most cases the amount of creosote absorbed by the wood ranges from 40 to 50 gallons to the load of 50 cubic feet. The oil is then run out, and when sufficiently drained the timber is ready for delivery. Hardly any precaution is necessary beyond that of preventing the unnecessary escape of creosote oil and vapour.

Dead oil is also used as fuel, and there are two ways in which it has been successfully employed. In one case the oil is converted into vapour in a specially contrived boiler, and the vapour is burnt as fuel. In the other the creosote is delivered from a jet immediately over a steam jet, and as the creosote trickles down from the upper jet it meets the blast of steam which blows it as a fine spray upon a bed of glowing cinders or ashes. In this manner it produces a sheet of flame of great heating power. A ton of creosote, which is about 210 gallons, is equal to about two tons of ordinary coals; but the management of the jet or stream of creosote is rather a delicate operation, as an excess of the oil produces an immense volume of smoke, with the acrid irritating odour of the unburnt oil.

Before leaving the subject of these hydrocarbons, I may state that the *melting of pitch and asphalt* for the production of materials suited for the making of asphalt pavements, &c., is in the generality of cases a very offensive operation. All sorts of pitchy matters, as the residuum of paraffin oil (technically called "shellgrease"), Trinidad bitumen, various natural asphalt, and coal tar pitch are melted in small iron boilers set over naked fires. The boilers are but loosely covered, and during the melting and mixing, to produce the material called "bitumen," large volumes of irritating and offensive vapours escape into the air. The bitumen thus produced is, in some cases, again heated with powdered asphalt in specially constructed boilers having a mixer moved by machinery, and in this case offensive vapours are freely evolved. The charge when thoroughly incorporated and melted is called

"mastick," and is drawn off into pails, and cast in moulds for use where the pavement is to be laid. All these operations should be conducted in closed boilers, which should be ventilated by a fan through a scrubber prior to its entrance into the chimney shaft.

The clarification of oil for burning and other purposes is generally effected by means of sulphuric acid, which is well stirred into it. After the black flocculi, formed by the action of sulphuric acid upon impurities, have subsided, the oil is further clarified by means of water and steam, the latter being blown into it until it reaches a rather high temperature, and during this part of the operation the oil is kept in gentle agitation by means of stirrers so as to favour the separation of the oil from water and other impurities. In the case of rape or colza oil, the vapours which are given off are disagreeable and acrid, like mustard, while those of linseed and other oils are also offensive, though in a less degree. Cotton oil is refined by means of a solution of caustic soda, and this also, when subsequently heated, is offensive. The remedy in each case is the carrying on of the operations in closed vessels, ventilated to the furnace fire.

The distillation of oils and fats for the production of stearic, margaric, palmitic, oleic, and other fatty acids is effected by means of sulphuric acid and superheated steam. The melted fat is run into vats or boilers, where it is heated to a temperature of about 240° Fahr. At this temperature it receives a dose or charge of strong sulphuric acid, delivered into it as a fine spray, or through perforated copper trays. All this time it is kept in continual agitation by means of stirrers, and this is prolonged for about an hour, during which time a little sulphurous acid and acroleine escape. When the fat acquires a dirty greenish tint the "saponification," as it is called, is complete. Boiling water is then run into the mixture and steam blown through it for about four hours; after this it settles for a couple of hours, and the acid watery portion is run off. It is washed a second time with hot water and steam, and when clear it is delivered into the stills for treatment with high-pressure superheated steam—the pressure being about 50 lbs. on the inch, and the temperature about 500° Fahr. At this temperature and pressure the fatty acids are distilled over, and collected in a series of condensers, ending in a worm set in cold water. The first condenser delivers the greater part of the fatty acids with but little water, the second more water and less acid, and so on to the end, where water is the chief product. The water contains glycerine, and the residuum in the stills is a sort of pitch, which is used by the asphalt makers.

In these operations sulphurous acid and acroleine are evolved so as to be offensive to the neighbourhood, unless they are conveyed from air-tight apparatus into the furnace fire.

Oil boiling for making varnishes, linoleum, leather-cloth, printers' ink and black japan, is a very disagreeable operation, and requires to be conducted in boilers from which the fumes pass into the furnace fire to be destroyed.

Varnish making and rosin distilling are also offensive operations, and necessitate the destruction of the acrid organic vapours by carrying them to the furnace fire, or to fires placed at the outlet of hoods which cover the pans. In cases where inflammable spirit is used to a large extent in certain manufactures, as in making American cloth, the difficulty of dealing with the vapour is exceedingly great, as it is dangerous to pass it through a furnace fire for fear of explosions. In one factory with which I am acquainted, the quantity of petroleum spirit used daily in the thinning of the oil for the colours is not less than 140 gallons—all of which is daily evaporated from the cloth in the drying room, which is gradually raised to a temperature of 130° Fahr., at which it is kept for six hours during the drying of the colours. In these cases it is best to ventilate the room freely by special shafts communicating with the chimney at a point where the vapours are not likely to be fired.

Fat melting, bone boiling, tripe dressing, and the cooking of sheep's heads, bullocks' cheeks, livers, and feet, as well as the boiling of shellfish, lobsters and crabs, are all offensive operations, and require to be conducted in closed coppers ventilated by special flues, which carry the organic vapours into the fires beneath them.

SUPRA-CONDYLOID AMPUTATION OF THE THIGH. (a)

By WILLIAM STOKES, F.R.C.S.,

Professor of Surgery Royal College of Surgeons; Surgeon to Richmond Surgical Hospital.

ALTHOUGH I have had on a former occasion the honour of bringing under the notice of the Surgical Society the subject of supra-condyloid amputation of the thigh, the results I have recently obtained, and the high opinion that is held of the procedure by some operating surgeons of well deserved eminence, both in this city and in England, induce me again to draw the attention of the Society to the advantages which I am of opinion may be reasonably claimed for the operation.

Before alluding to the cases, the particulars of which I wish briefly to mention this evening, I desire to exhibit a series of casts which show fairly the results I have obtained in seven instances after this operation; and through the kindness of our able secretary, Mr. Richardson, I can also submit to the Society a cast showing an admirable result which he obtained after this procedure. I regret that it is not in my power to show one of a stump in a case that was operated on by this method by my eminent colleague Professor Macnamara, but I trust that it may be exhibited to the Society on a future occasion. I shall now, as briefly as possible, mention the leading particulars of the last two cases in which I performed this operation.

CASE I.—Michael Walsh, æt. 28, by occupation an ironmonger, was admitted in the Richmond Surgical Hospital under my care on the 8th of last August, having been recommended by Dr. Allman, of Westport. The first appearance of the disease from which he suffered, necrosis of the upper third of tibia preceding chronic synovial inflammation of the knee-joint, was in the year 1870. The patient stated that in that year several pieces of bone came away through various sinuses situated on the anterior and internal aspects of the upper portion of the shaft of the tibia. In the following year the knee became affected. In 1874 he was admitted into the County Infirmary, and there amputation was suggested to him, but at that time he would not consent to the operation proposed. He then came up to Dublin, and was admitted into Richmond Hospital.

At the time of his admission the sinuses I have already spoken of had healed, and what appeared chiefly to call for surgical treatment were the synovial effusion and thickening. For some time I entertained the hope that by rest, vesication, iodine, and the internal exhibition of antistrumous remedies I might possibly succeed in saving the limb. I accordingly put the limb up in a gypsum bandage, adopting the Bavarian method as advocated by Dr. Corley, and followed out the treatment I have already alluded to, into the details of which I need not now enter. This I continued for nearly two months, and then finding that no improvement had taken place, but rather the reverse, the sinuses having re-opened and revealed the existence of extensive osseous disease, I recommended amputation. As there was no evidence that the disease had involved either the patella or lower end of the femur, the case appeared specially adapted for supra-condyloid amputation, and this operation I accordingly performed on the 7th of last October, Esmarch's bandage having been applied, and chloroform administered. The operation was as bloodless as it was painless, and I may mention here an observation

(a) Read before the Surgical Society of Ireland, January 22. The discussion will be found at page 119.

made by my late revered colleague, Mr. Adams, on this occasion. It was "the first time," he said, "in which I have witnessed an amputation of the thigh during which the patient did not give a single moan, or lose a single drop of blood."

As regards the steps of the operation, I may mention that, save in one particular, to which I shall presently draw attention, I followed rigidly the rules mentioned in former communications on this operation made to this Society and to the Medico-Chirurgical Society of London. As regards the progress of the patient after the operation, there is nothing that is noteworthy, except that the union of the wound was exceptionally rapid.

CASE II.—The next case was also one for which the operation of supra-condyloid amputation was performed on account of extensive necrosis of the bones of the leg.

John Maloney, æt. 25, by occupation a draper, was admitted into my wards in the Richmond Hospital on the 2d of last November, having been recommended to me by Dr. Ryan, of Ballynacally, co. Clare. The patient stated that about nine years ago he experienced a sudden and violent pain in the right leg, immediately below the knee. For his he was unable to assign any cause, never having received any injury to the leg, and previous to the first occurrence of the pain, always having been healthy. In about a month after the occurrence of the pain, an abscess formed, which opened, and from which there was for several months a copious discharge of matter. About twelve months after this several pieces of bone came away. The openings then closed, and the patient continued tolerably well until about a year previous to his admission into hospital, when the pain and discharge commenced with increased severity. The whole shaft of the tibia appeared, more or less, engaged in the disease. At the original opening immediately below the tubercle of the tibia, there was a large and loose sequestrum, the removal of which was effected a few days after his admission into hospital without any difficulty.

As the disease was so very extensive, nothing short of amputation was ever contemplated by me, and I removed the limb on the 11th November, adopting the supra-condyloid method of amputation.

Nothing untoward occurred during the convalescence of this patient, and the result may, I think, be said to be satisfactory, although the stump cannot be said to be quite as shapely as that obtained in Walsb's case. All the main advantages, however, which I think may be claimed for this operation can be observed in the result.

Before discussing these advantages I desire very briefly to draw attention to the operations at, and in the immediate vicinity of the knee, which preceded supra-condyloid amputation, and of which the latter operation is the outcome.

To Professor Velpeau is undoubtedly due the credit of first pointing out the advantages to be derived from amputation at the knee. Among these may be mentioned that the weight of the body can be placed on the face of the stump, that the hip-joint preserves all its movements, and the patient need not walk as if that joint were ankylosed, and that the shock is not so great as after the ordinary amputations of the thigh.

The modifications of this operation introduced by Professor Syme and Mr. Carden, and the details of which procedures it is unnecessary for me to discuss on the present occasion, were the next that were introduced into surgical practice, and subsequently the modification of Carden's operation, which is known in Continental schools chiefly as Gritti's amputation, and, lastly, the operation to which I desire to draw attention this evening.

I may mention that the steps of Gritti's procedure I learned many years ago from Professor von Langenbeck, of Berlin, and details of it I have also learned from papers by Melchior and Prof. Rizzoli, of Bologna, whose excellent work on clinical surgery reflects high credit on himself and on the school of which he is a distinguished member. What the date of Gritti's original memoir (if he ever wrote one) is, I have not been able to determine, but as I find Melchior's first case of Gritti's amputation was in 1851,

the original suggestion must have been made previous to that year. This I have learned from Prof. Rizzoli's surgical memoirs. Melchior's case was of a man whose leg had been crushed by the wheel of a locomotive. The bone was sawn on a level with the condyles, and, as might have been expected, the patella was soon drawn away from the cut surface of the condyles, upwards on the anterior surface of the bone. The second operation, performed by Melchior was in 1866. In consequence of the great and unavoidable tendency of the muscles to draw the patella away from the cut surface of the femur, Melchior and Gritti applied paste-board splints round the stump immediately after the operation, forming a kind of box, or *étui*. It is not surprising to learn that this method of operating, and subsequently treating such cases, was found unsatisfactory, and attended with a high rate of mortality. The tendency to the occurrence of profuse suppuration and gangrene which was observed next induced Prof. Rizzoli to modify the operation. Being of opinion that leaving the synovial membrane was one of the causes of these disastrous consequences, he first disarticulated the knee as Gritti had done, then removed the synovial membrane, did not remove the articular surface of the patella, and divided the femur a little higher—he does not say how much. This operation, though in some respects an improvement on Gritti's and Melchior's, does not commend itself to me for these reasons. In the first place, the preliminary disarticulation must add greatly to the shock of the operation; secondly, the removal of the synovial membrane is not only unnecessary, but mischievous, for retaining it as a lining of the anterior flap, must I think, diminish largely the chances of purulent absorption; and thirdly, not splitting the patella is a serious defect, as not doing so must greatly diminish the chances of union between the two bones. Whether the femoral section was above or below the upper margin of the cartilage of incrustation does not appear. But it is of the utmost and most paramount importance that the directions in reference to this point should be clear, accurate, and definite; for the success of the operation depends, I may say, altogether upon the situation of the femoral section. If it is below the point I have indicated in former communications on supra-condyloid amputation—namely, from one-half to three-quarters of an inch above the antero-superior margin of the cartilage of incrustation, the patella will inevitably be tilted forwards during the healing of the wound, unless, perhaps, the unsurgical and dangerous device of boxing up the stump tightly in pasteboard splints be adopted. If, on the other hand, the section be made too high, the medullary canal will be opened and the dangers of the operation will be largely increased, and the split patella will hang down and be on a lower level than the cut surface of the femur.

In the fourth and fifth cases I operated on I observed, even when the femoral section was made at the point I have indicated, a tendency to subsequent tilting forwards of the patella; and I determined that in the next case I operated on I would take steps, without dividing the bone higher up, to secure that there should be no shifting of the bone from its moorings. This I accomplished in my sixth and seventh cases, the two that are now before the Society, by stitching the bones together with carbolised catgut. In doing so I passed the needle, armed with the suture, through the tissues immediately adjacent to the centre of the posterior margin of the femur and through those immediately above the centre of the inferior edge of the patella, and on fastening the ligature the two bones were kept in close apposition. Both ends of the carbolised suture were cut short and left in the wound, and in the course of some days were doubtless absorbed. But before that took place the patella had, so to say, become accustomed to its new position and to be already partially united to the femur. I do not mean to convey that this method should be adopted in all cases; but when the patient is a well-nourished muscular adult there is, even when the high femoral section is made, a tendency on the part of the extensors to tilt forwards the patella, and in

such cases the carbolised catgut suture is indicated, rendering as it does "assurance doubly sure."

I may now briefly state the advantages that I think may be claimed for supra-condyloid amputation, which name I have selected in order that surgeons should bear in mind the necessity of making the femoral section *above* and not through the condyles, as in Syme's, Carden's, and Gritti's amputations. These advantages are, those which it has in common with the other amputations at the knee, and those which are peculiar to itself. Among the former I may mention—

1. The stump being more useful for progression in consequence of the possibility of making pressure on its extremity, and the patient not being obliged to walk as if he had an ankylosed hip-joint, as is always the case when the point of support is at the pelvis. As Dr. Marké says: "To the poor man this single circumstance makes all the difference, between his being able to earn his living by active employment and his being laid up for life a hopeless cripple. To the rich man who is able to secure the aid of an artificial limb, it makes the difference between a point of support at the knee and a point of support at the ischium. In fact, it is practically the difference between amputation below and amputation above the knee."

2. The diminished liability to the formation of tubular sequæstræ.

3. The operation is less hazardous, being further removed from the trunk than the ordinary amputations of the thigh.

4. The shock is less than in the higher amputations, as the muscles which are divided are few in number, and being cut, not through their fleshy bellies, but at their tendinous extremities.

5. Less liability to suppuration.

6. Less liability to osteo-myelitis, from the medullary membrane not being interfered with.

The special advantages of supra-condyloid amputation are—

1. That the posterior surface of the anterior flap is bound with a natural synovial lining, which I feel confident largely diminishes the chances not only of subsequent exhaustive suppuration, but also of purulent absorption.

2. Any possibility of the split patella shifting from its place on the cut surface of the femur is prevented by the high femoral section, and by stitching the two bones together in the manner I have described.

3. The existence of an osseous curtain, which is formed by the split patella covering the cut surface of the femur, diminishes probably the chances of pyæmia, and is not liable to slough away as the periosteal curtain as recommended by Von Langenbeck undoubtedly is.

4. The vessels are divided at right angles to their continuity, and not obliquely, as they are in other flap operations.

5. The existence of a posterior flap diminishes the chances of any wide gaping of the wound posteriorly, while the anterior flap, being oval, increases the chances of the stump tapering gradually towards its extremity and assuming the form of a rounded cone.

6. The preservation of the normal attachments of the extensors of the leg.

To Professor Velpéau is due the credit of first recommending the preservation of the patella in amputations at the knee-joint, and this recommendation was adopted subsequently by Lane, Blenkins, and Marké. To Gritti is due the credit of drawing attention to the fact of the great advantage that is derived from having the patella fixed, in order that there should be a firm standpoint on which the extensors may act. The operation, however, as practised by him, was in many respects a defective procedure, was attended, as Prof. Rizzoli informs us, with a high rate of mortality, and consequently soon fell into disrepute. It has been asserted that the credit of priority in Gritti's idea should be given to M. Seymanowski. This opinion is based on an observation in M. Sedillot's work on operative surgery. The statement is not correct, and is

characteristic of the inaccuracy which is so often observable in the writings of our French *confères*.

In supra-condyloid amputation, which is the outcome of the procedures I have alluded to, notably those of Velpéau, Carden, Gritti, and Rizzoli, I have endeavoured to retain the advantages observable in these operations, and to eliminate what experience has shown to be defective in them, and the results obtained in my hands, and in those of the eminent surgeons in this city and elsewhere who have practised the operation lead me to entertain the hope that it may be conceded hereafter that in supra-condyloid amputation an advance has been made in operative surgery. It may be said that it is premature in me to hold the high opinion I do of this operation. Still I can point to the fact that as yet the mortality after the operation in Ireland has been *nil*. I may mention, too, that one of the eminent surgeons of the Leeds Infirmary, Mr. Wheelhouse, considers that the method possesses "advantages which render it in many cases decidedly superior to any other known method of amputation of the limb, and which render its adoption almost, if not quite, imperative." This opinion was given in 1872; and wishing to know in what estimation the operation is still held in Leeds, I wrote to my friend Mr. Jessop, one of the first, if not the very first, who practised the operation in England, and he observes: "The supra-condyloid amputation fully maintains its repute here. I see no reason whatever to alter the opinion I expressed to you some time ago as to its merits. Whenever a suitable case presents itself I prefer it (the supra-condyloid) to Carden's, as well as to all other forms of amputation in the immediate neighbourhood of the knee-joint."

Every surgeon, too, to whom I have shown the results obtained by this procedure has borne evidence as to the shapeliness of form in the stumps, and their applicability for the subsequent adjustment of prosthetic mechanical appliances. Professor Macnamara and Mr. Richardson, both of whom have amputated by this method, will, I feel confident, endorse much, if not all I have said in favour of the operation. In conclusion, I would again express the hope that eventually surgeons will concede that, of thigh amputations, as regards form, appearance, and applicability to the adjustment of prosthetic mechanical appliances, supra-condyloid amputation affords the most satisfactory results, and, more important than all, is the operation of its kind which is attended with the minimum of risk to the patient's life.

THE DISSECTION OF THE EYE

By C. H. GOLDING BIRD, M.B., B.A. Lond., F.R.C.S.,
Demonstrator of Anatomy at Guy's Hospital.

THE usual methods of dissecting the eye, as described in the text-books of anatomy, though well calculated to display the several component parts, require, however, so much care and manipulative skill satisfactorily to accomplish, that the study of the eyeball is in many cases conducted solely upon paper, and the requisite knowledge of it for examinations acquired from books and lectures. In order to obviate somewhat this state of things, and to render the dissection of the eye as simple as possible, the following instructions have been drawn up, to follow which the most inexperienced dissector need find no difficulty, while nothing of importance for all ordinary purposes will remain unexamined if proper care be employed.

The whole can be studied upon one eye-ball, though a second would be advantageous, and the only instruments required—not usually found in the dissecting-case—are a camel's hair brush, an ordinary glass slide, and a glass tube drawn into a capillary point, which is preferable to a blow-pipe, however fine.

The dissection is supposed to be carried out upon a bullock's eye. Should the human eye be employed, allowance for the difference of size should be made.

I. Clean from fat and muscles, study the shape and general appearance of the eye-ball.

II. Holding the eye in the left hand, make with a sharp scalpel a small incision into the sclerotic, parallel to, and about half an inch from, the edge of the cornea, of such a depth that the black choroid is seen.

III. Now insert one blade of a pair of scissors into the aperture, piercing at the same time both choroid and retina being careful not to wound the hyaloid membrane) and cut through all three coats, completely round the eye-ball in the lateral meridian, keeping always the same distance from the cornea.

IV. Place the eye, with the cornea downwards, in a vessel of water, and on seizing the optic nerve and making traction, the weight of the vitreous will cause it to separate into two portions: the anterior, containing the cornea, lens, vitreous, &c., the posterior, the back part of the shell of the eye. Each will have to be studied separately, and during the examination of the posterior part, let the anterior remain undisturbed under water.

A.—OF THE POSTERIOR PART.—(i.) Fill the cup-like cavity with water and let it rest in the palm of the hand; in it may now be studied the fundus of the eye, *e.g.*, optic disc. (ii.) Holding it in the same position, remove with forceps the retina; the inner surface of the choroid will be exposed. (iii.) Now turn the "cup" inside out over the tip of the forefinger of the left hand, and, commencing at the circumference, detach, with a camel's hair brush moistened, the choroid from the sclerotic. The ciliary nerves and vessels, as fine threads, lying in grooves in the lamina fusca that lines the sclerotic, and passing to the choroid, are seen during this process. (iv.) Remove the choroid by cutting through its attachment around the optic nerve, and placing it in water, float it on to a slip of glass, with its external (*i.e.*, sclerotic) surface uppermost. With a camel's-hair brush remove the pigment cells from the surface, and, on holding it up to the light—still resting on the glass, the *venæ vorticosæ* will be seen. (v.) To complete the study of the sclerotic after the lamina fusca has been examined, divide it longitudinally through the centre of the optic nerve; on the surface of this section, at a point where the nerve pierces the sclerotic, the lamina cribrosa may be seen.

B.—OF THE ANTERIOR PORTION.—(i.) Whilst resting upon the vitreous under water, the cornea being uppermost, seize on either side with forceps the cut edges of the sclerotic and choroid, being careful not to include the retina. Raise the eye by means of the forceps thus applied. The vitreous, lens and capsule, and anterior portions of retina, with the suspensory ligament and canal of Petit will fall *en masse*, and remaining in the forceps will be the cornea, choroid plexuses, iris, and anterior part of sclerotic. (ii.) In this latter part study *in situ* the choroid and its plexuses and the posterior aspect of iris. Then brush off the pigment cells from the choroid, and detach it from the sclerotic by raising its cut edge with a scalpel; continue this till the point of its attachment to the sclerotic is seen. This is marked by a white line, the ciliary muscle. A cut across in another part will show a transverse section of the same, and at the junction of the cornea with the sclerotic, the aperture of the canal of Schlemm (*syn. sinus circularis iridis*) may be seen. The inner boundary of this canal is formed by the ciliary ligament, or ligamentum pectinatum. (iii.) As a final step the laminae of the cornea may be stripped off. (iv.) The remainder of the eye (vitreous, capsule and lens, &c.) removed from the water must be turned, so that the lens rest uppermost, and to keep it in this position pass some long pins obliquely through the vitreous into a piece of wood or cork, on which it is advantageous that the specimen should be placed. On examination there is seen, immediately surrounding the lens, a clear space, and then an exact imprint of the choroid plexuses on the suspensory ligament of the lens (*syn. zonule of Zinn*), and still more externally the milky-white retina appears, unless it happen to have become detached. (v.) Insert a fine capillary tube into the clear ring surrounding the capsule (*i.e.*, perforate

the innermost edge of the suspensory ligament). On inflating, the clear ring will swell into the sacculated, or beaded, canal of Petit, which is thus seen to be formed in front by the suspensory ligament of the lens, and behind by the hyaloid membrane of the vitreous. (vi.) Incise the capsule, slight pressure suffices to extrude the lens, while the space left shows how the latter was implanted in the anterior surface of the vitreous humour. Rubbing the lens between the thumb and finger will demonstrate its hard central or nuclear portion.

If a lens be kept a few days in alcohol, the peculiar arrangement of its laminae can be seen.

The anterior chamber is the space that exists between the back of the cornea and the front of the iris. The posterior chamber is between the iris and suspensory ligament of the lens.

The positions of the several parts mentioned, and their exact relations to one another, should be examined, if possible, in another specimen that has been frozen, or hardened in alcohol, by means of an antero-posterior vertical section.—*Guy's Hospital Gazette.*

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. CHARLES R. DRYSDALE)

Smoker's Tongue.

A MAN, aged 53, consulted Dr. Drysdale for his tongue which for some time past had given him some annoyance. He was married, had several children. Never had any symptoms of venereal disease. Had been a very heavy smoker, smoking often all day long, and consuming as much as an ounce of shag tobacco daily for weeks together.

The tongue was fissured at the edges; in the middle line, and for half-an-inch on each side of it, extending from the circumvallate papillæ until about half-an-inch from the tip, there was a wide strip of white striated, looking patches over the tongue, greyish-white in colour, and slightly harder than the other parts of the tongue to the touch. A very weak solution of nitrate of silver painted over the tongue gave a somewhat similar aspect.

Diagnosis.—Smoker's tongue.

Treatment.—To abandon tobacco, if possible, and use tannate of glycerine and nitrate of silver occasionally to the tongue.

Remark.—There seem to be three periods in affections of the tongue caused by tobacco-smoke. The first is merely simple erythema, and the mucous membrane becomes red, and loses its polish. If carried on further, the epithelium becomes white, thickened, and softened, and comes away in scales, presenting a whitish patch, rather like syphilitic mucous plates. Lastly, these patches become cracked, and an ulcer, painful, and with greyish base and irregular edges, is seen. The edges may become hard, so hard as even to simulate, in rare cases, hard chancre. There can be no doubt, too, unfortunately, that such patches occasionally are apt to degenerate into epithelioma. Many cancers of the lips and tongue are due to smoking. Who can deny it? Women are infinitely less subject than men to white patches in the mouth (psoriasis). Is this not an additional proof that tobacco is an exciting cause of such patches? Consider the acidity of the juice of tobacco-smoke, the heat of the short pipes used, the abuse of spirituous liquors, &c., so frequent in old smokers, and the deplorable condition of their teeth in so many instances.

Yet, on the other hand, it is certainly true that, in proportion to the number of great, very great smokers, the number of cases of patches of the tongue is very small indeed. As usual, then, we must trust a little to convic-

tions, and we can only say that we believe that white patches on the tongue, *psoriasis* or *tylosis*, are more frequently due entirely to tobacco than is believed.

Case of Tinea Decalvans.

THE following case of alopecia areata is one among many seen at this hospital where a cure has taken place after persevering treatment for months by cantharides. Dr. Drysdale is inclined to believe that in many cases there is a parasite present, and leans to the belief of Dr. Bazin on this point.

Abraham Barnett, *æt.* 15 years, came to the Metropolitan Free Hospital on May 22nd, 1874. He is of the Hebrew persuasion. For the last two or three months he has noticed his hair come off in patches from the right side and top of head when he combed it. He is a maker of cigars. He does not know that he has caught it from any other boy. Baldness extends from the edge of the parietal bone back to the middle line of the occipital bone, and from the vertex to the ears. On the left side of the head there is a space of about three or four inches, commencing at the vertex, and also a portion on the left parietal bone. He was painted with liquor epispasticus for four months.

June 16, 1874.—Has been blistered all over the head, and in consequence of this there is some appearance as if new hairs were coming up on the bald spots.

January 23, 1875.—The hair is now quite thick all over the head except one spot on the right squamous portion of temporal bone.

INDIAN MEDICAL NOTES.—No. XXXI.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, *December, 1874.*

THE PNEUMATIC ASPIRATOR—EARLY TAPPING—SCARLET FEVER—AGUE.

On the last night of the old year the pen idly lags whilst the scribbler builds in thought the castles over again, sorts the cards, speculates, calculates: if he had only done this, if he had only played that, or to adopt the argument professionally, if in certain cases the treatment had been more decided, or, on the contrary, less heroic, *perhaps*—but the wave has passed beyond recall; the failures, the sorrows, the miserable anxieties of 1874 cannot be remedied now; still, as the sailor learns his business in the storm and tempest instead of idling in smooth water, so in India the practitioner, ever battling with deadly diseases, trusts in better luck for the future, on the old adage of the silver lining to every cloud. There are notes upon notes on the table telling of fever, dysentery, hepatitis, and all the insidious dangers connected with malaria; but in breaking health and broken spirits, as poor Lever said, I cannot enter into any calm detail this night of the old year, when somehow all ideas run into the saddest grooves. In a previous paper it was mentioned how a distended bladder was relieved by the aspirator; it is satisfactory to relate that in diagnosis of tumours, in evacuating deep popliteal abscesses, in tapping for hepatic dropsy, in relieving a strangulated oblique inguinal hernia, the pneumatic aspirator answered admirably. In the hernia case we were called from dinner to a native whose symptoms of two days' suffering were becoming urgent; the stereotyped measures so far futile, until the introduction of a fine needle let out a little gas, about a teaspoonful of fluid, when, presto! the hernia, a small one, was reduced without the slightest evil result. Contrast this with hours of agony, the torture of the taxis, the risk of operative interference, the danger of delay. So soon was the business over that we drove back to our guests, who wondered at the doctors returning so soon with such radiant faces. In hepatic dropsy, suppose the patient an old drunkard, with a history of facial paralysis, a feeble heart, a green, bloated, grog-blossomed countenance, tense, shining, distended, painful abdomen, swollen legs, equally painful, with a tale of wasting dyspnoea, dyspepsia, epistaxis,

hæmaturia—let me, from the satisfactory results of a recent case, advise early tapping, next work away at the cause—probably the liver—using the aspirator; do not forcibly attempt by more pumping to agglutinate secreting surfaces together after evacuation of fluid; rather trust to iodide of potassium, bandaging, and medicine, eventually not forgetting, directly after the operation, to inject morphia in warm water hypodermically over the liver or spleen, as it were to anticipate peritonitis; also quinine and ipecacuanha are useful medicines in their proper places. We may have to deal with cirrhosis, with purpura depending on arterial degeneration of fatty character, with impending apoplexy, as threatened by pasty, stolid, purple, puffy face, blinking eyes, and guttural speech. There may be structural hepatic disease impeding return of blood through portal vein, possibly also splenic enlargement, valvular disease of the heart of rheumatic origin. Unless the skin can help, the end by coma may suddenly supervene, for the weakly coats of the cerebral vessels will only stand a certain amount of strain. What are we to gain by diaphoretics, cathartics, diuretics, warm baths, when the brain, heart, lungs, liver, kidneys are tried to the utmost, when diarrhoea, bleeding piles, ulcers, epistaxis, hæmoptysis indicate the amount of obstruction? Granted that tapping takes away a certain amount of albumen—what is the use of that albumen where it is? for the pressure of the fluid cuts off a new supply, besides preventing the healthy chemical change. Tapping early relieves the kidneys, the albumen subsiding from the urine, relieves intra-portal pressure, promotes absorption, facilitates a new line of circulation, and also the dangers of typhoid exhaustion are anticipated. Supposing the patient has renal, cardiac, or hepatic disease, or we have to deal with a tumour as the cause, this need not deter the early tapping, a method of treatment now earnestly advocated, for if you do it early the operation need not be repeated, whereas in the later stages you tap and tap until the patient dies. Years ago a different opinion would have been expressed; then we trusted to past traditions, when the aspirator of Dieulafoy was unknown. Years ago a poor woman, after months of treatment by a herbalist, applied for relief for enormous abdominal distension, necessitating paracentesis to the extent of several buckets full; but the operation had been delayed too long, she died that night. A symptom of extreme alarm and danger is that of abdominal meteorism, to be satisfactorily dealt with by the introduction of the long tube, by enemata of turpentine, opium, and assafetida, the bowels poulticed and bandaged. Enemata should invariably be used to relieve constipation succeeding enteric fever, for if you trust to strychnine by the mouth the remedy may play tricks unexpected, may cause violent pain involving straining which may tear open the treacherous ulcers only just healed, or may even start fresh mischief. For intractable diarrhoea, sometimes an injection of perchloride of iron, ipecacuanha, tincture of opium, a drachm of each in solution will be of service, also suppositories, say a drachm of ipecacuanha combined with three grains of belladonna; but on one occasion, when five grains were used, the patient, relieved of agonising griping, showed all the symptoms of belladonna poisoning—burning of the throat, dilated pupils, red eruption, delirium, tottering gait, spectral illusions, and for some time after vision was impaired.

Concerning scarlet fever, just a word: Depending on cold air, turpentine and castor-oil draught, followed by a mixture containing dilute nitro-hydrochloric acid; I certainly would leech the throat, and have the patient frequently rubbed all over with carbolised oil; never mind the smell or the dirt, the smell of carbolic acid is less offensive than that of scarlet fever. It is not a bad idea to have hot bottles about the feet and loins, also to rig up a suit of coat and trousers all in one, of coarse flannel, to be worn at night, when the patient is liable to chills, as he flings off all covering. Common sense, milk diet, the thermometer, the urine tests, will all assist, and the wet sheet be a true friend if the heat, delirium, skin, or kidneys be unmanageable. There are

dangers about cold affusion, the belief being that bed-sores, just as a crop of boils, may thus be provoked. In certain cases mercurial inunction may be expedient; in the majority of cases, leeches to the throat and nitro-hydrochloric acid imperatively necessary, and of the wet sheet no praise is too lavish. The experience of years, of thousands of cases, points to the necessity of quarantine, of burning everything, if possible, of disinfecting excreta, and of using tents whenever practicable, for the poison clings indefinitely to houses, and if you allow a patient to flee from home to a hotel, look out for legal proceedings, ending in heavy damages. The most susceptible are pink-faced, pretty, intelligent, precocious children, and although infants at the breast may escape, the rule is not absolute, neither does previous sickness, nor do pregnancy, familiarity with disease, nor old age confer immunity. No one can guarantee that the practitioner in attendance on scarlet fever is safe in the midwifery room; it has been one's fate on several occasions to stand in this uncertain position without bad results, but the pitcher may go to the well once too often; and there's no disease more easily communicable, no disease of greater danger and uncertainty than scarlet fever, which in certain places, for instance, Jullunder, Newshera, Mean Meer, Sealkote, Umballa, has run on sometimes from January to August, the admissions highest in July. There are very many points of similarity between enteric and scarlet fever; so there are in the treatment, for instance, the use of leeches, bodily inunction, the wet sheet, mercurial inunction; yet there is a wide difference in the nature of the eruption, the malignant throat, renal and dropsical complications, the desquamation, and above everything, the virulence of contagion. This year, watching the men who had enteric fever some time ago, it is noticed they suffer just as much as the others from ague, with tendency to splenic enlargement. Intermittent pulses, alarming functional epigastric bruits, stupidity, neuralgia, rheumatism, debility, fortunately pass away. Everybody knows the complications the sequelæ of malarial fevers, syncope, diarrhoea, dysentery, hepatic or splenic mischief, dyspepsia, fatuity, impotence, jaundice, rheumatism, scurvy *inter alia*; yet writers say little of the temporary general dropsy some patients suddenly develop, most curious in its appearance, as a rule subsiding after warm baths and diaphoretics.

Tartar emetic, nitrate of potash, chloride of ammonium, jalap, chiretta, podophyllin, opium, iron, quinine, last, but not least, are the remedies for fever. Quinine in small and frequent doses for a length of time, or else hypodermically, say five grains of the neutral sulphate dissolved in warm water (20 minims) injected under the scapula, and not again until the next attack, taking care the syringe is clean, may be very valuable, indeed acts like a charm, but not always, for deaths by tetanus and ugly ulcers have occurred in the experience of the most careful discriminating practitioners. The natives believe in tea; the old soldiers in hot grog; and in England people have no idea of the comfort of iced brandy and soda at one time, hot whisky and water at another, that their friends in India so thoroughly enjoy. Mental influence here has little effect on controlling ague, for the player on the stage, the rider in the circus, the man interested in anything, escapes not—as hysterical people do who, by incantations, cob-webs, fried mice, magic rings, candle-snuff, dancing around the church communion table at midnight, or wearing sacramental plate over their stomachs, have been cured, or else by repeating certain texts, and heaps of other expedients.

Writing becomes suddenly interrupted by the inspiring sound of military music this clear, cold, glorious night, welcoming the New Year, so the thread of composition is lost in a series of sad recollections conjured up by the soul-stirring strains of "Auld lang syne."

SIR DUNCAN GIBB says that an old woman, aged 112, has just died at Tring, in Hertfordshire. She was baptised at Chinnon, in Oxfordshire, in 1763, on April 24.

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

THE Society met on the evening of Friday, the 22nd January, Mr. TUFNELL, the President, in the chair.

Mr. WILLIAM STOKES read a paper on
SUPRA-CONDYLOID AMPUTATION OF THE THIGH,
which will be found at page 114.

In the discussion which followed

The PRESIDENT observed that, according to Professor Stokes, paper, he had performed six amputations by this new method, which would otherwise have been amputations of the thigh, and there had been no mortality. That was a degree of success which spoke most favourably for the operation.

Dr. B. F. McDOWELL said: I have another case of supra-condyloid amputation to add to those which Professor Stokes has brought forward, and I may say that I was highly pleased with his singularly able paper, and he may feel proud of the success which has followed his operations. My case was that of a man, 65 years of age, who was admitted to Mercer's Hospital in March, 1872, nearly three years ago. He was suffering from an epithelial ulcer of the leg about the size of a crown piece. I endeavoured to destroy the ulcer by caustics, such as chloride of zinc and others, but failed, and I then decided on removal of the leg; but when the operation was proposed he refused to submit to it, and left the hospital. In the month of September following he returned to hospital, looking emaciated and wretched. He had had successive attacks of bleeding from the ulcer, which had extended enormously, and he suffered from constant pain and loss of sleep. Being an old man, very much emaciated and anæmic, it was doubtful whether any operation should be performed. I endeavoured, however, to save his life, and he himself was most anxious that something should be done. The question then was, what operation should be performed? Certainly, any operation about the thigh would be more dangerous than one below the knee. On the other hand, one performed below the knee would be attended by such a loss of blood and consequent shock as I am perfectly sure in this case would have precluded the possibility of the man's recovery. I therefore determined to operate near the joint, and I performed a modification of Carden's operation. I reflected a long anterior skin flap, convex in shape, and reaching to the insertion of the patella; I then, contrary to Carden's method, reflected a small posterior skin flap, and having by a circular sweep of the knife severed the tendinous extremities of the muscles, I sawed off the bone just above the condyles. The operation might be said to be absolutely bloodless—the man was so anæmic; it was like dissecting on a dead body. He made an excellent recovery; he has a sound serviceable stump, and the cicatrix is posterior, and quite free from harm. The man is now 67 years of age, and was recently in excellent health. As the great majority of amputations of the thigh have been hitherto performed in the upper third, and as the operations in the vicinity of the knee, such as that of Carden or that now described by Mr. Stokes are, in my mind, likely to be followed by a lesser degree of mortality than the former, and to give a more serviceable stump, I cannot but feel that the adoption of the supra-condyloid amputation in suitable cases would be an advance in our art. I should have stated that in my case the medullary canal was not opened. (Dr. McDowell exhibited a photograph of the case).

Dr. CORLEY said that within the last three or four months he had performed Carden's operation. It had often been said about the Dublin School of Surgery that they were slow to accept innovations, and although he had heard of Mr. Stokes' method of operation some years ago, he was not prepared to perform it in accordance with Mr. Stokes' directions, because he had not seen any of those cases, and was not sufficiently acquainted with the subject. It had been roughly estimated that every inch of the femur removed gave an additional mortality of ten per cent. He was, therefore, impressed with the importance in these amputations of going as near to the knee-joint as possible. He had seen the operation known as Syme's modification of Hoin's amputation, and did not see much advantage from it, and he therefore made up his mind, if a case arose, to perform Carden's operation through the condyles.

Of all those amputations before the plan brought forward by Mr. Stokes, Carden's was the easiest performed, and gave the best results. He had, however, been so much struck with what Mr. Stokes had said about his operation that he would at once adopt it with perhaps some modification. In Carden's operation through the condyles there are two very ugly and projecting pieces of bone, whereas, having made several experiments on the subject, he believed Mr. Stokes was perfectly safe in going one-fourth or three-fourths of an inch above the condyles without opening the medullary canal. Carden's operation, however, left two ugly projecting points, necessitating the performance of a secondary operation, and perhaps the rounding off of the inferior edge, otherwise the edge of the flap would be brought in contact with the end of the femur by the contraction of the muscles, and the consequences of this might be imagined. Mr. Spencer, who operated in this way, applied strips of plaster on each side to obviate this danger—the forcible dragging of the flap against the edge of the femur. In his own case he (Dr. Corley) had to put on two strips of plaster to keep off the pressure, but by Mr. Stokes' modification this pressure on the flap was obviated, and so far the operation was an improvement. There was a difficulty in maintaining the patella in its place, and he would suggest whether a section of the rectus and crureus tendons might not remedy that, and do by natural means what Mr. Stokes endeavoured to do by stitching.

Professor MACNAMARA: I had an opportunity of hearing, some time ago, Mr. Stokes' description of his operation, and it struck me as valuable. Some time before he brought it forward I performed an amputation by Syme's plan, and I well remember the length of the flap that had to be made posteriorly. It was a long time before a case came under my notice requiring amputation through the knee-joint, and impressed by Mr. Stokes' statement, I called on him and asked him to rehearse to me the various steps of his operation. When he spoke of splitting the patella I own I thought it a most unfavourable point in the operation; nevertheless, taking his advice, I performed the amputation according to his plan, and that which I had conceived to be the great difficulty, the splitting of the patella, was performed without any difficulty by that useful instrument, Butcher's saw. It was a case full of doubt, full of suspicion, and giving rise to the most unfavourable prognosis. The lady was broken down in health, the victim of erysipelas, and if ever a surgeon had a case to approach with foreboding, it was that one. It is now two years since the operation was performed, and the lady is alive and well. A case of that kind speaks trumpet-tongued in favour of what may be now properly termed Mr. Stokes' supra-condyloid amputation through the knee-joint.

Mr. H. G. CROLY said he had listened with great pleasure to Mr. Stokes' paper, and the results could not be more satisfactory. He would ask, why did they amputate through the knee-joint at all? He had performed many thigh amputations, and the greater number of them were for diseased knee-joints, and it struck him that this operation was more suited for disease of the bones of the leg than for diseased knee-joints. In the amputation of the thigh low down by the rectangular flap operation, introduced by Mr. Teale, the mortality was greatly reduced. He (Mr. Croly) never lost a patient by Teale's operation, and he had operated in a good many cases, and the statistics of the City of Dublin Hospital for the last sixteen years showed that the mortality had been extremely small; indeed, he remembered but one death occurring during that period from a thigh amputation. While he was satisfied that Mr. Stokes' method was a good one in cases where the leg was diseased, he did not think it could ever take the place of amputation at the lower third of the thigh.

Mr. B. WILLS RICHARDSON observed that Mr. Stokes, in his history of this operation, stated that Sédillot was wrong in giving the credit of the operation to Seymanowski. Unfortunately, Sédillot did not give in his "Traité de Médecine Opératoire," published in 1865, the date at which it was suggested by Seymanowski, and until we got that we could not say whether Seymanowski or Gritti had originated the operation. Within the last few days a friend of his, Monsieur Perrève, had an interview in Paris with Monsieur Sédillot on the subject, who told him that he saw Monsieur Seymanowski's suggestion of this operation in some journal, of which he could not recollect the name. He (Mr. Richardson) might here observe that Sédillot himself did not approve of the operation. With regard to the difficulty of sometimes retaining the patella in its new position, he (Mr. R.) anticipated that in his operation by long anterior and short posterior flap, which he per-

formed in October, 1870, (a) and divided the tendon of the rectus muscle at the time of the operation. Theoretically, one would say that that would weaken the command of the stump; but practically it did not, and he (Mr. R.) never saw a more useful stump than resulted from that operation, the cast of which was on the table. He would rather adopt that plan than pass a ligature, as Mr. Stokes suggested, through the thin remaining portion of the patella left after the removal of its articular surface.

Dr. QUINLAN asked whether in any of Mr. Stokes' cases he had a diseased patella to deal with.

Mr. STOKES replied: He did not wish to be understood as meaning that this operation should supersede any of the other methods of amputation to which attention had been directed by himself and other speakers. He preferred supra-condyloid amputation to Carden's operation (a modification of which had been performed by Dr. McDowell) because in the latter, owing to the great thinness of the anterior flap there was a special tendency to slough, and in the University Hospital, London, he had seen no less than three cases of Carden's operation in which sloughing of the anterior flap occurred. With reference to the section of the rectus which Dr. Corley suggested in order to obviate the necessity for bone sutures, he (Mr. Stokes) preferred the latter method, inasmuch as he believed the division of the muscles would necessarily result in weakening them, and ought, therefore, to be avoided. Professor Macnamara's observations were important as showing that he had experienced so little difficulty in splitting the patella, and also because of the successful result of the operation in one of the most unfavourable cases he (Mr. Stokes) had ever seen. Mr. Croly was right in stating that this operation was mostly applicable in cases where the disease was referred to the bones of the leg. In the second of his cases there was extensive disease of the soft tissues of the knee, and he did not think that the existence of disease of the knee, provided it be confined to the soft tissues, was a reason why the operation should not be performed. He was satisfied there was much less risk in it than there would be in excision. With reference to the claims set up for Seymanowski as the originator of this operation, he could not find any justification for it. In the great Continental hospitals in Vienna, Berlin, and elsewhere, where he had come into contact with famous physicians, he never heard of M. Seymanowski or of his operation. Sédillot's statement was very vague; it contained no description of the operation, and was characteristic of the loose way in which French surgical writers dealt with these matters. M. Sédillot must have known that the credit of retaining the patella and advocating its preservation to stand as a fixed point for the muscles to act on belonged to Gritti and to no one else, and he ought therefore, when mentioning Seymanowski's name in connection with this operation, to have given a precise statement of what that gentleman had done, and the date of the performance. The title of supra-condyloid amputation was important as showing where the bone was to be divided. In reply to Dr. Quinlan, he had to say that he had not operated in any case in which a patella was diseased.

Professor MACNAMARA: It is most remarkable that there should exist so great a contrast between the mortality after capital amputations in England and that which followed similar operations in Ireland. I have performed a great many capital amputations, and I never lost a patient; and I appeal to the experienced surgeons present whether it is not the fact that death after amputations in Ireland is the exception! In England, however, we read of the deaths being one in three or four. The Vice-President of the College, who has had a large experience, tells me he scarcely ever remembers seeing a death after amputation. Professor Macnamara here read from Sédillot's work the following observations of his regarding the operation and Seymanowski: "M. le docteur Seymanowski has proposed to saw off the articular face of the patella, and to apply it against the divided extremity of the femur, without touching the tendon of the triceps crural muscle, to better secure direct sustentation upon the stump. This procedure, an imitation of that of Pirogoff, does not appear to us to merit great confidence, but the idea is very ingenious."

Dr. STAPLETON observed: I have operated in a great many cases, and I have never lost a case after amputation of the thigh.

The Society then adjourned.

(a) Recorded in the *Dublin Medical Quarterly Journal of Science*, for November 1871.

THE MEDICAL SOCIETY OF DUBLIN.

THE fourth meeting of the present session of this Society took place on Wednesday evening, January 18th,

DR. HENRY KENNEDY in the Chair.

Dr. McSWINEY communicated to the Society a paper on

CASES OF CHRONIC SIMPLE ULCER OF THE STOMACH,

in the course of which he pointed out that this was a painful, dangerous, and sometimes a fatal disease, which was met with chiefly in young females between 16 and 26 years of age, and the features of which physicians had to be well acquainted with in order that they might distinguish it when they met it and treat it successfully. Having traced the history of the disease from the time—1830—when it was first distinctly recognised and described by Cruveilhier down to the present time, he proceeded to read some cases in which he had diagnosed the existence of this lesion. The first case was that of a young woman, æt. 23, a French polisher by occupation. Four years ago she had distress of stomach after taking food, loss of appetite, and suffered from various dyspeptic symptoms. These were succeeded by epigastric pain, nausea, and thirst. The pain was ensiform in location. To believe it, she lay with the abdomen and face under. Food made the pain much worse, more particularly solid food. After some weeks of suffering she was suddenly seized with a violent attack of hæmatemesis. From this she slowly recovered in some weeks, after which she remained well for two years, when again there was a recurrence of all the dyspeptic symptoms under which she in the first instance laboured, and again she had a large vomiting of blood. When received into hospital she was weak and pallid, and the lightest pressure in the epigastric region immediately below the ensiform cartilage caused exquisite pain. She loathed food, and was wretchedly depressed and nervous. Whatever she swallowed, solid or liquid, caused pain, and was immediately rejected by vomiting. Alcohol in any form made her worse, and everything, even the blandest food, was vomited. She was placed under treatment, and at the end of four or five weeks left the hospital, being at the time apparently quite restored to health. Three other cases, in all important particulars similar to the one just related, were also reported by Dr. McSwiney. Finally, he reported a case by way of contrast to the others, in which many of the symptoms simulated upon superficial observation those of gastric ulcer, but which he had differentiated upon the occasion of first examining the woman carefully. Shortly, the woman was of a nervous temperament, and had been highly excitable, according to her own account, for years. Amongst the symptoms of which she complained was regurgitation of food, which occurred at irregular intervals. At this time she was free from pain in any part of her body. This food-vomiting came on chiefly at the catamenial periods, which were scanty and irregular. She suffered from leucorrhœa after months, during which she suffered from this regurgitation of food, pain, according to her account, began to be experienced, but this pain was variable in situation—referred now to one point and now to another, and was uninfluenced by food. Two months ago she stated that she vomited everything she took, and that the vomited matter contained blood, and she showed what purported to be an admixture of food and blood to the practitioner who was in attendance upon her. All this time, however, she remained in good condition; she was not in the least weak or wasted, nor had she the appearance of a person suffering pain. Somehow an idea had got about that she had ulcer of the stomach, and she appeared willing to favour this view. A thorough investigation of this case caused Dr. McSwiney to conclude that, notwithstanding the vomiting of food mixed with blood and the pain complained of, the case was not one of gastric ulcer at all, but should be referred to the category of hysterical affections, and he stated that, in point of fact, what occurred when the food was brought up was more analogous to ruminating than to vomiting, and referred to the graphic description of this affection given by Sir Henry Marsh in his well-known article in the *Dublin Journal*, as well as in his letter to Dr. Little. Dr. McSwiney next directed attention to the diagnosis which he had ventured to arrive at in these cases, and explained that, whilst he recognised the impossibility in some cases, and the difficulty in others, of arriving at a positive diagnosis of gastric ulcer, he claimed at the same time that under certain circumstances that diagnosis could be surely and unhesitatingly made. The grounds for arriving at this

diagnosis he declared were supplied by certain important symptoms which, when present, could denote no other malady. These symptoms were—pain, vomiting, derangement of the digestion, and hæmorrhage. In addition, he stated that the age, sex, and, in his opinion, the state of the menstrual function, afforded valuable aids towards perfecting the diagnosis. Having at some length remarked upon each of these heads, he next proceeded to discuss the etiology of the disease, referring to the labours of Rokitsansky, Virchow, Pavy, and others who had advanced knowledge on the subject to its present stage. Finally, he recapitulated the number of items of treatment which he had been accustomed to rely upon. It was as follows: *Regiminal*—He enjoined rest in bed, and secured the repose of the stomach by allowing only small quantities of nutriment to be taken, with long intervals between. Such nutriment consisted of milk with soda-water, or lime-water, and clear-strained beef-tea. *Medicinal*—He prescribed opium to allay pain, gallic acid to arrest hæmorrhagic or other discharges, and bismuth in a formula which he recited to arrest and cure the ulcerative process. He expressed an opinion that bismuth in the form of the liquor bismuthi possessed something approaching a specific curative action in gastric ulcer, and he suggested that this might be due to the alkalinity of the solution, which restored, perhaps, the equilibrium in the chemical economy of the gastric processes which had been disturbed by the initiatory pathologic changes which determined the formation of the gastric ulcer.

Dr. QUINLAN said he had a case in St. Vincent's Hospital which bore out a great many of the remarks Dr. McSwiney had made. It was that of a young girl, 20 years of age, who had been engaged at sewing-machine work in England, and had seen a great deal of hardship. She was sent over to this country with very little hope of recovery, in fact, to die, and when she came to hospital she was suffering from very great pain in the epigastrium. Whenever she took food she suffered intense pain, had much vomiting, the latter occasionally containing quantities of blood, but there was no purulent matter. The only thing he found gave her relief was the subcutaneous injection of morphia, which was done twice a day until she died. On opening the stomach they found near the pylorus a number of patches containing vascular injection. In this case he thought there was no ulcer; but he thought that if she had lived a little longer there would have been an ulcer, as the process was initiated. Her monthly hæmorrhages had been quite regular, and only ceased from debility.

Dr. EUSTACE inquired whether the attitude of the body assisted regurgitation in these cases.

Dr. McSWINEY replied that he knew of a case in which, when the body was placed in a certain position, regurgitation almost immediately took place.

Dr. GRIMSHAW had under his treatment a case similar to those mentioned by Dr. McSwiney. The patient had many points of interest. She had been watched for several years—first, by Dr. Head, and since by himself. She was twice under Dr. Head's care in the Adelaide Hospital. On the first occasion she got perfectly well, and on the second had improved so much that she left the hospital of her own accord, and returned to service in the county Kildare. She, however, got ill again, and vomited some blood, and suffered from intense pain in the epigastric region. She was coming up to town to be placed once more under treatment at the Adelaide Hospital, but got very ill in the train, and on her arrival at the Kingsbridge terminus vomited a large quantity of blood. In so serious a condition was she that she was brought by the railway porters to Mme. Stevens' Hospital, where she came under his (Dr. Grimshaw's) observation. There was some difficulty in arousing her from the state of collapse into which she had fallen, but in about twenty-four hours she was sufficiently recovered to be able to tell her history. As she said she had been treated by Dr. Head previously, he consulted with that gentleman as to the peculiarities of her case. While under his care scarcely anything was administered by the mouth at all. Medicines were given her in the form of pills, and food almost entirely by the anus. He (Dr. Grimshaw) adopted the same treatment, and the girl improved for some time until she was able to sit up, and afterwards she walked about the wards and corridors of the hospital. In fact, so satisfactory was the change in her, that he had hoped to be able to send her home in a short time. Before, however, she could leave, she had another attack of the vomiting of blood, and the pain returned. She recovered again

from this to a certain extent, and got almost into the same condition of convalescence as before, being able to walk about the hospital. She also regained flesh, having been previously very much wasted. She again relapsed, however, and this occurred three or four times, until she had spent altogether ten months in hospital. Having got somewhat better, but wishing to keep her under observation, he sent her to the Convalescent Home at Stillorgan. During his absence from town he received a letter from the matron of that institution requesting me to readmit the patient into Steevens' Hospital, as all the symptoms had returned. She again got as bad as ever, and afterwards improved, and again relapsed, and at the present time she was in hospital. The success which so frequently attended the treatment was somewhat remarkable. Food was administered by enemata, but any nourishment taken by the mouth was fluid—nearly all milk—and she was also given tonics. She improved under that treatment, and also experienced relief from small blisters placed over the stomach and dressed with morphia. The best means of allaying the pains were by the hypodermic injections of morphia administered three times a day when she was in the greatest suffering. Concerning the connection that was supposed to exist between this disease and intra-uterine affections, he might mention that in this case the menstrual functions were not regular, but unusually irregular. That circumstance did not, however, throw much light on the case, as, after a careful examination by an obstetric physician, no disease could be discovered. Next to the vomiting, that symptom of which the patient most complained was intense pain in the back, which was particularly well-marked. The girl was now wasted to a frightful extent, and there was only just as much flesh on her as would be consistent with life. She gradually gained flesh as some of the symptoms subsided, but when they returned she resumed her emaciated condition. Once or twice she had been subjected to fits, not purely of an epileptoid character. At first he thought the girl suffered from hysteria, but now he was of opinion that it was a case of gastric ulcer, in which he thought there had been repeated attacks of fresh ulceration, each new attack being a return of the disease. It was, however, the most protracted case of the kind he had ever met with. He had seen other cases with similar symptoms, but he never saw a case where the symptoms lasted so long and so frequently occurred as in this particular instance. He thought the case was almost incurable; but certainly Dr. McSwiney's paper led one to believe that sometimes more could be done with these cases than there was frequently reason to expect.

Dr. T. HUGHES, in the course of a few brief observations, said he was afraid that they had yet to look for the symptoms which would guide them to truth in diagnosing ulcer of the stomach, or else it was a very curable disease.

Dr. T. MORE MADDEN said that he thought Dr. McSwiney in his valuable paper attached rather slight importance to the connection between gastric ulcer and menstrual irregularities. He (Dr. Madden) thought in many of those cases that the menses were generally irregular. He had seen cases of hæmorrhage from the stomach, evidently originating from ulcer, in which there had been marked menstrual derangement. A short time since he attended a young lady from the country who came up to town to be placed under his care. She had been two years without menstruating, and suffered intense and constant pain in the stomach, with dyspepsia. On one occasion she had a fearful attack of hæmatemesis, the blood filling and overflowing a large basin. She came up to town to try every means to obtain a restoration of the catamenial discharges, and was seen by several obstetricians with that object. She returned to the country, and shortly afterwards, in response to a telegram, Dr. More Madden proceeded to her residence, where he found that she had had a return of the hæmorrhage, the menses at this time still continuing absent. A short time after this, however, menstruation returned, the gastric pains subsided, and she improved in health. This state of things, however, did not continue long, for the menses again ceased, and the gastric pains returned, and she suddenly died of the hæmatemesis. At present he had a lady under his care whose changes had stopped, who had gastric pains and repeated attacks of hæmatemesis. He had seen cases of young girls whose menstruation had become suppressed who had dyspeptic pains after food and occasional attacks of hæmatemesis. There could in his mind be no doubt of the occasional connection between all the symptoms which had been so well described as indicative of gastric ulcer and disordered menstruation. He thought their plain course in such

cases was to endeavour to restore the menstrual courses, besides following the general treatment which Dr. McSwiney had so well pointed out.

Dr. FITZPATRICK thought there was not the slightest connection whatever between ulcer of the stomach and suppressed menstruation. He felt they were very much in the dark on the subject to which Dr. McSwiney's paper was devoted—a paper that was most valuable in creating a discussion and leading to the investigation of a disease which was most mysterious and difficult of diagnosis. He thought the most important step was to ascertain whether or not the vomiting was caused by the presence of indigested matter in the intestine.

Dr. CROLY had seen cases where there was very little doubt of ulcer of the stomach, and the recorded cases and specimens in museums and the pathological reports he thought showed very clearly that ulcer of the stomach was not so unusual a disease. With regard to the vomiting symptoms, he thought that the explanation of them might be given in these cases such as had been given in cases of malignant disease. It was well known that if ulcer of the stomach occurred near the centre and apart from the orifices the symptom of vomiting was by no means a standing symptom. If they were to believe in the diagnosis of any cases where they did not make a post-mortem examination, surely they could believe, if a young woman had constant pain in the back and front of the stomach, there was scarcely anything else would produce these symptoms but ulcer of the stomach. With regard to the treatment, it struck him whether, in some of the cases mentioned, the internal administration of nitrate of silver might not prove of advantage, giving the stomach as much rest as possible from food, but occasional enemata. He thought they could not doubt that ulcer of the stomach was a curable disease from the results of the cases brought before the Society.

Dr. GRIMSHAW remarked that he had applied nitrate of silver in these cases.

The CHAIRMAN said he had seen a great number of instances in which certainly, even if ulcer of the stomach existed, the persons were now in complete and perfect health. In some of these cases there was very marked uterine complication. He presumed hæmorrhage in some of these cases came from the ulcer. He had met with cases where one or two leeches had done a good deal of service. He knew of the case of a female who had been relieved by the use of hemlock. She received no other treatment except as to regulating the bowels, diet, &c., and she got perfectly well. He also knew of a man who had all the symptoms of ulcer of the stomach who was relieved by the same means. He thought the difficulty of diagnosing ulcer of the stomach was greater than many would suppose. It was certain that the symptoms of the disease would be present and not the disease; and on the other hand, they might have ulcer without, comparatively speaking, any of the symptoms at all.

Dr. McSWINEY said, in further reply to Dr. Eustace, that in cases of gastric ulcer he endeavoured to trace the situation of the ulcer, and then to ascertain what effect position had on vomiting, but he could trace nothing. He did not think vomiting was dependent upon the situation of the ulcer. When the food was taken into the stomach it was followed by such annoyance to the patient that she rose into a sitting posture and used every means in her power to get rid of the food, and it was utterly impossible to ascertain whether position had anything to do with the vomiting or not. In the course of his concluding remarks, Dr. McSwiney fully admitted the difficulty of diagnosis in cases of gastric ulcer.

The Society then adjourned.

THE PATHOLOGICAL SOCIETY OF DUBLIN.

The usual weekly meeting of this Society was held on Saturday, January 23rd,

Dr. HENRY KENNEDY in the Chair.

TUMOUR OF THE FEMALE BREAST.

Dr. McSWINEY exhibited a tumour that was removed eight or ten days previously from the female breast. The subject from whom it was removed was a woman, æt. 50 years; she was

unmarried, and had ceased to menstruate six years previously. The history of the case was, that about the very period when the menstrual pause occurred she noticed the presence of a wart immediately adjoining the nipple of her right breast. She observed that this wart gradually increased in size, grew large, and eventually became pendulous; but as it gave her no inconvenience of any sort whatever, she did not consult anyone about it, in fact, she never showed it to anyone, but carefully concealed it until she consulted him about it. Her reason for seeking advice was, that about seven or eight weeks previously it had commenced to be troublesome. It was not that it gave her pain, for there never was pain either in the tumour or breast, but the tumour became sore, and at its terminal point or bulb an abrasion of the cuticle or covering took place, and there exuded from it a muddy-coloured fluid, which was evidently serous in character, as it stiffened the linen which was wetted by it. When he saw the tumour it was pendulous in character, and altogether about six or seven inches in length, and equally divided between the pedicle and bulbous extremity, the latter measuring between five and six inches in circumference. The pedicle sprang from the areola, and included the greater portion of the nipple of the breast. It was of normal colour. Taken between the finger and thumb a considerable artery might be felt pulsating, and conveying a sensation similar to that produced by the umbilical cord in a recently born infant. It was about the diameter and size of this structure when of its normal dimensions. The bulbous extremity had remarkable characteristics: it was warty, irregular, fissured, and indented, and had different colours in different parts—purple in one part, grey in another, and perfectly white in the deep indentations or fissures. From the abraded portion exuded, as he before said, this disagreeable glutinous fluid. Seeing that it was a pendulous tumour, that it gave her no pain whatever, and that it, in his opinion, was not of that class of tumours expressed by the term malignant, and fearing if it were allowed to remain in its present situation it might possibly degenerate into that condition known as malignant, he recommended its removal, and Mr. Kane accordingly operated about ten days since with the most favourable results. Dr. McSwiney said he did not undertake to ascribe it to any particular class of tumours, impressed as he was by the knowledge of the fact that the whole question of tumours was at present in a state of great confusion. He left it to the pathologist to determine the actual place in the nomenclature of tumours which it should occupy. Viewing it from a clinical point of view, he recognised in it alone the features of innocency. He regarded it as composed of adult tissue, as a tumour which would not recur, and had not in any way affected the patient's system. He might observe that, in the *Dublin Journal* for 1847, the late Mr. O'Ferrall had reported a case in his "Monograph of Pendulous Tumours" identical in site and in character with the one he (Dr. McSwiney) had now presented. So much was this the case, that the woodcut in Mr. O'Ferrall's paper would answer in all essential particulars to represent the characteristics of the present tumour, of which he now begged leave to present to the Society a photograph fully expressing the lesion. The patient had recovered without any untoward symptom.

Dr. HENRY KENNEDY exhibited

A SPECIMEN OF FATTY DEGENERATION OF THE HEART.

The patient was a woman of 80 years of age, who had been under his observation for four months in the Whitworth Hospital, Drumcondra. Shortly after her admission his attention was caught by the peculiar form of respiration she exhibited; it might be ascribed as high respiration, and used to occur in paroxysms. It was exactly the form to which the late Dr. Graves gave the name of cerebral. It never assumed the precise phases of the respiration to which the name of Cheyne-Stokes' breathing is now given; for while it lasted it was not so regular. But he had no difficulty in arriving at a diagnosis in the present instance. The pulse beat about 66 in the minute, was compressible to a degree, and never showed any irregularity; neither was any morbid sound heard; and this bore out an observation he had made, and which he believed he had established by tabulating more than 250 cases of fatty change of the heart. In these he found that this fatty change and valvular disease rarely co-existed. In fact, for one such case, six at least occurred where, while the heart was fatty, the valves were healthy. In the present instance this point was confirmed; for though the valves were not absolutely healthy they were affected in the very slightest degree, but not so as to affect their functions, or give rise to

any morbid sound. It would be observed that the fatty change in this instance had affected the right side most; but both sides were involved, and to such a degree that a very slight pressure was enough to cause the heart's substance to break down into a pulp. He was indebted to Mr. Elliot, the resident pupil, for making the post-mortem examination.

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"SALUS POPULI SUPREMA LEX."

[WEDNESDAY, FEBRUARY 10, 1875.

ARMY MEDICAL REPORTS.

II.

In our former notice of the Army Medical Report for the year 1872, we spoke of the health of the troops serving at home. We now proceed to notice the account given of the health of that part of her Majesty's forces which is stationed in foreign countries.

And, first of all, it seems that in 1872 there were about 4000 men stationed on the rock of Gibraltar, and there were only 21 deaths, showing a most healthy season in that somewhat monotonous sojourn.

In Malta there were about 4,900 troops on an average in 1872, of whom 44 died, so that this was also a very healthy season in Malta. The troops at Malta seem to have had but little venereal contagion during 1872, as the number of 34.4 per 1000 admitted for *syphilis* during the year testifies. Gibraltar had 74 admissions in 1872 for these diseases per 1000 troops.

With respect to the troops quartered in the cold but healthy climate of Canada, it appears that, in 1872, there were only 1,602 troops in that quiet and orderly province. There were less than 5 deaths per 1000 among the troops, which promises fairly to those agricultural emigrants who have recently been attracted in such large numbers to Canada. In Bermuda there were in 1872 about 1,800 men, of whom 13 died, a very low mortality indeed. In the Windward and Leeward Islands, or the West Indies, we see that at Jamaica there were but 354 men, of whom 5 died, one of these of yellow fever, and 3 of phthisis. To those who remember what a graveyard Jamaica used to be, the death-rate of some 14 per 1000 is indeed an amazing stride in army hygiene. It is curious, however, to find that more than 30 per 1000 of the black troops in Jamaica died in the year 1872.

In that pestilential climate, Western Africa, it seems

that the average strength of the black troops serving at Sierra Leone was 207, of whom 9 died, which is at the rate of 43 per 1000. At the stations on the Gold Coast the average strength was 171, of whom 6 died, or 35 per 1000. So that, as usual, these stations seem quite unfit for serving as suitable habitations either for whites or blacks.

Turn we now to the healthy stations of the Cape and St. Helena. In 1872 these two stations contained about 2,500 men, of whom 23 died, including 4 invalids sent to Netley. These deaths are in the ratio of 9.25 per 1000. There seems to have been a good deal of venereal contagion, 157 per 1000 troops, in 1872.

In the Mauritius the health of the troops, 469 in number, was excellent in 1872; namely, only 6 per 1000 died. The admissions for primary and secondary syphilis were in the ratio of 57 per 1000.

The island of Ceylon is usually a very unhealthy station. There died, out of 1000 men, the number of 25 in 1872. The admissions for syphilis were 79 per 1000.

In China, another most unhealthy station, there were 769 men in 1872, of whom 15 died, or about 19.50 per 1000. Urinary diseases were above the average, and considerably more prevalent than during the preceding year. The excess occurred in gonorrhœa and its sequelæ, from which the admissions were in the ratio of 143 per 1000; whilst syphilis caused 69 admissions per 1000.

We next come to the "greatest of the jewels in England's Crown," India, and here we find that the average strength of the European troops serving in the Indian commands in 1872 was 59,248, of whom 1,499 died, 60 on the passage homeward to Netley. This gives the ratio of deaths as 25.30 per 1000, not a very high one for India. As usual, Bengal has the highest death-rate of the three presidencies. In Bengal, out of 36,839 men, 8,733 were admitted into hospital for continued fever, and 13,558 for paroxysmal fever; 588 admissions occurred from malignant cholera, and of these 387 died. There were 3,139 admissions for syphilis. Continued fevers were more prevalent than during the previous year; the ratio of mortality was about the same as before. The increase in the ratio of admissions was caused by the epidemic of dengue, which caused 4,026 admissions into hospital in 1872, but no deaths. Of enteric fever there were 104 admissions and 51 deaths; of cerebro-spinal fevers 21 were admitted, and 6 died.

Malignant cholera was greatly more prevalent in Bengal, and more fatal too, than during the previous year. Only one case (at Allahabad) is shown in the first Quarterly Return of the Command; but in April there were 4 cases and 3 deaths at Benares, and then they continued to extend in a northerly direction, until it invaded the whole of Northern India. The period of the rains was the time at which the epidemic of cholera was severest, and it fell with greatest severity in the Punjab. The corps which suffered most severely was the 37th, at Meer Meer, in which there were 99 admissions and 63 deaths.

In this epidemic generally, the fatality of the disease was unusually great, the proportion of deaths to cases having been 65.8 per 1000. Including all cases among officers, men, women, and children of her Majesty's British Service, there were 856 admissions and 564 deaths.

There were 118 admissions for sun-stroke, of whom 44 died.

Diseases of the urinary system were rather less prevalent. The admissions for gonorrhœa and its sequelæ were 96 per 1000. There were 85 admissions per 1000 troops for syphilis. Boils and ulcers formed the chief kinds of skin diseases for which admission into hospital was sought for in the Bengal Presidency.

"The real reason (says Inspector-General Beatson) why regiments on arrival in this country suffer so much I believe to be that newly-arrived regiments are, as a rule, more largely composed (in order to make up their number prior to embarkation) of weakly ungrown lads; secondly, there is doubtless a great deal of inexperience of Indian ways and requirements on the part of the new arrivals; and, thirdly, there is the fact, quite apart from the acclimatization theory, that new arrivals are for the first year or two more liable to attacks of acute tropical disease than they are at a later period: this results, in some degree, but not altogether, from the fact that at first they do not realise that they cannot do in India as they have been accustomed to do at home."

The remedies he proposes are, that young men should not come to India earlier than 21 or 22 years old, and should pass their first two years of service among the hills, if possible. The proposed system would involve at least one-third of the European forces being on the hills, and he cannot see anything against this.

In the Madras Presidency cholera did not prevail epidemically; and enteric fever caused only 79 admissions into hospital and 26 deaths. There were 92 admissions per 1000 into hospital from syphilis. Under the heading *poisons*, it seems that all the admissions were from delirium tremens. In Burmah, of 6 admissions from this cause, there were 2 deaths.

During the year 1872 the dry-earth system of latrines was made use of in the Madras Command. Mutton is reported to be scarce in that province, and beef forms the chief meat ration, except for two days in the month, when salt pork and beef, with pickles, are issued, and are greatly relished by the men. Mutton is issued to the sick in hospital every alternate day.

In the Bombay Presidency there were 42 admissions from malignant cholera, with the result of 33 deaths. In the case of syphilis, there was a great reduction from the numbers of 1871; that is, there were 70 admissions per 1000 of strength from the disease in 1872.

There is no country but ours the perusal of the yearly Army Medical Report of which can afford anything like the interest obtainable from the Blue-Book we have just been rapidly skimming over. It is quite amazing to think over what a wide extent of our planet the troops of her Majesty are scattered. Nor can we imagine any better method of obtaining a correct idea of the effect of climate upon health than can be gleaned by the careful student who diligently strives to master the details of this important Report. In a future article we hope to be able to refer to some of the excellent essays contained in the Appendix, which forms about one-half of the bulk of the volume.

THE ACTION OF DRUGS.

IX.

WE have now to review the report of the Committee as to the antagonism between extract of Calabar bean and strychnine, a subject which has already been investigated by Nunneley, Vée, and Eben. Watson, whose inquiries prove that the paralyzing effects produced by the extract of Calabar bean modify to a considerable extent the powerful tetanic convulsions caused by strychnia; but the above experimenters have failed to prove that recovery may take place after a fatal dose either of the one or of the other drug. Such being the case, the Committee proceeded in their usual careful and methodical manner, to test this question, and once more chose rabbits as the subjects, because the minimum fatal dose of each substance in these animals had already been ascertained. In the first place, they chose twelve rabbits of nearly the same weight, and introduced into each a minimum fatal dose of strychnia; then, having allowed four minutes to elapse, they introduced into the same animals the minimum fatal dose of extract of Calabar bean. With another set of twelve rabbits they reversed the process. The results obtained from these experiments are thus summed up by Professor Bennett:—

There was no instance of recovery except in Experiment 560; but in this instance the dose of strychnia was not fatal, 1-80th of a grain, as the animal survived after the same dose when administered eight days afterwards.

It will be seen from Table 63 that not only was there no instance of recovery from a fatal dose of strychnia or of extract of Calabar bean, but that death ensued after the introduction of even non-fatal doses of both substances. It appeared, during the progress of these experiments, that the animal was more likely to recover if subjected to the action of one or other of the substances alone, than when both were introduced. At the same time, the character of the symptoms produced by the action of either the one or the other substance is considerably modified by the presence of the presumed antagonist. Thus, the convulsions caused by the action of strychnia on the spinal cord are not so violent, and have not so much of the character of tetanus, when modified by the action of extract of Calabar bean. On the other hand, the prostration and profuse secretion from the air-passages produced by the influence of extract of Calabar bean are not so great when the animal is at the same time subjected to the action of strychnia. But I have had no example of recovery from a fatal dose of either drug. On the contrary, the advent of death was accelerated. Strychnia and extract of Calabar bean, therefore, are not antagonists in the sense that the administration of the one can save life after the administration of a fatal dose of the other; but they may be considered as antagonists in the sense that the action of the one modifies the symptoms of the other. The extent of the action is not at all comparable to the action of hydrate of chloral and strychnia.

Thus it is evident that no antagonism, in the true sense of the word, exists between these two drugs, at least, in the doses used in the experiments recorded in Tables 72, 73. Whether the result would have been different if smaller doses of strychnia had been used to antagonise fatal doses of extract of Calabar bean, and *vice versa*, it is difficult to say; but we must remember that the experimenters have placed on record the (at first sight) curious facts that, while a dose closely approximating to the minimum fatal dose of chloral is necessary to antagonise a minimum fatal dose of strychnia, yet a fatal dose of extract of Calabar bean is successfully antagonised by a dose of sulphate of atropia,

which, when given alone, is insufficient to produce any visible physiological effect. If our readers will refer to the *British Medical Journal* of Oct. 3 they will observe that Professor Bennett states the minimum fatal dose of chloral to be about 20 grains, in rabbits, and that of strychnia to be 1-96th of a grain; and he administered to a rabbit 15 grains of the one drug and 1-96th of the other, and the animal recovered; then, upon referring to the same journal of Oct. 10th the statement will be found that the minimum fatal dose (for a rabbit) of sulphate of atropia is about 20 to 21 grains, and of extract of Calabar bean, $\frac{2}{3}$ of a grain, but that it is only necessary to administer the exceedingly small dose of $\frac{2}{3}$ of a grain of atropia to successfully antagonise the fatal dose of extract of Calabar bean. We have already commented at length on this point (*vide* MEDICAL PRESS, Dec. 9th), and only call attention to it again as we consider that, bearing this interesting fact in mind, the experimenters might have endeavoured to ascertain if the antagonistic power of strychnia to extract of Calabar bean was not greater in the smaller than in the larger dose; and it is not at all improbable that they might have found such to be the case.

The experiments recorded in Tables 72, 73, however, serve to prove that, although a rabbit may recover from $\frac{2}{3}$ of a grain of extract of Calabar bean given alone, yet, it is extremely improbable that it will recover from even 1-3rd of a grain of that drug if 1-120th of a grain of strychnia be administered at the same time—in fact, death will be hastened. As establishing this point these experiments are valuable.

The antagonism between bromal hydrate and atropine is next a subject of investigation, and the inquiry was carried out by Dr. McKendrick, as regards the physiological action of bromal hydrate; and he arrived at the following conclusions:—

1. Bromal hydrate is a more active substance physiologically than chloral hydrate. A rabbit weighing 4 lbs. requires about twenty grains of chloral hydrate to cause death, whereas four or five grains of bromal hydrate are quite sufficient to kill.

2. Chloral hydrate produces, in small doses, or soon after a large dose, marked hyperæsthesia, followed by anaesthesia. Bromal hydrate never produces hyperæsthesia, and anaesthesia only when the animal is in such a state of coma that there is no hope of its recovery.

3. Chloral hydrate does not usually produce great contraction of the pupil. Bromal hydrate always does.

4. Chloral hydrate acts chiefly on the cerebral hemispheres; and never, so far as we know, has been known to cause convulsions. Bromal hydrate acts less vigorously on the hemispheres, and more on the ganglia at the base of the brain and on the spinal cord, the animal frequently dying in a state of opisthotonos.

5. After death from chloral hydrate, fluid is rarely found in the shut sacs of the body. In the case of death from bromal hydrate, fluid is almost invariably found.

6. Chloral hydrate does not usually stimulate the salivary glands to the same extent as bromal hydrate does; but in this instance there are exceptional cases in which chloral hydrate causes excessive secretion of saliva in animals.

In reference to the action of iodoform, the report contains the following highly interesting remarks:—

There is a difficulty in the way of obtaining knowledge of the action of iodoform, on account of its want of solubility in any menstruum suitable for subcutaneous injection. It is scarcely soluble in water, acids, or aqueous alkalies,

but it is readily soluble in alcohol, ether, and oils, both fixed and volatile. A number of experiments were performed with a solution consisting of one grain of iodoform in five grains of alcohol and fifteen grains of water. The effects were very similar to those produced by chloral, with these exceptions. (1) There was no period of hyperæsthesia. (2) There appeared to be a feeling of irritation of the nostrils, as the animals rubbed the nose frequently with the fore-paws. (3) Ten grains subcutaneously injected into rabbits of 3½ lbs. weight produced profound sleep for a period of four hours. Twelve grains killed rabbits of the same weight in 2½ hours. The fatal dose thus appears to be smaller than in the case of chloral, and larger than in the case of bromal. (4) There were no convulsions. (5) The pupils were only slightly contracted. (6) There was no fluid in the cavities of the body after death from iodoform, while it was always found after death caused by bromal hydrate, and frequently in cases of poisoning by chloral hydrate.

A series of experiments are next conducted to determine the minimum fatal dose of bromal hydrate, which is found to be, for a rabbit weighing 3 lbs. 8 ozs. to 3 lbs. 11 ozs., about 4 grains; and then the main object of the inquiry—viz., to ascertain whether or not life could be saved from an otherwise fatal dose of bromal hydrate by the subsequent action of *small doses* (italics ours) of atropine is proceeded with, and the experiments recorded in Table 75 are highly important and interesting, and we quote the remarks of Professor Bennett upon the results obtained, as they are highly suggestive to anyone who has carefully perused the report now under consideration, and who perceives the growing importance of recognising the different effects produced by large and small doses of the same drug. Experiments 606, 607, 608, 609 showed that the small dose of 1 to 1½ grains of atropia was sufficient to antagonise the fatal dose of 4 grains of bromal hydrate. The Professor thus concludes this portion of the report:—

This is a clear example of physiological antagonism; and it is one of the few in which an explanation can be offered. Death from the effects of a minimum fatal dose of bromal hydrate is due almost invariably to the accumulation of saliva in the mouth and mucus in the air-passages. This accumulation is frequently so excessive as to suffocate the animal and cause death by asphyxia. The convulsions which usually occur immediately before death in cases of poisoning by bromal hydrate are due to asphyxia or the action of venous blood on the nerve-centres. Atropine arrests this secretion, partly by diminishing the action of the salivary glands, and also by causing contraction of the blood-vessels in every part of the body. This contraction diminishes the supply of blood to all the serous and mucous surfaces, and consequently there is less secretion from these surfaces. It is evident, therefore, that small doses of atropine favour recovery in cases of poisoning by bromal hydrate.

When, however, the process was reversed, and small doses of bromal hydrate (such as ½ to 3 grains) were given after doses of from 3 to 4 grains of atropine, it was found that all the animals died; and while the doses of the drugs were in the proportions of 1½ to 2½ grains of bromal hydrate to 3½ or 4 grains of atropine, the animal survived for a longer period than when the doses were beyond these limits; hence the experimenters concluded, although small doses of atropine may save life, after fatal doses of bromal hydrate the converse does not hold good.

MEDICAL FEES AND MEDICAL WITNESSES.

In the course of a case tried in the Court of Common

Pleas last week, a point of law was raised of some importance to the profession. A gentleman, overturned in his brougham by the negligence of the driver of a tramway car, received a severe concussion of the spine, and brought his action to recover damages. His ordinary family medical man, who it appeared had attended him for eighteen years, lives on the south side of the Thames, while he resides in the north, and since his removal he has not demurred to pay him what might be considered a very moderate fee for his attendance, namely, 7s. 6d. per visit. The presiding judge, in directing the jury as to assigning damages, thought it right to challenge this item, because he elicited from the witness that his charge to patients living in his own immediate neighbourhood was 3s. 6d. The judge thereupon said it was not right to make the Tramway Company pay more than his ordinary fee, and that the plaintiff should himself pay the extra charge; since his having called in a gentleman living a long distance, rather than one in his immediate neighbourhood, must be regarded as a luxury rather than as a necessity, although the plaintiff's life might really have been saved by one better acquainted with his constitution, health, &c., which we know are matters of much importance in cases of far less gravity than concussion of the spine. No objection to the charge was taken by the counsel for the defendants, and whether the jury adopted the views of the judge, of course, we are unable to say, but for the sake of fair and honest dealing we trust they did not. It is to be hoped twelve jurymen will not be found to endorse and adopt views which, to say the least, are niggardly, and which certainly bear very unfairly upon the hard-working members of our profession. It does appear somewhat arbitrary on the part of the judge to maintain that a general practitioner is not fairly entitled to make a higher charge for a visit occupying an hour and a half of his time than for one occupying a third of an hour.

Other points of importance were raised by the plaintiff's counsel as to whether a court of law is a fit place to air crotchets in, and also as to the questionable position often assumed by members of the profession, who, when they appear on behalf of companies, do so rather in the character of advocates than of medical men. In this instance a physician stepped into the witness-box to say he had seen and examined the plaintiff some seven months after the accident, and that in his opinion paralysis well marked, and in which no question of its origin existed, was due, not to the accident, but to a *syphilitic taint*. The only ground for the surmise was that six years before the plaintiff had suffered from some affection of the skin of the most ordinary character, but which he thought might be a specific. We fear the learned counsel was not far wrong when he said it appeared to him that to become medical referee to a company was a position likely to produce a very demoralising effect upon some men.

THE IRISH COLLEGE OF PHYSICIANS.

As we have felt ourselves bound to give the fullest fair play alike to the College and its Dissentients, we have published to-day all the relevant portions of the "Rejoinder," which will, we trust, be the last contribution of the com-

batants to the official literature of the controversy. The paper war has, in fact, rather outlived the interest of the profession, and as the entire dispute lies within the compass of very few words, we imagine that each reader is sufficiently informed upon it, and has formed something like a definite conclusion. For ourselves, we may say that we have had no occasion to recede from the opinion which we formed on first consideration of the matter—an opinion which, we venture to believe, will be shared by the great majority of the profession in Ireland.

In the first place, as regards the ballot, we warmly approve the course taken by the Dissentients, and entirely disagree with the views of the Fellows. We look upon the ballot as no legal or fitting test for admission to the Fellowship; we dispute the right of any number of gentlemen in possession of a privilege to exclude *proprio motu* from a right which they should legally enjoy persons who are presumed to be eligible in point of competency. We deny the analogy of the precedents which have been quoted in favour of the ballot, and hold that even if applicable instances could be found in other medical corporations, it would be highly inexpedient to assimilate the College to such bodies in this respect. We believe that the ballot has never been actually used by the Fellows for the purpose of religious or political ostracism, but we object to its perpetuation, if for no other reason, because it might at any time be so used.

While thus unconditionally declaring against the election to the Fellowship by ballot, we are well aware that the wholesale admission of Fellows which the Dissentients advocate is entirely inconsistent with the efficient administration of the College as at present constituted, and we think that the Government, in considering the proposed modifications of the Charter, will find it necessary to vest executive management in the hands of a Council before they can grant the prayer of the Dissentients. We have shown that the Dissentients have made no effort to make their amendments practicable, but, on the contrary, have resisted proposals made with this object, and they are open, therefore, to the charge of desiring to effect the ingress of their party to the College without regard to its administrative efficiency.

As regards the propriety of establishing a New Order of Members, we look upon the proposal as a means of permitting access of Licentiates to the College, and yet excluding them from the sacred conclave of the Fellows. We doubt that the disabilities under which Licentiates are said to labour in seeking appointments in England are sufficiently numerous or important to make necessary the creation of the new order, and if there were a Fellowship freely accessible to those who proved competency, and a Council invested with the administration of the College, we fail to see what would be gained by calling the Licentiates members. At the same time we must say that the Dissentients have entirely failed to prove their allegation that the new order was simply a method of imposing a tax on the Licentiates, a statement for which, as yet, there would appear to be not a tittle of foundation.

Our only other observation upon the matter is an expression of regret that the controversy has not been conducted with much dignity or temper by the Dissentients. "Puerile," "childish," "mockeries," and such like expletives are not the suitable language of public documents; nor are the title "fool" and the attributes

of "falsehood and stupidity" suitable to gentlemen engaged in a debate on a serious professional matter. Neither the Chief Secretary nor the public will think the better of statements garnished with such phrases, nor of the side which makes use of them. We have had much of the *fortiter in re*, but too little of the *suaviter in modo*.

Notes on Current Topics.

Dublin Sanitary Salaries.

THE Dublin Corporation has allowed its ire free effervescence in a recent debate upon the action of the Irish Local Government Board who increased by a sealed order the salaries of the sanitary medical officers of Dublin. While obliged to admit their entire impotency to resist the Local Government Board, the Public Health Committee is very irate at the defeat of its attempt to nullify the operation of the Public Health Act. The Chairman of the Committee complained of the way in which the Local Government had acted with regard to the salaries of the medical officers under the Sanitary Act. The sanitary duties of these gentlemen, he said, were *absolutely nothing at all, because the sanitary police did the work*. Just so! Parliament and the Committee of the House of Commons thought it wise to confide sanitary inspection to the medical officers; but the Public Health Committee could not forego the gratification of a job. Their *protégés*—a number of ex-policemen—had been promised nice places and good salaries and the Committee could not disappoint them. They, therefore, appointed a number of such officers at salaries from £160 downwards, and having thus, without care or conscience, voted away the money of the citizens to unnecessary officials, they wished to deprive the sanitary medical officers of their salaries in order to recoup some part of this indefensible extravagance. The Chairman thought that "if the Government knew that the Corporation had already the most complete sanitary organisation in Ireland, or perhaps in England, they would not have approved of this procedure." The boldness of assertion of the worthy Chairman is admirable. It is amusing to read such a phrase when one knows that the Dublin Public Health Committee is probably the very least efficient and most obstructive sanitary organisation in the three kingdoms. If the action of the Legislature in placing the supreme control of sanitary matters in the hands of the Local Government Board needed justification, the Dublin Corporation has made abundantly clear the wisdom of having done so.

Supposed Transmission of Fever by Milk.

At a recent meeting of the Dundee Police Commission, the medical officer, in reporting in regard to an outbreak of typhoid fever in the east end of the town, referred to the probability of infection having been generated from milk. All the houses in which the fever had occurred were supplied with milk from a dairy in the neighbourhood. Since August four persons who live in the dairy had been suffering from fever. The bed-room occupied by them during their illness was on the ground floor, and

contained two boxed-in beds. The room measured 1,384 cubic feet. Opening off the apartment was the milk-house, which also communicated with the kitchen by a door opposite to the first. The doctor, however, stated that whatever connection the milk supply might have had with the present outbreak of fever, he was forced to the conclusion that the proximity of the milk-house had no direct influence in communicating disease. We may still doubt, however, whether the close proximity of the milk-house to the beds in which the patients were lying, combined with the facts that the persons attending on the patients also handled the milk, may not have been the cause of its becoming saturated with the germs of the disease, which by its means was conveyed to those who used it afterwards as food.

Medical Men in the Commission of the Peace.

WE are gratified to observe that the Irish Government have seen the propriety of drawing back from the prohibition which they had put upon Irish medical men holding the commission of the peace, upon which we commented last week and on a former occasion. On the recommendation of Colonel Peel Dawson, the Lieutenant of the county, the Lord Chancellor has appointed Dr. James C. L. Carson and Dr. Robert Sharpe, both of Coleraine, to be magistrates for the county of Londonderry.

We may thank, we fancy, the exit of the Lords Commissioners, who held temporary custody of the great seal, and the access to power of the new Lord Chancellor for this change of policy, which can hardly be grateful to Sir M. H. Beach. As the former veto was against the whole profession, and not against any individual, we would advise the medical men who were ousted by it to cause their names to be again submitted for approval.

A Specimen of Nomenclature.

OUR chemical readers will doubtless be pleased to learn that a series of acids have been investigated. One is orthoamidotoluenesulphonic acid; and another diazorthoamidoparatoluenesulphonic acid. The action of tin and hydrochloric acid on nitro-bromacetanilide gives rise to the hydrochloride of *ethenylbromophenylenediamine*.

Medical Officers of the Navy.

THE following regulations in reference to the position of the medical officers of the navy, submitted by the Lords Commissioners of the Admiralty, were approved of by her Majesty at the meeting of the Privy Council held on Thursday:—1. That surgeons on entry shall have the same relative rank as paymasters, chief engineers, and naval instructors, namely, shall rank with lieutenants under eight years' seniority, and shall have uniform corresponding to such relative rank. 2. That staff surgeons shall be denominated "fleet surgeons," and staff surgeons, 2nd class, simply staff surgeons, the distinction in rank between these two grades to be denoted by a small difference in the uniform. 3. That inspectors general shall be compulsorily retired at the age of 60, on £2 per day, provided they shall have completed the period of service now required to entitle them to the maximum half-pay of their rank. 4. That deputy inspectors general shall be compulsorily

retired at 60, if in the first six of their rank, at 33s. per day, others at 30s. per day, provided that they shall have completed the period of service now required to entitle them to the maximum half-pay of their rank. 5. That fleet surgeons and staff surgeons shall be placed on the same scale of retirement as chaplains and naval instructors, secretaries, and paymasters, that is, the maximum to be £450 per year instead of £400. 6. That any fleet surgeon shall have the option of retiring after 20 years' full pay service in all ranks at 15s. per day, and after 25 years' service at 21s., subject in each case to our approval, but that of those now on the list not more than ten shall retire under this clause in each year (the officers having the option according to seniority), unless we should approve (with the consent of the Lords Commissioners of her Majesty's Treasury) of a larger number so retiring. 7. That of the medical officers to be hereafter entered all shall have the option of so retiring, subject to the approval of the Lords Commissioners of the Admiralty in each case.

Medical Affairs in the New Parliament.

IN the speech from the Throne on the opening of Parliament on Friday last, it was mentioned that bills would be laid before the House for facilitating the improvement of the dwellings of the working classes in large towns; for the consolidation and amendment of the sanitary laws; and for the prevention of the pollution of rivers.

Notices of motion were also given of the following:—

MR. SCLATER-BOOTH.—On Thursday, a bill to consolidate and amend the acts relating to public health in England. On Friday, a bill to repeal the Adulteration of Food Act, and to make better provision for the sale of food and drugs.

SIR H. JOHNSTONE.—On Monday, a bill to repeal the Contagious Diseases Acts.

MR. BROOKS.—On an early day, a bill to regulate the office of coroner in Ireland.

MR. COWPER-TEMPLE.—On Monday, a bill to remove doubts as to the admission of women to degrees in the universities of Scotland.

The Spread of Small-pox by Inoculation in the West of Ireland.

THE *Sligo Independent* regrets to hear that a most virulent type of small-pox has become a prevailing epidemic in the neighbourhood. So extensively has it spread that it was deemed advisable by the magistrates to discontinue holding petty sessions courts in the town for the present. It believes the disease was imported into the locality by inoculating quacks from Mayo, who are considered benefactors by the ignorant peasantry of this benighted district. The constabulary, we believe, are using every exertion to try and arrest the originators of this dire disease, and it suggests that the Roman Catholic clergy should use their influence to prevent the people being misled and made dupes of by those quacks who are spreading a pestilence.

MR. PRESCOTT HEWETT has resigned his post as Surgeon to St. George's Hospital.

Jaborandi.

Dr. SYDNEY RINGER says that the dose of jaborandi for an adult is from 60 to 90 grains infused in boiling water. In the course of twenty observations made on eighteen adults, the perspiration in every case but two caused by drinking this effusion was most profuse, commencing in about ten minutes. Salivation was also profuse in many instances. The pulse generally rose. The temperature of the body fell during the sweating. In some cases it was found that the introduction of an extract dissolved in glycerine into the eye caused contraction of the pupil. Probably jaborandi paralyses the sympathetic nerve. Its effects do not seem to be so well marked on children as on adults.

Brighton Amenities.

We all delight in Brighton. It is our holiday when we have a day to spare and the sense to profit by it at the sea-side. For some time that magnificent city has been singularly free from zymotic disease; but if the corporation goes on depositing filth on the shore, as it is now doing, we shall not be long in hearing of some outbreak of typhoid fever or other disease caused by decaying animal and vegetable matters.

Garibaldi as a Sanitarian.

EVERYONE now-a-days seems to have got tired of politics for a season. The cry now is—let us make the world healthier, and our towns cleaner and less miserable. This is as it should be. Garibaldi was long a gallant hero in the cause of freedom from priestly tyranny and governmental incapacity; and if he now finds the enemy of the whole race to be in reality poverty, with its concomitants filth and over-crowding, we may hope that he will not be easily daunted in attacking them. Italy will give him plenty to keep his energies alive. It is beautiful, but filthy.

Professorship of Chemistry in Dublin University.

At a meeting of the Board on Saturday, Dr. Reynolds, Professor of Chemistry in the College of Surgeons, and to the Dublin Society, was elected to this chair. The emoluments amount to about £800. There were ten candidates, only three of whom the Board wished to see. These were Dr. Reynolds, a chemist of great eminence, Dr. Apjohn, son of the late professor, who obtained the gold medal in experimental physics, and is now Professor in Chins College, and Dr. Mallett, son of an eminent engineer, and who also obtained the gold medal.

Forewarnings of Medical Legislation.

HER MAJESTY'S speech gives assurance that the sanitary session of last year will be followed by further important legislation in the same direction during the present term. The pollution of rivers, the dwellings of the working classes, are to have special attention, and the consolidation of sanitary law is to be followed up. From private members we have the usual enunciations of intentions, which may probably never be carried into effect, and certainly will produce no useful fruit. Sir H. Johnstone has tabled his own special craze on the Contagious Diseases

Act; Mr. Cowper-Temple has also brought in his Bill to throw open the Edinburgh University to the ingress of women, and Mr. Brooks is to reintroduce a Coroner's (Ireland) Bill—we presume the same as Sir John Gray, Mr. Vance, and Mr. McCarthy Downing had charge of last year. Lastly, Mr. Sclater-Booth has promised in the current week a Public Health (England) Amendment Bill, and a Bill to repeal the Adulteration Act, in the latter of which we most heartily hope he will be defeated.

We hear that the Medical Reform Bill of the British Medical Association is ready, and may be looked for as soon as Mr. Headlam or any other member can be got to "father" it.

THE election of an examiner in midwifery in the room of Dr. Croyn, appointed Professor, and also of a councillor in the room of the late Mr. Adams took place in the Irish College of Surgeons on Thursday last. There was no contest for the vacant councillors seat, Dr. Corley having withdrawn his name, and Mr. Henry Gray Croly, Senior-Surgeon to the City of Dublin Hospital was elected.

For the examinership two candidates presented themselves, Dr. Croly, of Rathfarnham, and Dr. Shannon. Dr. Croly was elected, and thus returns to the seat which he occupied many years ago on the Midwifery Court of the College.

It has been stated editorially by the *Irish Times* that Professor Haughton is engaged on a work on the art and science of hanging, *not* pictures, but men, which, considering the practical comment on his former calculations afforded by recent experience, indicates great courage on his part. Our contemporary records that an interesting relic has been confided to the care of the learned Professor, being nothing less than the rope which hanged Montgomery, which was secured and preserved by Dr. Murray, as *Examiner to the College of Surgeons*. We need hardly say that Dr. Murray did not attend the execution-deputed or in any way representing the College.

DR. FAYRER has been elected Corresponding Member of the Academy of Natural Sciences of Philadelphia.

A FORTNIGHT since we announced that Dr. E. M. Grace, the renowned cricketer, was a candidate for the office of Coroner for the Western Division of Gloucestershire. We have now the pleasure to announce his unopposed election.

THE library of the late Dr. Lankester will be brought under the hammer of Messrs. Puttick and Simpson, in Leicester Square, on Tuesday next and two following days. We understand that it is both an extensive and valuable collection.

SIR W. JENNER will preside at the next meeting of the Clinical Society on Friday. The meeting will begin at 8.30 with the delivery of Sir William's Inaugural Address.

At a full meeting of the Metropolitan Asylums Board, on Saturday, the Committee reported that, after having

visited the proposed substitute sites for the hospital for contagious diseases at Hampstead, they were of opinion that they were neither so convenient nor in any way so appropriate as the original one. The Board thereupon decided that their entire body should visit the three sites on Thursday, before finally deciding upon which to adopt.

MR. HOLLOWAY, of pill and ointment notoriety, is reported to have purchased the Mount Lee Estate at Egham, for the purpose of establishing a college for women, which, when finished, will accommodate 400 students. The ground cost £25,000. The building is to cost £175,000.

THE IRISH COLLEGE OF PHYSICIANS.

REJOINDER OF THE DISSIDENTS TO THE LETTER OF THE COLLEGE TO SIR M. HICKS BEACH, BART., M.P.

[*Abstract.*]

To the Chief Secretary for Ireland.

SIR,—As the Charter Memorial Committee have numbered separately each paragraph of their Report of the 22nd December, we have, for the sake of clearness, adopted the same course.

PARAGRAPH 1. "That the President and Fellows, in seeking permission to use the ballot in elections, are not seeking any unreasonable or unprecedented powers, as a perusal of the dissent might lead one to suppose, but are merely asking for a privilege which is already enjoyed by nearly all the medical corporations and chartered societies in Great Britain and Ireland."

Rejoinder.—This is a vague, unsatisfactory statement, inasmuch as it does not specify the medical corporations and universities by which the ballot is possessed. We specify four in Dublin—one the Royal College of Surgeons, within the profession, into which entrance into Fellowship is procured by examination, and the Fellowships are unlimited in number. The Fellows of that College now number nearly 400, while the College of Physicians numbers, as stated in the Report, only 45 efficient Fellows. (*Vide par. 3 of Report.*) The other, outside the profession, the benchers, who stand in relation to barristers much in the same position as the College of Physicians stands to physicians. They are self-elected, but do not vote by ballot. The Council of the University of Dublin is not elected by ballot; nor does the Convocation of the Queen's University in Ireland elect to the Senate by ballot.

PARAGRAPH 2. "That the College, in seeking for the use of the ballot in voting, accepts the principle that the majority of votes shall decide the result."

Rejoinder.—The College deserve no credit for this, for they did not surrender the monstrous injustice of their bye-law—that one black bean in five should exclude—until the Visitors had pronounced the bye-law illegal. It is not to be forgotten that, even when the majority decided the election, two Roman Catholics of the highest position were rejected—gentlemen whom the College, with tardy justice, have since elected as Fellows.

PARAGRAPH 3. "That the number of Fellows resident in Dublin and its vicinity, and attending, with more or less regularity, the meetings of the College, is 45, of whom only five have dissented from the provisions of the proposed Charter."

Rejoinder.—This admission is, it appears to us, a sufficient condemnation of the system pursued in the College, that while, at the end of 90 years, the Royal College of Surgeons numbers nearly 400 Fellows, in our own College, after 200 years, the Fellows barely exceed 50 in number, and of these the average attendance is only 15. It does not follow, as the Memorial Committee would imply, that only five have dissented, and that all the remainder assent to the proposed Charter.

PARAGRAPH 4. "That, during the forty years, when the practice of voting by ballot prevailed, no complaint to the Visitors was ever made against the practice."

Rejoinder.—The only surprise is, that there ever was a

complaint to the Visitors, when it is known that the visitation in 1870 cost upwards of £400, an expense sufficient to deter any rejected candidate from appealing, who in an appeal would have to contend with his private resources against a corporation; nor, perhaps, would there have been the appeal to the visitors in 1870 were it not that the College had superadded to election by ballot the monstrous bye-law of one in five excluding, which virtually put the election of a Fellow into the hands and private arrangements of about six voters.

PARAGRAPH 8. "That while freely admitting the assertion of the Dissenters, that the duty of co-opting new Fellows into the College is a trust, for the exercise of which the existing Fellows should be responsible to professional opinion, it is at the same time one in which they should be protected from the undue influence which could so easily be exercised upon them by candidates, however undeserving of the Fellowship, who were supported by a powerful political, religious, or social party."

Rejoinder.—This statement freely admits "the assertion of the dissenters that the duty of co-opting new Fellows is a trust for the exercise of which the existing Fellows should be responsible."

This appears to us to grant our whole case. The Fellows cannot be held responsible unless it is known how they voted; and as to the necessity which it is asserted should exist to protect Fellows "from the undue influence which could so easily be exercised upon them by candidates, however undeserving of the Fellowship, who were supported by a powerful political, religious, or social party," we feel thoroughly ashamed of this defence of the ballot; but if the majority of the Fellows are so cowardly and mean-spirited as they would here represent themselves to be, let them adopt the principle of the College of Surgeons, and admit to Fellowship by examination in open court.

PARAGRAPH 10. "That one of the effects of the operation of open voting would be to deter many of the most valuable Members of the College from taking an active part in the management of its affairs."

Rejoinder.—This is a gratuitous assumption of what is to come: open voting does not deter voters in other chartered corporations from attending, nor does it appear that during 140 years when open voting was the rule, it deterred Fellows from attending, much less that it deterred the "most valuable members of the College."

PARAGRAPH 12. "As the Dissenters appear to make it an objection that in the King and Queen's College of Physicians there are now no more than 55 Fellows, the President and Fellows find it necessary to reply that in the University of London—a great and most important institution—the number of Fellows is only 36, and that in the other Colleges of Physicians, Colleges of Surgeons, Glasgow Faculty, and in all the incorporated scientific and literary societies, in which the number of Fellows or Members is unlimited, there is a Council or other governing body of a small precisely defined number, usually 21; but in the London College of Physicians, but 18; and in the Edinburgh College of Physicians, only 7."

Rejoinder.—There is no analogy whatever between the University of London and the King and Queen's College of Physicians as to the number of Fellows and mode of election. In the College of Physicians the number that may be elected is unlimited, and they have the power of election to Fellowships in their own hands. In the University of London, the number of Fellows is limited by the Crown to 36, and they enjoy no power of self-election.

PARAGRAPHS 13 and 14.

Rejoinder.—The reply to the disclaimer in Paragraph 13, "of any intention to use the proposed vote by ballot to the disadvantage of candidates who may happen to differ from them in religion or politics," is abundantly answered by Paragraph 14 in their own words, "that of the five candidates who were rejected under the bye-law since declared illegal, four were Roman Catholics, and one was a Protestant, but there was this difference between them, every one of the Roman Catholics would have been admitted had a simple majority, as is now sought for, carried the election."

We ask, who was it that passed this illegal bye-law? The College itself; and although the College admits it was illegal, it has never taken a step to repair the injustice inflicted (as they admit) upon the four candidates.

PARAGRAPH 16. "That the bye-law which the Visitors have pronounced illegal was framed for the sole purpose of

preventing the indiscriminate admission to the Fellowship of Non-Graduate Licentiates—a measure which the College considered the Act 25 Vict., ch. 15, gave them full power to guard against, since in its concluding paragraph it specially enacts that the Fellows shall admit Licentiates who are not Graduates under such limitations as to them may seem fit."

Rejoinder.—With regard to the bye-law mentioned here, viz., that one-fifth was to exclude, the visitors pronounced it illegal, and that is enough. There could never be "indiscriminate admission," for a majority would have excluded any unfit candidate. When the same argument was put forward by counsel before the visitors, the ironical observation of the Chief Justice of the Common Pleas was: "If they may do that, they may do anything they like."

PARAGRAPH 17. "That the College desires to have the power to create an Order of Members similar to that which is possessed by the Royal Colleges of Physicians of London and Edinburgh, inasmuch as there are numerous valuable medical appointments in England which can only be held by Fellows or Members of a College of Physicians. From these the Licentiates of this College are necessarily excluded, and it is in consequence of remonstrances addressed to the College by various Licentiates who have suffered from this disability, that this power is now sought, whereas not a single Licentiate has objected to the creation of the new order."

Rejoinder.—There is not a single instance given of a remonstrance to the College in regard to any public appointment. Such an exclusion might have existed before 1858, the date of the passing of the Medical Act; but the Act of 1858 establishes reciprocity of right to practise in every part of the United Kingdom for every duly qualified practitioner registered under that Act; and any objection founded on the assumption that a candidate had not a licence from some particular college was illegal.

It is obvious that Licentiates are equally eligible with all other Licentiates, Members, and Graduates to public appointments in England; and that it is an unfounded pretence to put forward as a reason, for seeking a new order, that there are "numerous valuable medical appointments in England which can only be held by Fellows or Members of a College of Physicians."

The New Order proposed to be established would be merely a toll-bar, at which every Licentiate aspiring to a Fellowship would be obliged to submit to a farther tax, for it would be soon intimated that at election for Fellowship it would be in vain for any but a Member to offer himself.

With regard to the last part of Paragraph 17, that not a single Licentiate has objected to the new order, there is good reason to doubt this; but even were it so, it is to be recollected that the College has, up to the present, conducted its proceedings, as far as it could, in secrecy, that it never laid the proposed Charter before the Licentiates; and that even the proposed Charter was forwarded to the Lord Lieutenant on 4th August, 1874, without its being laid before the Fellows, and that it was only in consequence of a letter received, from Sir M. H. Beach on the 6th November, 1874, inquiring if there were any dissentients, that the Charter was laid on the table of the College, for the instruction and consideration of the Fellows.

NOTICES TO CORRESPONDENTS.

MR. HESLIAGE BUCKLEY is thanked for his complimentary letter.

DR. CARDIFF's letter shall have attention.

M.—A review of the book is in type, and will appear in our next.

JUN D'ESPRI.—Withcisms at the expense of the profession are not uncommon, therefore we do not see why its members should not enjoy the jokes as much as those who make them. Here are two of the latest we have heard:—

"Madame," said a cross-tempered physician to a patient, "if women were admitted to paradise their tongues would make it a purgatory." "And some physicians, if allowed to practise there," replied the lady, "would soon make it a desert."

"Now, then," said a physician, cheerily to a patient, "you have got along far enough to indulge in a little animal food, and—" "No you don't, doctor," interrupted the patient; "I've suffered enough on your groel and slops, and I'd starve sooner than begin on hay and oats."

A QUERY

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR.—A short time ago a stout healthy man was attacked with what I can call nothing else than "neuralgia of the bronchial plexus," commencing down to the fingers, and causing a sensation of numbness, besides a most excruciating pain all over the arm. I have tried every remedy I could think of, and besides what several medical men prescribed, but all to no purpose. The pain still continues, though most improved sight. Galvanism gave most relief for a time, but does no

good now. There is nothing whatever the matter with his health besides this violent agonising pain; walking over rough ground seems to shake the whole nervous system, and riding and driving equally give pain. The first fifteen days and nights he had not one hour's sleep, though various anodynes were tried. Will some of my medical brethren kindly recommend something that may relieve, either through your valuable paper or by post to me.

Yours faithfully,

Bishop's Castle, Shropshire.
February 6th, 1875.

J. W. LANE, M.D.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Thorowgood, London. Dr. Bayes, London. Dr. J. W. Lane, Bishop's Castle. Dr. Gongales de Velasco, Madrid. Mr. Kirks, Sheffield. Dr. Griffiths, Dublin. Dr. Lane, Sudbrook Park. Mr. Carsten Holthouse, Sudbrook Park. Dr. Lombe Athhill, Dublin. Dr. Fox, Chelmsford. Mr. Hyslop, Church Stretton. Mr. Verity, Earlsheaton. Dr. Corry, Belfast. Mr. Land, Exmouth. Dr. Chapman, London. Mr. Gilks, Carahaton. Dr. Donkin, London. Dr. Crombie, London. Mr. Fowler, Greenwich. Mr. Hestilige Buckley, Newark-on-Trent. Mr. Macle-hose, Glasgow. Mr. Bird, London. Dr. Cardiff, Ennisceorthy. Dr. Frier, Wallingstone. Dr. Gwydir, Longford. Dr. Daly, Dublin. Dr. Kelly, Ballindine. Dr. McIntire, Coleraine. Mr. Charles Lunn, Birmingham. Dr. Harrison, Rosecommon. Dr. Kerans, Ahascragh. Dr. Killen, Larne. Dr. Ievers, Six-mile-bridge. Dr. O'Reilly, Moville. Dr. Thompson, Bray. Dr. Burnett, Tullow. Anterson, Magherafelt. Dr. Guyon, Paris. Mr. Simpson, London, &c., &c.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, Feb. 10th.—Royal College of Surgeons of England, 4 p.m. Prof. Erasmus Wilson, "On Dermatology."

HUNTERIAN SOCIETY.—7 p.m. General Meeting. 8 p.m. Annual Oration, by Dr. Gervis.

EPIDEMIOLOGICAL SOCIETY.—8 p.m. Dr. Squire: "Further Remarks on the Period of Infection in Epidemic Disease."

FRIDAY, Feb. 12.—Royal College of Surgeons of England.—4 p.m. Prof. Erasmus Wilson, "On Dermatology."

HUNTERIAN SOCIETY.—6 p.m. Annual Dinner at the Albion Hotel, Aldersgate Street.

CLINICAL SOCIETY OF LONDON.—8½ p.m. Dr. Vivian Poore will exhibit a Patient with Paralysis of Serratus Magnus. Dr. Southey will exhibit a Patient with Lepa Anæsthetica. Mr. Pugin Thornton: "Notes of a Case of exceeding Infrequency of the Pulse." Dr. T. T. Whigham: "Notes of a Case of Fatal Pleuro-pneumonia in an Opium-eater."

SATURDAY, Feb. 13th.—Royal College of Surgeons of England, 8 p.m. Hunterian Oration, by Mr. Frederick Le Gros Clark.

MONDAY, Feb. 15th.—Medical Society, 8 p.m. Ordinary.

TUESDAY, Feb. 16th.—Royal Institution, 8 p.m. Mr. E. Ray Lankester, "On the Pedigree of the Animal Kingdom."

PATHOLOGICAL SOCIETY.—8 p.m. Ordinary.

VACANCIES.

Royal Hospital for Diseases of the Chest, City Road. Physician. Honorary. Applications, with Testimonials, to be forwarded to the Secretary. (See Advt.)

North Wales Counties Lunatic Asylum. Assistant Medical Officer. Salary, £100, with board and furnished apartments. Testimonials to the Clerk to the Visitors, Denbigh.

Donegal District Lunatic Asylum. Consulting and Visiting Physician. Salary, £100 per annum. Applications, enclosing testimonials, to Dr. Merrick, at the Asylum. (See Advt.)

Seamen's Hospital, Greenwich. House Physician. Salary, £120, with furnished rooms, &c. Applications to the Secretary.

Bristol General Hospital. Physician Accoucheur. Honorary. Candidates should address the Chairman of Committee.

Lanely Union. Medical Officer for the Kidwelly District. Salary, £20, with fees extra. Application to the Clerk to the Guardians.

Alderbury Union, Salisbury. Medical Officer for the Workhouse and the District. Combined salary, £125, with extra fees. Address the Clerk to the Guardians.

St. George's Hospital, London. Lecturer on Comparative Anatomy. Candidates should apply to the Dean.

London Provident Surgical Appliance Society. Assistant Surgeon: Salary, £100 per annum. Attendance from 10 to 12 and 8 to 8 each day. Applications to the Secretary, 87 Gt. Ormond Street, Bloomsbury. (See Advt.)

Lewes Dispensary. Resident Medical Officer. Salary, £100 per annum. Applicants must address the Hon. Sec.

Haileham Union, Kent. Medical Officer for the Parish of Heathfield. Salary, £44, with fees extra. Applications to the Chairman of the Board of Guardians, Hellingly, Kent.

Canterbury Hospital. Assistant House Surgeon and Dispenser. Salary, £50, with board and lodging. Applications to the Secretary at the Hospital.

APPOINTMENTS.

BAIK, W. P., M.D. L.R.C.S. Ed., a Medical Officer for the South District of the Poplar Union.

BARTABLE, D. H., L.R.C.S.I., L.K.Q.C.P.I., a Medical Officer of South District of the Poplar Union.

CAREY, C., L.R.C.P. Ed., M.R.C.S. E., Medical Officer of Health for Bromgrove Country and Town Urban Sanitary Districts.

CHIBNE, J., M.D., an additional Examiner on Anatomy at the University of Edinburgh.

CLUGHORN, H., M.D., an additional Examiner on Botany at the University of Edinburgh.

CONNOLLY, P. R., L.K.Q.C.P.I., L.R.C.S.I., Resident Medical Superintendent to the Waterford District Lunatic Asylum.

COTTON, Mr. D. P., B.A., a House Surgeon to the Royal Maternity Hospital, Edinburgh.

DAVEY, C. J., M.R.C.S. E., Assistant to the Extra Physicians of the Royal Hospital for Sick Children, Edinburgh.

DAVIES, Mr. M. P., Public Analyst for Tenby.

DAVISON, T. V., M.B., Medical Officer to the Bridgenorth Infirmary.

DAVY, Mr. J., Assistant Resident Medical Officer to the Chorlton Union Workhouse.
 DEWAR, J., F.R.S.E., an additional Examiner on Chemistry at the University of Edinburgh.
 DUCKWORTH, DYCE, M.D., additional Examiner on the Practice of Physic at the University of Edinburgh.
 DUNMUR, J., M.D., additional Examiner on Surgery and Clinical Surgery at the University of Edinburgh.
 FERRIER, D., M.D., an additional Examiner on Medical Jurisprudence at the University of Edinburgh.
 FRASER, T. R., M.D., an additional Examiner on Materia Medica at the University of Edinburgh.
 GANGER, A., M.D., an additional Examiner on Institutes of Medicine at the University of Edinburgh.
 HALDANE, D. R., M.D., an additional Examiner on Clinical Medicine at the University of Edinburgh.
 LARGO, B. W., L.R.C.P.Ed., L.R.C.S.Ed., a House Surgeon to the Royal Maternity Hospital, Edinburgh.
 LLOYD, K. M., M.R.C.S.E., Surgeon to the Flintshire Dispensary.
 MACDONALD, A., M.D., an additional Examiner on Midwifery at the University of Edinburgh.
 M'INTOSH, W. C., M.D., an additional Examiner on Natural History at the University of Edinburgh.
 MAHOMED, F. H. A., M.R.C.P.L., M.R.C.S., Medical Tutor and Demonstrator of Pathology at the St. Mary's Hospital Medical School.
 PAYNE, J. F. M.B., an additional Examiner on Pathology at the University of Edinburgh.
 SINGLTON, F. E. C., L.R.C.P.Ed., L.R.C.S.Ed., Resident Medical Officer to the Royal Hospital for Sick Children, Edinburgh.
 SYMONS, G. S., M.R.C.S., Resident Medical Officer to the Chorlton Union Workhouse, Withington, Manchester.

Marriages.

JALLAND-MICKLEY.—On the 3rd inst., at St. Mary's Church, Aspeden, Wm. Hamerton Jalland, F.R.C.S., of York, to Ellen Maria, second daughter of Geo. Mickley, Esq., of Buntingford.
 MARTIN-JOHNSTON.—On the 27th ult., at Stephen's, Dublin, Brownlow Rudinge Martin, M.B., to Mary J., daughter of the late John Johnston, Esq.

Deaths.

CLARK.—On the 31st Jan., at Eliot Park, Blackheath, James Clark, M.D., aged 54.
 COOKE.—On the 22nd Jan., at Dawlish, A. L. T. Cooke, M.R.C.S.E., Surgeon-Major Madras Service, aged 54.
 JAMESON.—On the 1st Feb., Wm. Jameson, M.D., of Harcourt Street, Dublin, aged 72.
 LEAD.—On the 23rd Jan., at his residence, Woburn Lodge, Exmouth, W. H. Land, M.R.C.S.E., aged 75.
 MACLEOD.—On the 25th Jan., Wm. MacLeod, M.D., of Ben-Rhydding, Yorkshire.
 SMITH.—On the 26th Jan., Dr. Edward M. Smith, of Norwich, aged 51.

OLD COINS FOR SALE.—Gold, Silver, Copper, Saxon, English, Roman, Greek, &c. Lists free.—J. VERITY, Earlsheaton, Dewsbury.

FOR SALE.—The several Volumes hitherto published of the OLD and NEW SYDENHAM SOCIETY, together with the valuable plates issued up to this date. Also for SALE, a valuable Full Case of Surgical Instruments, by Weiss and Co., London, never used.—Apply at 28 Ely Place, Dublin.

PROVIDENT SURGICAL APPLIANCE SOCIETY,
 37 Great Ormond Street, Bloomsbury, W.C.—The office of ASSISTANT SURGEON to the above Institution is VACANT. Daily attendance from 10 to 12 a.m., and 6 to 8 p.m. Salary £100 per annum. Candidates (who must be registered practitioners) are required to send in their application, with testimonials, to the Secretary, on or before Thursday, the 11th February, and to attend at the Institution, on Friday, the 12th February, at 4 o'clock.
 J. P. CESAR, Secretary.

DONEGAL DISTRICT LUNATIC ASYLUM, LETTERKENNY.—The Governors of the above Asylum will, on WEDNESDAY, the 10th FEBRUARY, 1875, proceed to elect a gentleman duly qualified in Medicine and Surgery, to act as Consulting and Visiting Physician to the Institution, at a salary of one hundred pounds per annum.
 Applications, enclosing testimonials, &c., to be forwarded to Alex. Stewart Merrick, Esq., M.D., Resident Medical Superintendent.
 The personal attendance of candidates required on the day of election.
 (By order) HUGH STEVENSON, Clerk.
 Letterkenny, 27th January, 1875.

TO MEDICAL MEN AND CAPITALISTS.—HOTEL AND CONVALESCENT SANITARIUM.—The Proprietors of a furnished Hotel, in one of the most fashionable and frequented Marine Resorts, on which about £18,000 has been expended, possessing sanitary advantages not to be surpassed, and having a well-established first-class hotel business, with a view to its extension, are desirous to treat with one or more persons who can command £20,000.
 The special object proposed is to meet the particular requirements of the numerous Invalids and Convalescents who resort to the locality in a manner, to meet the cordial approval and patronage of the Medical Profession, for which there is every facility.
 Apply, in the first instance, by letter, to "MARINE," 41 Coney Street, York.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H. THE PRINCE OF WALES.
 This Institution was founded in 1839, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.
 To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.
 The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.
 Pupils are admitted free by election, or by payment of £25 per annum. A higher rate is payable for separate accommodation.
 Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.
 Each donation of Five Guineas gives the donor a life-vote.
 Annual Subscribers are entitled to one vote for each half guinea paid.
 An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.
 Full particulars as to the working of both Institutions, terms, &c. can be had at the office,
 40 MOLESWORTH STREET, DUBLIN,
 W. O'NEILL, Secretary.

DUBLIN INFIRMARY FOR DISEASES OF THE EYE and EAR, Ely Place.

Ophthalmic and Aural Surgeon:
 ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S., Ex-Ophthalmic and Aural Surgeon to the City of Dublin Hospital.
 Consulting Physician:
 EVROY KENNEDY, M.D. (Hon. Cons.) T.C.D. and Edin., Fellow and Ex-President King and Queen's College of Physicians.
 Consulting Surgeon:
 GEORGE H. PORTER, F.R.C.S.I.; M.Ch. T.C.D. (Hon. Cons.), Surgeon in Ordinary to Her Majesty the Queen in Ireland; Fellow and Ex-President, R.C.S.I.; Senior Surgeon to the Meath Hospital.
 Obstetric Physician:
 JOHN CRONYN, M.D., F.R.C.S., Professor of Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

Work, Income, and Expenditure for Twelve Months

Annual number of Dispensary patients	...	...	...
Number of visits paid by such patients	...	...	5,547
Number of patients within the Infirmary	...	...	124
Number of operations performed	...	...	163
Total gross expenditure per bed per annum	...	...	£37 15 0
Average expenditure per intern patient	...	...	1 10 6

The Infirmary is wholly dependent on private benefactions, and is in debt to the Medical Officer. SUBSCRIPTIONS ARE EARNESTLY SOLICITED

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 WILLIAM STARKEY, M.D.,
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 Surgeons and Chemists supplied with an excellent Aperient Pill (the formula for which will be forwarded), covered with a thin non-metallic film, rendering each pill perfectly tasteless, at its gross. Postage free. They present an elegant pearl-like appearance, and may be kept in the mouth several minutes without taste, yet readily dissolving, even in cold water, in an hour. Any formula dispensed and covered, and samples, with a list of pills, from 500 different forms which are kept in stock, will be forwarded free on application to
 ARTHUR H. COX and CO., Tasteless Pill Manufacturers, Brighton.

The Medical Press and Circular OFFERS UNUSUAL ADVANTAGES

FOR the insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c. it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.
 The scale of charges is as follows:—

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 17, 1875.

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Original Communications.

ON NOXIOUS AND OFFENSIVE TRADES AND MANUFACTURES, WITH ESPECIAL REFERENCE TO THE BEST PRACTICABLE MEANS OF ABATING THE SEVERAL NUISANCES THEREFROM. (a)

By H. LETHEBY, M.B., M.A., &c.,

Professor of Chemistry in the College of the London Hospital; late Medical Officer of Health and Public Analyst for the City of London; and President of the Society of Medical Officers of Health.

PART II.

Size and Glue Making.—All sorts of gelatinous material, as fresh English fleshings (cuttings of hides) from tanneries, kip fleshings from abroad, calves' pates, and the cuttings of skins called "hide pieces," dried sinews, sloughs (bones inside horns), with other such offal and garbage, as well as fresh bones, are the raw materials from which size and glue are made. The fresh fleshings, as well as the clippings of others which contain fresh lime, are steeped for several hours in water acidulated with sulphuric acid. Old fleshings, in which the lime is killed by becoming carbonate, are merely washed with water; and these with the other glue-making materials are put into large open boilers, called "glue pans," with water, and are boiled for two or three hours by a naked fire, when glue is made, or by means of a steam coil, when size is the product, until they are dissolved. They are frequently stirred during this operation, in order that the fat may rise for collection. The liquid is then run off through a rough strainer into a tank, and allowed to settle for about half an hour, when it is either put into tubs and sent away as size, or it is allowed to set in wooden troughs, from which it is taken and cut up into blocks about a foot square, which are subsequently further divided by means of a wire into slabs, and dried.

(a) From a paper read before the Society of Medical Officers of Health, January 16, 1875.

The degree of concentration in making size is much less than that for glue, the point in the latter case being determined by the appearance of the cooked liquor upon a lump of alum. The residue in the glue pans is a mass of fibrous matter, called "skutch," which often contains enough fat to pay for another operation. The skutch is put into a boiler with enough sulphuric acid to dissolve the fibre (about 75 lbs. to a ton of skutch), and it is heated by high pressure steam blown into it. Under this treatment the fibre dissolves and so lets loose the fat, which rises to the surface. All these operations are offensive, and require to be managed with great care to prevent them from being a nuisance. The fleshings and other materials, for example, are frequently allowed to remain in heaps in hot weather until they putrefy, and the vapours from the glue pans and the skutch pans are exceedingly nauseous. It is proper, therefore, that the raw material should be used as quickly as possible, or be kept in covered tanks, and the vapours from the covered pans should be conveyed through condensers or coolers, and thence to the furnace fires.

Manure making.—Apart from the making of superphosphate of lime, which I shall describe directly, the manufacture of animal manure is generally a frightful annoyance, from the circumstance that it is generally in the hands of small capitalists, who have very little regard for the health or comfort of the community. The raw materials are of the most heterogeneous character, as fleshings, breakings, and other refuse from tanners, fellmongers, soap-makers, fat-melters, bone-boilers, glue-makers, &c., together with all sorts of waste from furriers, wool-spinners, hair-dressers, &c.; putrid fish, putrid flesh, and the offal of markets and slaughter-houses, all of which are indiscriminately used as the basis of animal manures; and these are treated in vats or boilers with sulphuric acid and steam—there being rarely much provision for the destruction or neutralization of the offensive vapours. Occasionally the operations are conducted in closed iron cylinders set vertically, so that the charge may be dropped into them at the top and let out at the bottom. When full they are made tight and submitted to the action of high pressure steam (from 30 to 50 lbs.),

which is blown into them for ten or twelve hours. In this manner the materials are perfectly disintegrated, and after standing for a few hours to cool, the liquid portion, consisting of water and fat, is first run out through a tap at the bottom, and then the solid parts are removed. Apparatus of this kind can be worked without annoyance to the neighbourhood, but if the manufacturer prefers to mix the materials in his own way, it should be done in a close chamber or cylinder with revolving arms, and with a contrivance for carrying the offensive gases to the furnace fire. Other operations, as *fish drying* and *smoking*, and the *preparation of albumen from blood and eggs*, also deserve notice as requiring attention and cleanliness to guard against nuisances.

Animal Charcoal Burning.—This until lately was a great annoyance to the inhabitants of the neighbourhood in which sugar bakers reside. Formerly the bones were burnt in iron retorts set in a furnace, without much precaution against the escape of the offensive empyreumatic vapours, and the red hot charcoal was cooled and quenched in iron boxes by means of water, whereby much sulphuretted hydrogen was evolved. The processes, however, at present in practice are planned with every consideration for the public comfort. The retorts are so constructed that the vapours from the ignited bones are carefully conducted to the furnace fire and are burnt; and the red hot bone block is received into specially designed coolers that do not permit of the access of atmospheric air, which would be destructive of the carbon of the bones. When the animal charcoal has become exhausted of its decolourising power, it is again burnt and revived in revolving retorts, or in well designed vertical cylinders, which do not permit of the escape of any offensive matter into the surrounding atmosphere, but discharge it into the furnace fire.

The roasting of coffee, chicory, and cocoa, if not properly managed, is offensive. The operation is performed in a revolving cylinder, a cage set over a coke or charcoal fire enclosed in a tight chamber, which is ventilated to the chimney shaft. In the case of coffee and cocoa the roasting operation is often performed in wire cylinders, whereas that of chicory, on account of the large quantity of powder produced, is always of sheet iron. The cylinders are about 4 feet long and 20 inches in diameter. They receive about a hundred-weight at a charge, and they are run into the roasting chamber upon a square axle, which supports them over the clear fire, about a foot above it. They are then set in gear, and turned by machinery at the rate of about fifty revolutions a minute. There are breaks in the interior of the cylinder to distribute the coffee or chicory during the roasting, so as to equalise the action. The operation lasts about thirty or thirty-five minutes for coffee or chicory, and half the time for cocoa; and the empyreumatic vapours go into the fire and up the chimney shaft. When the operation is finished, in the case of coffee and cocoa, the roasted berries are blown about by a blast of air, and this blows about a quantity of the outer covering of the coffee-berry (called *flights*), which are occasionally annoying to the neighbourhood. The loss of weight during these operations is from 14 to 16 per cent. for coffee, from 9 to 11 per cent. for cocoa, and about 25 per cent. for chicory. *Brown malt* and *roasted corn* are likewise roasted in much the same manner, and require that the empyreumatic vapours should be carried into the fire and be burnt.

There is another vegetable matter which in burning has lately caused offence to the neighbourhood in which the operations are conducted. This is the resinous matter obtained by the evaporation of the alkaline liquor obtained in the treatment of *Esparto grass and straw in paper-making*. The liquor is first evaporated in large close evaporating pans, which receive the full force of the fire above and below, and thus the vapours are carried forward into the chimney shaft. When the residuum is sufficiently consolidated, it is roasted in a furnace, for the purpose of burning off the organic matter and recovering the alkali. This operation has been forced upon the paper makers in

consequence of the difficulty of disposing of the spent liquors.

Within the last ten years a new branch of industry has sprung up in this country, on account of the permission to use sugar as well as malt in the production of beer. The sugar is called *saccharine* or *glucose*, or *grape sugar*, and it is generally made from the cheapest and most accessible kinds of starch. Rice starch is that which is commonly used in this country at the present time. The rice is crushed between rollers, and macerated in a vat with a little alkali for about twelve hours, during which time it is constantly stirred by revolving arms moved by machinery. In this manner the gluten of the rice is dissolved out of it, and the starch is set free. After standing quiet for about six hours the starch settles, and leaves a supernatant solution of gluten, which is generally thrown away. The starch is then transferred to another vat and treated with water acidulated with sulphuric acid. About 150 lbs. of acid (sp. gr. 1,850) and 1,500 gallons of water are sufficient for a ton of starch. The mixture is stirred like the last, and it emits a smell of rancid butter and grains (butyric and lactic acids). It is then run into a vertical cylinder, called a "digester," where it is submitted to the action of steam, at 20 lbs. pressure, blown into it for about half an hour. This converts the starch into glucose, and the solution is allowed to flow into a vat, where it is neutralised with powdered chalk, and kept stirred for about two hours, during which time the same offensive smell of butyric and lactic acids is evolved, and to a much greater extent. The clear liquor is next filtered through horsehair bags to separate sulphate of lime, and evaporated in vacuo to the consistence of a very thin syrup, which is filtered through animal charcoal in the usual way. It is then further evaporated in vacuo until it looks like honey. In this state it is poured into moulds and allowed to set. The yield of starch from the rice is as much as 80 per cent., and the yield of sugar is about 5 per cent. above the weight of the starch. The saccharine or grape sugar, when well made, contains from 80 to 82 per cent. of glucose, with only a trace of gum and mineral matter; and it is generally used by the brewer mixed with two parts or malt. The offensive effluvia from these operations are easily prevented by covering the vessels and ventilating them into the fire or chimney shaft.

Leaving these, which are the most important operations whereby sulphuretted hydrogen and organic vapours are evolved, I proceed to a class of manufactures which are nuisances by reason of the irritating acid vapours and gases which they produce; and these may be classified under different heads.

(To be continued.)

OSSIFICATION OF FŒTAL HEAD AND CONTRACTED PELVIS NECESSITATING CRANIOTOMY.

By WILLIAM DONOVAN, L.R.C.P., L.R.C.S.,
Fellow Obstet. Soc. Edin., &c., Medical Officer Carrigavarr
Dispensary, Cork Union.

VISITED Mrs. M., aged 40, on the 24th of January last, at about 1 o'clock, p.m., who had been in labour for about fourteen hours. On making an examination, I found the head presenting at brian of pelvis, and everything apparently right. Seeing no necessity for interference, I left, desiring the midwife to send for me if required. I was called again at 11 o'clock p.m., and on examination found the head in the same position as it was on my former visit. These facts led me to make inquiry as to her former labours, when the following facts relative to the woman's history were elicited: Mrs. M. had been naturally delivered of seven healthy children, all of whom survived. In her eighth confinement she had to be delivered by instruments at the expense of the child's

life. In her ninth labour she was delivered by craniotomy, under chloroform, by two medical officers of Cork City Dispensary, now four years ago. With these facts before me, and with no professional assistance within some eight or nine miles, and symptoms of exhaustion becoming apparent in the patient, I proceeded at once to apply the long forceps, which I succeeded in doing after some trouble. On making traction in the usual way I was enabled to bring the head into the cavity of the pelvis, where it became so impacted that all my efforts, aided by strong labour pains, were unable to move it further. The forceps appearing to have no compressing power on the head, and the woman becoming more exhausted, I removed the forceps and examined the head carefully, when I became aware of two circumstances—first, that the pelvic cavity was abnormally contracted, and secondly, that the cranial bones of the fœtus were fully ossified, the sutures and fontanelles being scarcely definable. Having now spent some six or seven hours in a miserable cabin, and beginning to feel rather done up from heat, bad air, and long-continued exertion, and feeling confident that labour could not be completed except by craniotomy, the woman herself and her husband consenting, I proceeded to perform the operation, and completed delivery with the blunt hook or crochet at 6 o'clock a.m. Hæmorrhage having set in after the removal of the placenta, and the patient showing a tendency to syncope, I administered twenty drops of tincture of Indian hemp and some spirits and water. Urgent symptoms being relieved, I left the house at 7 o'clock. The woman made a rapid recovery, the only unpleasant symptom arising being retention of urine, which being relieved, no further attendance became necessary, the woman being now quite recovered.

CASE OF CRANIAL INJURY. (a)

By E. H. BENNETT, M.D.,

Professor of Surgery in the University of Dublin.

THE individual whose calvaria Dr. Bennett showed the Society was about 19 years of age. It appeared that he was engaged during last summer in carting rubbish from a building which was undergoing repairs. While thus employed a scaffold-pole fell and struck him on the side of the head. By the force of the blow his head came in contact with a heap of bricks, so that, so far as the history of the blow went, he was struck on both sides of the head, and in the absence of any definite wound, they were doubtful as to which was the most serious injury. The man was stunned by the blow, but recovered himself in a few moments, and almost as quickly as he fell, and his fellow-workmen assisted him to rise; he recovered consciousness. He was given a glass of whisky, which he vomited. This occurred between half-past 11 and 12 o'clock in the day. After the accident he went to Townsend Street, about a quarter of a mile distant, to the stable; he brought the horse in, unharnessed him, and put him into his stall. No one would appear to have come in contact with the injured man for about two hours. At 2 o'clock his fellow-workmen found him lying in the stall, and they, assuming he was drunk, left him there; so he remained until about 5 o'clock in the evening, and then he was brought to Sir Patrick Dun's Hospital. When he (Dr. Bennett) saw him, about 6 o'clock, his breathing was stertorous, and he was paralysed on the left side. His pulse was slow and feeble, and his respiration was so slow that every now and then it seemed as if his last breath had been drawn. On examining the cranium he failed to determine anything that would account for the symptoms. Taking into account the history of the suddenness of his recovery, and the fact that the vomiting was followed by an hour, at all events, and perhaps more, of sensibility, and then the second relapse into unconsciousness, he thought these circumstances pointed to the conclusion that his condition at the time of admission was due to inter-cranial hæmorrhage, and that in all probability an important one of the meningeal vessels was lacerated; but to

determine the side was impossible, considering the diffused nature of the wound. He died in about an hour after Dr. Bennett saw him. The autopsy was made on the following morning; and they found, on raising the scalp, that blood effusion was present in the whole of the vertex and in either temple. They also detected a fissure passing along the coronal suture right down to the temple. On sawing the skull across they found a blood-clot, one of the largest he had ever seen. It lay directly over the track of the meningeal vessels, and of course compressed the surface of the brain so as to form a deep hole or *fossa* in it. There was also a small fissure in the periosteal layer of the dura mater. The case was of interest owing to the intervals of sensibility after the injury was sustained and the other details which were so well-marked.

CASE OF ELEPHANTIASIS ARABUM. (a)

Under the care of W. J. WHEELER, F.R.C.S.,

Surgeon to the City of Dublin Hospital.

THE subject of this case was a woman, 30 years of age, who was admitted into the City of Dublin Hospital under his care on Oct. 16th, 1874. She had suffered from the disease for eighteen years. The disease began by a pain in the foot. When the patient was 10 or 11 years of age the ankle then swelled, again subsided, and again enlarged. She suffered during this period from a fever known as elephantoid fever. The crevice, as it was called by Virchow, formed at the inner malleolus and the folds of skin lying on one another caused ulceration. Amputation was performed on Nov. 7th. The size of the sound limb as compared with the diseased was as follows: Sound—round ankle, 8½ inches; round calf, 13 inches; round dorsum of foot, 9½ inches. Diseased—round ankle, 20 inches; round calf, 26½ inches; round dorsum of foot, 18½ inches. In this case the limb was immensely developed, the fascia over the gastrocnemius muscle was much thickened, its elements more lax than normal. The tunica adventitia of the blood-vessels was thickened; the other coats were healthy.

CASE OF RUPTURE OF THE LIVER. (a)

Under the care of JOHN HAMILTON, F.R.C.S.,

Surgeon to the Richmond Hospital.

THE patient was a child, admitted into the Richmond Hospital on the 16th of the month. Ten minutes before admission a wall had fallen on the child and crushed it, and on reaching the hospital the child was in a moribund state; its face was deadly pale, the extremities cold, and the action of the heart feeble. He died fifteen minutes after admission, and twenty-five minutes after the accident. On the chin there was a deep cut, and there were severe scratches about the legs, but there was no abrasion or bruise, or, in fact, any sign of injury to the trunk, chest, or abdomen. The latter was a point in the case which should be borne in mind. Forty-eight hours elapsed before the body was examined, and when the abdomen was opened and the viscera inspected no lesion was discovered in any except the liver, and the lesions there were of a very extensive nature. On the posterior surface it would be seen that the right lobe was nearly entirely torn away from the body of the organ. The most important of the lesions was a great rent which went obliquely to the right lobe and nearly separated the liver into two parts. The injuries were all on the posterior surface of the liver. Mr. Stack observed that these extensive lesions and bruises were exactly opposite to the prominent part of the spine, and he therefore came to the conclusion that the soft walls of the belly had yielded before the weight and force of the falling wall; and that the resistance of the spine on the one side and the weight on the other had torn the liver between them. He (Mr. Hamilton) had no doubt this was the case. Some years ago he exhibited to the Society the liver of a sweep who had fallen down a chimney and whose right side as he fell came in contact with a projecting part of the wall of the chimney. He was admitted suffering from intense pain in

(a) Abstract of a communication to Dublin Pathological Society, reported for the MEDICAL PRESS AND CIRCULAR.

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the belly, and lingered two days and a half, when he died. He had suppression of urine. It was hard before death to make out what was the nature of the injury, but it was supposed that the kidney was injured. When the abdomen was opened, however, in that case, the injury was found to be in the liver, which was torn extensively, just as in the case now before the Society. As in the present instance, there was no sign of bruise or abrasion on the abdominal walls. In the case now before them the hæmorrhage amounted to twenty-six ounces of blood, found in the cavity of the belly. The hæmorrhage was also very extensive in the sweep's case. Owing to his stronger constitution, he survived the length of time already mentioned, his death being caused by the excessive shock and the great injury which this important organ received.

CASE OF EXCISION OF THE KNEE. (a)

Under the care of Dr. HAYES,
Surgeon to the Mater Misericordiæ Hospital, Dublin.

THE patient was an inmate of the Mater Misericordiæ Hospital, a girl, 18 years of age. About eight years ago she was thrown from a car on to the road, falling on her left knee, and being thereby rendered insensible. The patient stated that her head did not come in contact with the ground, but that it was owing to the excessive pain in her knee that she was rendered insensible. She was carried home, and when she recovered consciousness sickness of stomach occurred. She was able to move about some days afterwards, but the knee became swelled and painful. This continued for a month, when the pain became much aggravated, and prevented her walking. She now consulted a doctor, who said that the knee had been dislocated, and the patient stated that the doctor reduced the dislocation, but told her not to walk on the leg. A few days afterwards, however, she gave the knee a jerk, but took no notice of it until, at the end of six weeks, she found it necessary to consult the same doctor, who told her that dislocation had again occurred, but on this occasion he failed to reduce it. At this time she was not able to walk, and the pain continued. Three years ago she got startings in the knee at night, chiefly in the early part of the night. In July, 1874, she came to Dublin, and consulted his colleague, Dr. Cruise, being admitted into the hospital under his care. He (Dr. Cruise) did everything possible to relieve the pain and bring the limb into a proper position, the knee being now flexed, and keep the joint at rest. There was no history of a strumous family. She left hospital in July, having had an attack of erysipelas while there. She was readmitted in September last, under his (Dr. Hayes') care, when the following was her condition: The joint was somewhat globular in shape, felt soft and pulpy, the patella being movable. He (Dr. Hayes) excised the joint. At the first glance it seemed to present the appearance of very little disease. In the outer condyle of the femur they had the chief point of ulceration and erosion of the cartilage, and there was evidently a stratum of enlarged vessels filling a considerable portion of the cartilage. The surface of the patella was also in an abnormal condition. The inner facet was covered with fibrous tissue crossing the surface, and there was also a small ossified mass of bone. The condition of the synovial membrane was morbid and pulpy, and the degeneration of Sir Benjamin Brodie was well marked. The patient suffered intense pain, and could hardly bear the slightest examination of the bone.

CASE OF PLEURITIS (a)

Under the care of Dr. NIXON,
Surgeon to the Mater Misericordiæ Hospital, Dublin.

Dr. NIXON showed specimens taken from the body of a patient who had died in the Mater Misericordiæ Hospital of pleurisy. With the usual treatment the man seemed to get on very well, but bronchitis set in, and he suffered from sleepless nights. One night especially it was thought he was dying, as he sat up in the bed, gasped for breath, and became livid in the face. On the following morning 4½ ozs. of clear

serous fluid was drawn off from the right side of his chest. The patient coughed a good deal. Shortly afterwards severe vomiting set in and continued for three hours, after which he seemed to slightly improve. On the same night, however, the pulse became very quick, and the respiration increased in rapidity. When examined at 12 o'clock that night the respirations were 70, and the pulse 150. The man gasped for breath, and this continued until the following morning, when the patient, who was sitting up in bed with a livid face and with greatly obstructed breathing, died. The post-mortem examination showed that the parietal portion of the pleura was greatly thickened, and a layer of lymph covered part of the visceral portion. The right side of the pleura contained three or four quarts of serous fluid. The heart was found intimately attached to the chest-wall corresponding to the left nipple. Prior to the operation of tapping some doubt existed as to whether or not there was fluid in the pericardium. The heart was intimately attached to the parietal portion of the pericardium, and in the situation of the attachment from 18 to 20 ozs. of bloody serum were found. The right lung was intensely injected with blood, perfectly airless, and sank rapidly in water.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 25TH, 1875.

C. J. B. WILLIAMS, M.D., F.R.S., President, in the Chair.

ON THE TEMPERATURE OF PHTHISIS PULMONALIS AND ON THE VARIOUS CONDITIONS INFLUENCING IT.

By C. THEODORE WILLIAMS, M.A., M.D., F.R.C.P.

THE author, after briefly reviewing the labours of Jochmann, Lebert, Küchenmeister, Ringer, Wilson Fox, and others on the thermometry of phthisis, proceeded to demonstrate the reasons why hitherto no definite laws governing the rises and falls of the temperature in the disease had been discovered; the main point being the comparatively few observations taken *per diem*, and the acute and exceptional character of the cases under observation. A clinical and pathological account was then given of one hundred and four consumptive patients, inmates of the Brompton Hospital, and, therefore, subjected to the same equable atmospheric and hygienic conditions, in all of whom the temperature was taken at least five times, and in many of them seven, ten, and twelve times daily, for periods varying from seven to thirty days. The patients were sixty-three males and forty-one females, embracing all acute and chronic forms of the disease except acute tuberculosis. The temperatures were taken for the most part in the axilla, and in some instances, for comparison, in the mouth, by the clinical assistants and by Dr. Williams himself, with thermometers manufactured by the best makers. These observations amounted in number to between four thousand and five thousand. To ascertain more fully the exact thermometrical phenomena of the disease, and especially the night changes, in twelve cases an hourly record was carried out for twenty-four consecutive hours, and in some instances it was repeated for a second similar period. The state of the pulse, respiration, skin, bowels, and urine was likewise noted; as also the time of meals and the amount of food taken. The cases are classified in the following manner, according to stages: 1. First stage, active (where formation of tubercle was taking place); 2. First stage, quiescent; 3. Second stage, that of softening; 4. Third stage, active (with increasing excavation and tuberculisation); 5. Third stage, quiescent (or chronic cavity). The results of the analyses under these headings were then given, and the temperature at each of the hours of observation, viz., 8, 10, and 11 a.m., 2, 5, 8, 10, 11, and 12 p.m., as also the intermediate day temperatures occasionally taken and the night observations. The media, maxima, and minima of each stage were stated, and tables and charts were exhibited to explain more fully the method of calculation and the results arrived at. The influence of the states of

(a) Abstract of a communication to Dublin Pathological Society, reported for the *MEDICAL PRESS AND CIRCULAR*.

consolidation and of tubercle formation, of softening and of excavation, as well as extension of disease, on the temperature, were dwelt upon, and illustrative instances of each given; the pathological state being proved in many cases by post-mortem examinations. The chief conclusions as to the diurnal temperature of the disease were as follows. In a large number of chronic phthisis cases, the temperature is normal or subnormal, sometimes falling to between 93 deg. and 94 deg. Fahr., a continuity of low temperatures being most marked in the first and third quiescent classes. In pyrexial cases, the temperature is seldom very high, 104.6 deg. Fahr. being the highest recorded. In the majority, a marked rise takes place after 2 p.m., and a rapid fall occurs after 10 p.m., which continues throughout the night, until its minimum, sometimes as low as 94 deg. is reached before 7 a.m.; a slight recovery is then perceptible, the normal being seldom, however, attained before 9 or 10 o'clock. This temperature wave may be shifted a few hours, the rise taking place later in the afternoon, the high temperature being maintained farther on into the night, and the lowering consequently delayed by some hours. Any continuous rise of temperature is followed by a certain amount of collapse, thought not always to a corresponding degree. The disease in all its stages shows the post meridian rise and the nocturnal fall, with the early morning collapse temperatures; and that the latter is a characteristic of phthisis is proved by Dr. Williams' observations on a healthy man (placed under similar conditions to the consumptive patients), in whom the night temperatures did not fall materially below the day ones. The first stage exhibits a more gradual rise and fewer extremes of temperature than the third. In the third stage the temperatures are the highest and the lowest, both afternoon pyrexia and nocturnal collapse being most strongly marked, the one having been known to rise to 104 deg. Fahr., the other to sink to 93 deg. Fahr., thus exhibiting a range of 11 degrees. The second stage shows intermediate thermal features between the first and third stages, active. Tubercle may form, and the various processes of lung-disorganisation may proceed uninterruptedly without apparently causing any considerable rise of temperature, and may even be accompanied by a subnormal temperature, this being probably due to the collapse influence on the constitution. Many of the variations in the phenomena are to be explained by the formation of pus, the liquefaction of adjoining tissues, the imprisonment of the purulent and caseous compounds, and their subsequent evacuation by expectoration. Phthisis has a distinct temperature course, marked, on account of these changes, by great intermissions; but the idea that in each case it depends on individual idiosyncrasy is founded on imperfect observation. In all cases, two principal agencies appear to determine the temperature course: first, an excessive action of the natural processes by which the body heat is maintained; secondly, the influence of collapse, proceeding from the well marked weakening of the constitutional powers in phthisis. These two agencies are continually struggling for the mastery, and the result of this conflict is the temperature course of the disease. The influence of the first is seen in the rise in the afternoon and evening well marked in the active forms of all three stages, and regularly recurring day after day for long periods; the influence of the second was shown in the rapid nocturnal fall and low temperatures of early morning; the collapse influence was also seen in the subnormal day temperatures, occasionally occurring in all stages of the disease, and even where the active processes of lung tuberculation, of softening, and of excavation may be taking place. It is, however, chiefly noted in the quiescent forms of the first and third stages. When low temperatures accompany active forms of the disease, it is probable that the collapse influence is stronger than the pyrexial, and, therefore, masks it. When the chart shows occasional fitful variations, these agencies are, perhaps, evenly balanced, and may alternately prevail, as is witnessed in the end temperatures of consumption; and to these derivations, noticed in advanced cases, may be ascribed the prevailing, but erroneous opinion of phthisis having no definite temperature courses. The author concluded with a careful comparison of weights of the above patients, with their temperatures, and made some deductions therefrom.

Dr. WILSON FOX for some years had attempted such records, but had not made an analysis of the results. It appeared that the highest evening temperature was at 5 p.m.; but there seemed to be this difficulty, that on no two days at the same hour was the temperature alike. For instance, the temperature at 8 a.m.—the lowest—might be

in successive days 97 deg., 98 deg., 99 deg., and 100 deg.; and, at 2 or 3 p.m., it might be 101 deg., 102 deg., or 103 deg. These facts must influence our ideas as to treatment; they must show that the use of therapeutic agents (excepting the cold bath) must be guided by the vitality of the patient rather than by the thermometer. Phthisis was one of the exhausting diseases; chronic suppuration was another. In a case of chronic suppuration following delivery, the extreme variation of temperature was 10 deg. He believed that Dr. Burdon Sanderson regarded great variations in temperature as indicative of suppurative fever. He thought that it was not the existence of pus, but the process of its formation, that led to pyrexia. The more inflammatory processes tending to destruction took place, the more frequent were the variations of temperature. There was, however, an exception to this in pneumonia. It was not yet possible to give the reasons for the variations in individual cases; but Dr. Fox believed that at some future day this would become possible.

Dr. DOUGLAS POWELL objected to Dr. Williams' view of the unity of phthisis in all its forms. When cases of all kinds were mixed, the mean results obtained were less valuable than they would be if a classification were made. The great fact which had come out was the great fall of temperature in the early morning hours; and this would probably be of much importance in treatment. This fall must be due, he thought, to exhaustion; it might, perhaps, be avoided by feeding the patient at night. He asked whether Dr. Williams had made any observations as to the effect of food in modifying the fall of temperature. It had been suggested that the best plan of preventing night-sweats was to feed the patients.

Dr. DRYSDALE had observed, in the North London Hospital for Consumption at Hampstead, that, for a month or two at a time, almost every patient increased in weight, no matter what their temperature might be. He agreed very much with Dr. Williams in his objections to Niemeyer's doctrine of the varieties of phthisis. The only variety that he sometimes met with was one which he attributed to syphilis. He thought that, in miliary tuberculosis, the temperature would be high in proportion to the number of tubercles.

Dr. T. H. GREEN did not think the pyrexia in the third stage was due to disintegration and softening, but to the presence of the first stage of the disease in some other part of the lung. He asked whether the thermometer would indicate the occurrence of an infective process in phthisis.

Mr. HERBERT PAGE said that the curves of temperature in the first stage of phthisis resembled what was seen in surgical cases, where the occurrence of suppuration was marked by similar variations.

Dr. LEARED asked whether the observations on temperature would assist in the diagnosis of the stages of phthisis.

Dr. SYMES THOMPSON said it had been stated that phthisical patients presented idiosyncrasies which rendered thermometric observations futile as regarded treatment. He thought that it had been proved that quinine was a powerful agent in keeping down a high elevation of temperature; but how far real good was done by preventing a rise of temperature was another question.

Dr. CURNOW had taken the temperatures of several of Dr. Thompson's patients in the Brompton Hospital by day and by night. There was great difficulty in finding the averages, although the temperatures touched at certain parts of the day. In some cases complicated with diabetes there was no rise of temperature. As to the influence of the formation of pus, similar fluctuations of temperature were observed in cases of softening of the brain after embolism. The same was the case in separation of fibrin in the blood, leading to metastatic abscesses.

Dr. THEODORE WILLIAMS, in reply, stated that, though it was true that it had been known that morning temperatures were lower than evening in consumption, the exact temperature course, with its variations, was now depicted for the first time, with its remarkable afternoon rise, and still more striking nocturnal fall. As to irregularity of temperatures taken at the same hour, this was not more the case in phthisis than in health, where the observations varied considerably; but variations of this kind in phthisis were sometimes to be explained by a shifting of the whole temperature course by an hour or so. He was strongly of opinion that the chart of the third stage (active class) was typical of suppuration; and various speakers had strengthened this

conclusion by adducing evidence from other suppurative diseases, medical and surgical. The low temperature of the early morning was due to exhaustion, and might possibly be avoided by feeding the patient through the night; but his observations on this point were not yet complete. Whether the local infective process in the lung from a caseous centre could be detected by temperature, he could not tell; but, in several instances where general infection of the system had taken place, it had been characterised by a chart resembling that of pyæmia. He was aware of his classification being rather too simple; but, the results of investigations on this point having been confirmatory of the unity of phthisis, he preferred a few distinct classes, with well marked features, to a number of small divisions hardly to be distinguished from each other. The thermometer might sometimes detect the formation of tubercle before physical signs did; but, on the other hand, tubercle might form without any rise or fall of temperature. The best hours for clinical records in phthisis were: for the low temperatures, from 3 to 6 a.m.; for the high, from 5 to 8 p.m.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 17, 1875.

ARMY MEDICAL REPORTS.

III.

THERE is an Appendix to the Blue-Book, entitled the "Army Medical Report," which contains several interesting essays by Drs. Parkes, Fleming, Warden, Monro, Alcock, Don, Tullock, O'Leary, Slaughter, and Longhurst.

The first essay is a report on hygiene for the year 1873, from the skilful pen of Professor Parkes, of Netley. In this report we find it noticed that Mr. Wanklyn, in his account of the analysis of milk, recommends determining the solids by taking out 5 c.c. and evaporating in a small flat platinum dish in a water bath; in three hours the milk is dry, and with a good balance the error falls only in the second place of decimals. After the residue is obtained the fat may be dissolved with ether, but as 5 c.c. gives a small quantity, Mr. Wanklyn prefers taking 10 c.c. of milk, evaporating nearly, but not quite to dryness, and stirring (which is not necessary in the former case) and then dissolving in ether, not less than 50 c.c. (and generally more) of which is necessary. By putting an inverted small glass funnel over the milk and ether, in the platinum dish, a sort of flask is formed, which facilitates the extraction of the fat. After pouring off the ether and its evaporation, by means of a water-bath, nearly to dryness,

the dish is heated to 212° (in a hot-air chamber, or by vapour) to drive off a trace of water and alcohol, and is then ready for weighing.

By this process the solids are divided into two parts—fat, and solids not fat. He assumes that 100 c.c. of milk contain 9·65 grammes of solids not fat (casein, lactine, and ash), and he takes this as a rigid standard of normal milk, which, if departed from, indicates adulteration.

In order to determine how much real milk a sample of milk contains, he divides the "solids not fat" by ·0965. To determine the amount of fat removed by skimming, he recommends us to divide the percentage of "solids not fat" by the percentage of fat. The rule given that the added water may be estimated by considering 9·3 per cent. as the proportion of "solids not fat," Dr. Wanklyn asserts that in ten analyses made by himself of pure milk, the lowest amount of total solids was 11·8, and the highest 14·07. It is clear that when cows, as they occasionally do, yield milk containing as much as 16 per cent., a good deal of water might be added and no adulteration detected.

Dr. Parkes is of opinion that the standard of 9·3 "solids not fat" would break down in a court of law, and he thinks it better to assume the possible minimum amount of total solids to be equal to 10 or even 11 grammes per 100 c.c. of milk. No analysis of undoubted cow's milk he is acquainted with ever detected a less amount of solids than 10 grammes, and 11 is extremely rare. So that we should, he urges, be absolutely safe in calculating the addition of water from the standard of 10 grammes in 100 c.c., viz., that every deficiency of a gramme below 10 grammes per 100 c.c. implied the addition of 10 per cent. of water, and that conclusion could be stood by. It could also be explained to the magistrate that, as a rule, the solids in milk are rather 12 than 10 per cent.

Mr. Wanklyn discourages the plan of taking the specific gravity of the milk, and, no doubt, when it can be done, the determination of the solids by weighing them is the best. But when the specific gravity is taken with due regard to temperature and amount of cream, it gives most useful information, and is a great control over the tradesman. If a specific gravity of 1028, at a temperature of 60°, and cream to the amount of 8-100 be ensured, no great amount of water has been added. Mr. Wanklyn without promising complete accuracy, finds that 0·2 gramme of fat equal one gramme of cream; and he finds the amount of water in cream to vary from 50 to 72 per cent., and of fat from 19 to 44 per cent. The casein, sugar, and ash in cream vary from 5·63 to 14·77 per cent. As cream thus varies in composition, he is not clear as to the value of the creamometer. He proposes to determine the casein in milk by means of the "albuminoid ammonia test," acting on 5 c.c. of milk in 100 c.c. of water, and proceeding as in water analysis; every part of casein gives ·065 parts of ammonia; 100 c.c. of milk give ·26 grammes of albuminoid ammonia. He estimates the ash at between ·7 and ·8 grammes in 100 c.c. of milk.

In the *Indian Medical Gazette*, July 1, 1873, Dr. Macnamara has carefully analysed milk in Calcutta. He determines the total solids by exposing 5 grammes to the temperature of 212° for three hours, and then finds the ash. He gets the sugar by taking 2 c.c. of the milk: 3 or 4 drops of acetic acid and 40 c.c. of spirits of wine. The flask is then corked, shaken, and left to stand 24 hours,

when it is filtered, and the residue over the filter washed with 60 c.c. of a mixture of equal parts of water and spirits of wine. The fluid is then evaporated to a syrupy consistence and taken up by 100 c.c. of distilled water, and the amount of sugar is determined by Fehling's test. Dr. Macnamara finds that in Bengali cow's milk there were 15.22 per cent. of solids, 5.5 of casein, 4.98 of fat, 3.98 of sugar, .76 of ash, and 84.78 of water; whereas the milk bought in the bazaar contained only 4.88 per cent. of solids.

Dr. Willard, of the Cornell University, U.S., describes in detail the liability of milk to a peculiarly bad behaviour, refusing to be controll'd in spite of all our care and caution, with respect to cleanliness, &c., a point which, in the manufacture of condensed milk, has especially to be attended to, as the success of the condensing factory depends entirely upon the milk being fine flavoured and clean and healthy, free from droppings of the stable, &c. He alludes to the investigations of Haller and Pasteur on the change in milk wrought by living organisms, as from cesspools, decomposing and putrid animal matters.

Mr. Tester, of Oneida, says that the milk from cows which have breathed foul emanations is not fit for making cheese.

Professor Law, of Cornell University, one day remarked during the hot weather, a peculiar ropy appearance in the cream which had risen on the milk. He examined it under the microscope, and found it filled with living organisms of a character quite foreign to good milk. On looking through the pastures he found that the cows, from lack of clean running waters, were compelled to drink from a stagnant pool. He found the same organisms in the water as he had detected in the cream, and also in the blood of the animals. The temperature of the cows was found to be above the normal.

Dr. Parkes with justice observes: "The facts above stated are of importance far beyond the effect on the manufacture of milk. They show the influence of water swarming with organisms in a much clearer way than can be obtained in towns in men. From drinking the water of these stagnant pools the cows were made feverish, and delivered milk containing the same organisms as the water, and as when a drop of this stagnant water was put into good milk the organisms developed in infinite numbers in a short time, it can hardly be doubted that they did not merely pass in a living state through the bodies of the cows, but must have grown there, and thus caused the feverishness. We have, in fact, an instance of these small organisms giving rise to fever and passing off with a secretion. It seems to me a pathological fact of moment, and we may be sure that the same thing will occur in other animals."

THE SYSTEM OF DISTRIBUTION OF THE DUBLIN HOSPITAL SUNDAY FUND.

THE friends of the Dublin Hospital Sunday Fund were called together last week by advertisement "to consider the rules to be adopted for the management of the Fund for the year 1875." We will therefore take occasion to direct public attention to the distribution of the 1874 Fund, which we submit was entirely partial and inequitable and which we should have hoped to see completely changed before the '75 Fund is dealt with.

Our readers will recollect that the Distribution Committee were instructed by the Council—

(1) To allocate the money at their disposal to each co-operating hospital in the proportion—*firstly*, of the amount of private subscriptions received by the institution; *secondly*, of the work done by it during the previous year.

(2) To give credit as "work done" only for intern patients, extern midwifery cases, and extern accidents.

The Distribution Committee carried out these instructions to the letter, and, we think, even exceeded the intentions of Council in restricting the benefits of the charity to what we may call "subscription" hospitals and to intern work. They at once divided two-thirds of the entire fund in proportion to the private subscriptions of each hospital, allocating most money to those which enjoyed most private support; and cutting off with a pittance those which from circumstances of locality, or for other reasons, received little voluntary help. Having thus disposed of the major part of the fund, they divided the remaining third according to the work done, but in doing so, excluded almost altogether from consideration the relief afforded to the outside poor, giving credit for 1,000 accidents, or 500 midwifery cases, as equivalent only to the maintenance of one single bed. We submit for the judgment of our readers whether this allocation of the fund was not absurd and inequitable. Why should "subscription" hospitals be thus placed at so great an advantage to those which effect, perhaps, more valuable medical relief amongst the sick poor? And why should the surgical care and expenditure upon a poor man, whose circumstances may not permit of his going into hospital, or on a poor woman who is confined in her own room, be assessed as of no value at all? The hospital which has the largest private subscription list will probably be found in a fashionable and opulent locality, where there are few of the destitute sick. The hospital which provides for the wants of the inhabitants of the city slums will probably receive very little voluntary support, and yet on the principle which was adopted, the latter institution—with heavier demands on it and less resources—is cut off with a shilling, whilst the wealthy and well-supported hospital receives the lion's share.

The Hospital Fund Council have, we think, made a serious mistake in depreciating the value of extern relief to the extent that they have. Is the daily attendance and medicine which is afforded to the father of a family who is not so ill as to be entirely incapacitated from work, and who *must* make an effort to remain at his business, or else see his family starve, of no value as a work of charity? Is it not a form of medical relief just as necessary and as praiseworthy as the nurturing of chronic colds or rheumatic joints in the wards of an hospital? We regard it as far more useful and important, and therefore submit that it is a monstrous injustice to refuse any credit at all for the majority of such cases, and to estimate 1000 such accidents, or 500 extern midwifery cases as equivalent to one bed maintained in the house.

Our principal object in calling attention to the subject is, however, to protest against a system of distribution which takes little or no cognisance whether an hospital is administered with careful economy or with gross extravagance, which, in [other words, takes no care that the

Hospital Fund shall go to the sick poor rather than to unnecessary salaried officials. We maintain that the first duty of the Council is to see that the money shall produce the maximum amount of relief to the destitute sick themselves, and that the least proportion of it shall be applied to objects which afford them little or no benefit; when we tell our readers that in some of the hospitals which received a considerable share in the fund more than three-fourths of the money goes in establishment expenses (the gain from which is hypothetical), while in other institutions which afford relief just as good in quality, and just as abundant in quantity, the "establishment," including nursing, absorbs less than one-third.

If our readers will refer to the Report presented to Parliament by the Dublin Hospital Board, which appears in the "Irish Medical Directory" for this year, they will find it stated that one of the hospitals which received a grant from the Fund expended more than £1,200 upon officials, &c., who were employed to disburse the munificent sum of £379 for the sick poor. Another institution appropriated more than £3,000 to an establishment of functionaries charged with the disbursement of £1,300 for the maintenance and medical treatment of the patients.

Thus it appears that of every £1 which the Dublin Hospital Council handed over to these institutions 15s. 6d. went in one case, and 14s. in the other to purposes not directly (with the exception of nursing) of any value to the patient. In these hospitals the sick patient costs respectively £75 and £67 a year, a sum for which he or she might be liberally boarded out in any genteel lodging-house. That such extravagance as this is entirely unnecessary is proved by the fact that other hospitals—equally efficient in all respects—pay only about 7s. in the £ for establishment charges, and though the cost of maintaining a bed in them is less than half that which its support costs in the more expensive institution, yet these more economical hospitals disburse upon the patient himself a much larger sum than is afforded by the more expensive institution.

We hold that this should be the most important consideration in awarding a grant, and it seems to have been wholly forgotten. The public, from whose pockets the charity comes, care nothing about the source from which the income of an hospital is derived. They are anxious only that what they give shall bring the greatest benefit to the sick poor, and that the least proportion of it shall go in other expenses. We think that the system adopted for the last distribution affords no such guarantee, and we therefore deeply regret to observe that it has been re-enacted. We shall return to this subject next week.

Notes on Current Topics.

Temperature in Phthisis.

At the meeting of the Royal Medical and Chirurgical Society of London, on the 26th January, a long paper was read by Dr. Theodore Williams on "Temperature in Phthisis." The results of a numerous set of observations made by the author, at the Brompton Consumption Hospital, were that there was a period of low temperature

observable, usually early in the morning, in cases of chronic phthisis, and a period of highest temperature between 2 and 10 p.m. In the majority of cases at all stages a marked rise takes place after 2 p.m., and a rapid fall after 10 p.m., which continues throughout the night, and reaches the minimum, which may be as low as 94 before 7 a.m.

Dr. Wilson Fox believed that the phthisical temperature was, as remarked by Dr. B. Sanderson, that of a chronic suppurative fever. In some cases of consolidation of the lung, when tuberculization of the lung is progressing somewhat rapidly, the temperature is comparatively low.

Dr. Douglas Powell thought it a pity to think of phthisis as one disease when there were so many varieties, some commencing insidiously, others, again, beginning with inflammatory catarrh.

Dr. C. R. Drysdale was glad to hear the author speak of the unity of the disease. It was a symptom that the confusionists of Niemeyer's school had had their day. Patients gained weight whether their temperature was high or low in many instances, when removed to the country and well fed. In a case of a Jew lately attacked with acute tuberculosis at his hospital, the temperature of 104° F. was the key to the nature of the disease, which at first was obscure. Jews not unfrequently died of phthisis. This he mentioned, because Dr. S. Gibbon had recently been reported as saying that these people were singularly exempt from the disease.

Dr. Henry Green asked if the rise of temperature in the third stage was due to the softening of the diseased portions, or to the occurrence of fresh tuberculization. He believed the latter to be the cause.

Mr. Herbert Page said the cause in the first stage resembled that seen in simple abscess, or in cases of amputation.

Dr. Leared asked whether any of the observations showed the condition of the temperature in the pre-tubercular stage.

Dr. Symes Thompson said the conclusion that quinine had the power of keeping down the temperature in pyrexia was unmistakable. Hence it appears that giving quinine in the day and food at night might alter the causes observed.

Dr. Curnow had observed that in some cases of phthisis with diabetes or albuminuria, there was no rise of temperature. The temperature of phthisis is that of hectic fever.

Supplemental Nerve Force.

A SURGEON of Lyons, M. E. Letafant, has demonstrated, in a work published in Paris, the following interesting propositions, which are recapitulated in the *Philadelphia Reporter*:—When a certain group of muscles, supplied by a particular nerve, are paralysed as the result of a section of that nerve, the motions properly belonging to this group of muscles are not in all cases wholly abrogated, adjacent muscles, supplied by unaffected nerves, being capable of accomplishing some part of the actions, even though feebly. Similarly, when a sensitive nerve is divided, there is not total loss of sensibility experienced throughout the entire region of its anatomical distribution,

the sensation being preserved, more or less feebly, either by means of the anastomoses of adjacent nerves, or by the conveyance of impressions indirectly to healthy neighbouring cutaneous papillæ.

Hospital for Animals.

THE BROWN INSTITUTION, in the Wandsworth Road, is a curious feature in London at present. Lame dogs, sick horses and donkeys form the out-door patients of this hospital. It was established by a gentleman who died twenty years ago, leaving over £20,000 for this purpose, bequeathed to the Chancellor, Vice-Chancellor, and Fellows of the University of London for the purpose of establishing and upholding an institution for investigating, studying, and without charge beyond immediate expenses, endeavouring to cure maladies, distempers, and injuries which any quadrupeds or birds useful to man may be found subject to. During 1873 there were about 7,000 animals, chiefly horses and donkeys, receiving treatment at the Brown Institute. Many of the horses, it was found, were the property of rich proprietors; so that the trustees have lately restricted the benefits of the charity to the poor. Hence, last year not more than 4,000 animals attended as out-patients. Of these 800 were dogs, and among these about twelve cases of rabies. The endowment of the charity gives only some £900 a year, which, after all expenses are paid, leaves nothing for the purchase of diseased or injured animals or their carcases for the promotion of science. Hence the whole results have been last year the delivery of some five lectures and the treatment of about fourteen animals daily. This is a very meagre result, and it seems that each animal treated costs the charity about 4s. 3d.

Ether.

DR. FURNEAUX JORDAN thinks that the profoundest anæsthesia of ether is not so deep as to prevent reflex muscular action from following an incision of the skin, and it is probably less profound than even ordinary degrees of chloroform narcotism. So that a patient, with ordinary care, can hardly be dangerously anæsthetised by ether. And yet this anæsthesia is enough for the vast majority of operations. The chief drawback of ether is that timid persons cannot easily administer it. It is not everyone who can resolutely pour out a large quantity of ether, resolutely and closely bind a towel round the mouth and nose, and disregard the most violent muscular contractions. But these are difficulties which an easily attainable knowledge and experience will surmount.

The Employment of Baths, &c., during the Menstrual Period.

DR. PRADIER has made a report upon the effect of baths on women whilst menstruating, from which the following conclusions are drawn in the *Tribune Médicale*, No 33, 1874.

1. According to several authorities, some strong medicines (such as bleeding, leeches, emetics, and purges) may be administered without inconvenience during menstruation.

2. Hydropathic treatment and sea-baths have been

given under the same circumstances for a long time without evil effects.

3rd. Several physicians do not dread to prescribe tepid baths in the same conditions.

4th. As to mineral baths, one of our brethren has permitted them in like circumstances for seven years past, without having seen the least accident occur.

5th. These facts have been ascertained and controlled by the reporter, who does not fear to affirm that hydropathic practices may be carried out without danger during the menstrual period, with exceptions which have regard in the first place to the impressionability of the subjects and to the psychical influences that ought always to be attended to.

Treatment of Obesity.

DR. RHILEBERT (*France Méd.*, Nov. 4, 1874), a fat gentleman himself, has just published a mode of treating polyseria which succeeded in his own case. He weighed when 20 no less than 342 pounds, and measured five feet round the waist. Dr. Shindler, of Marienbad, Bohemia, in July, 1869, gave him the following prescription: To get up at six; from half-past six to seven to drink three glasses of water from the Kreuzbrunn well. Breakfast on two soft-boiled eggs, a cup of tea, and small piece of bread, at eight. Vapour bath from nine till ten every second day for three weeks, then once a day, followed by a douche of cold water. At eleven o'clock, breakfast of two dishes of meat or fish, one of vegetables, a dessert without sugar, and half a bottle of wine. From twelve to six walking all day in the forest, as much as possible without fatigue. Dinner at six, on one dish of cold meat, half a bottle of wine, and piece of bread; then a walk. At eight p.m. shampooing with soap, and cold compresses to abdomen. Five pills, called "reduction pills," containing alkalies, to be taken. This treatment was well borne, and lasted six weeks. Thirst diminished, and was calmed, when excessive, by lemonade. In a week 12 lbs. were lost; in the next, 2 lbs.; in the third, 6 lbs.; in the fourth, 8 lbs.; at the end of fifth and sixth weeks, 7 lbs.; in all, 25 lbs., in six weeks. In November, having continued treatment at home, his weight was only 285 lbs.; and he now, Nov., 1874, weighs only 199 lbs., and has excellent health. The Marienbad water contains sulphate of soda, 4 grammes to the litre.

A Week's Deaths.

WE learn from the Registrar-General's returns that whooping-cough, small-pox, and scarlet fever were last week more or less fatally prevalent in Birmingham, and the deaths from scarlet fever and enteric fever excessive in Sheffield. The 1,650 deaths in London included 5 from small-pox, 8 from measles, 61 from scarlet fever, 7 from diphtheria, 39 from whooping-cough, 31 from different forms of fever, and 20 from diarrhoea. These 171 deaths were 83 below the average number in the last ten years. The 61 fatal cases of scarlet fever exceeded the number in the two preceding weeks, were 15 above the weekly average, and included 10 in the north, 15 in the east, and 23 in the south groups of districts; 4 were returned in St. George, Camberwell, and 3 in Clapham sub-districts. The Asylums District Hospitals contained 133 scarlet fever patients on

the 30th ult., against numbers declining steadily from 243 to 145 in the eight preceding weeks. The deaths from diphtheria showed a further decline from those returned in recent weeks. The deaths referred to small-pox were 5, against 5 and 6 in the two previous weeks; one was a case of chicken-pox in Stoke Newington, and the other 4 occurred in South London, including 1 in Clapham, 1 in Deptford, and 1 in the Small-pox Hospital at Stockwell. This small-pox hospital contained 18 patients on 29th ult., against 21 and 22 in the two preceding weeks. The 31 deaths from fever included 2 certified as typhus, 23 as enteric or typhoid fever, and 6 as simple continued fever; 2 fatal cases of enteric fever occurred both in Islington East and Mile End Old Town Eastern sub-districts, and 3 of fever (form undistinguished) in St. Peter, Walworth. The Asylum Districts Fever Hospitals at Homerton and Stockwell contained 70 fever patients on 30th ult., against 108 and 86 at the end of the two preceding weeks. The deaths referred to diseases of the respiratory organs, which in the four preceding weeks had declined, under the influence of the mild weather, from 897 to 468, further fell last week to 409, and were 4 below the average weekly number in the last ten years; 248 resulted from bronchitis, 104 from pneumonia, and 15 from asthma. Different forms of violence caused 64 deaths; 55 were the result of negligence or accident, including 16 from fractures and contusions, 8 from burns and scalds, 10 from drowning, and 16 of infants under one year of age from suffocation. The death of a servant in Charing Cross Hospital on 20th January resulted from hydrophobia; and that of an infant, aged 10 days, in Goodman's Fields, as referred to "hemorrhage from circumcision." Three of the deaths from fractures and contusions were caused by horses or vehicles in the streets; from this class of accident 62 cases of injury and maiming came under the notice of the police during the seven days. In the large public institutions 281 deaths were recorded, or 17 per cent. of the total deaths; of these 171 occurred in workhouse establishments, 94 in hospitals, and 16 in lunatic asylums.

Arsenic and Antimony.

As the result of numerous experiments on the action of arsenic and antimony upon the organism, Drs. Mayencon and Bergeret publish in *La France Médicale* the following conclusions:—

1. Arsenic is absorbed and diffused in the organism with very great promptness. Elimination through the urine takes place immediately.
2. Antimony is absorbed and diffused more slowly. Urinary elimination rarely begins on the first day.
3. Arsenic is eliminated simultaneously by the liver and kidneys, but more by the liver than by the kidneys.
4. Antimony is carried off in a much larger quantity by the liver than by the kidneys.

The Regius Professorship of Surgery in Dublin University.

It is announced that the Academic Council of the University will proceed to elect a Regius Professor of Surgery on the 3rd of March, and candidates are required to send in their names to the Provost of Trinity College before the 24th inst.

The candidates spoken of are Mr. Porter, Surgeon to the

Queen in Ireland, and Senior Surgeon to the Meath Hospital; Mr. Colles, Senior Surgeon to Steevens' Hospital; Mr. John Hamilton, Surgeon to the Richmond Hospital; and Mr. Wharton, Surgeon to the Meath Hospital. We will not be supposed to be expressing any opinion unfavourable to the other candidates if we say that Mr. Porter is generally considered likely to be the successful candidate. Mr. Colles' rank in the profession is of the highest, but his political views have never been those of the University, and, although the Regius Professorship is strictly an unpolitical appointment, still the choice of some of the Council may be more or less influenced by the consideration.

We believe we are correct in saying that Mr. Butcher will not be a candidate.

Upon this subject and the analogous question of the Irish surgical baronetcy which has been so long withheld from the profession the *Dublin Evening Mail* has thrown its influence into the scale in favour of the view which we have frequently advocated.

"It happens," says our contemporary, "at the present moment, that the death of Dr. Adams has opened a way for some slight recognition of public services and of the distinction conferred by the popular voice. For a considerable time it has been thought that a more direct mark of the favour of the Sovereign was as it were due to the profession of Surgery; that in short the medical baronetcy well bestowed by his Whig friends upon Sir Dominic Corrigan might happily be balanced by a similar dignity being conferred by the Conservatives upon some one of the eminent surgeons whom the public point to as deserving such a favour at their hands. It is not for us to decide upon claims, many of them very strong, in the public estimation; but we may mention one or two names which will be generally admitted to bring with them their own recommendation to the Government and the University. Mr. Colles, the Senior Surgeon to Dr. Steevens' Hospital, well supports, in the opinion of his brethren and of the public, the great reputation of his father, which contributed so much in the last generation to the establishment of the Irish School of Surgery as one of the very foremost in Europe. Mr. Porter, as Surgeon to the Meath Hospital, stands at the highest point alongside of Mr. Colles, both eminent representatives of Irish surgical ability and skill, not inferior to their respective fathers. With these gentlemen before us there could be no danger of mistake in the distribution of the favours at the disposal of the patrons to whom we have referred. Mr. Porter has been often mentioned in conjunction with Mr. Adams as a fitting recipient of the special dignity to which it is felt that the profession has a just claim: he now stands by himself, and is indicated for further distinction by his being also Surgeon-in-Ordinary to the Queen. No more efficient Regius Professor of Surgery could be found for the University than Dr. Colles."

We are glad to see that the expression of our opinion upon the justice of granting a titular distinction to the Irish surgical profession, and upon the recipient of the honour, if it should be granted, has met with corroboration from the most independent and influential Conservative journal in Ireland.

We hold still our formerly expressed feeling that the

continued withholding of the baronetcy which was vacated by the death of Sir Philip Crampton is an unmerited slight upon the profession, and that Mr. Porter is indicated in the public mind as *facile* the surgeon upon whom such honour, if granted, should fall.

The Charity Voting Reform Association.

THIS Association, which has for its object a modification of the system of electing candidates to charitable institutions, has published a portion of the "Correspondence" which has taken place with certain institutions and individuals in reference to the system of canvassing and voting. The correspondence is exceedingly interesting, and in some measure curious, and is well worth perusal. It includes letters on the Royal Medical Benevolent College, and the action lately taken by the Council to provide a remedy for evils which only serve to increase expense, harass and waste the time of the candidates and their friends, while it goes far towards converting them into begging-letter writers. The resolution passed by the Council will in no wise correct the evils complained of, as it only went to the placing of the names of subscribers that object to the present system "on a separate list." In what way this is expected to help the poor widow who writes to the Secretary of the Charity Voting Reform Association, "But for the goodness of Dr. Jonson I could never have succeeded, though I spent more than £60 in the canvass, and am still paying it off to friends who lent me the money," it is impossible to conceive. The only possible remedy for existing evils is, "that all cases should be investigated and classified, and that they should be admitted to the benefits of the charity according to the strength and urgency of their respective claims."

We agree with the various correspondents of the Charity Voting Reform Association, that the London charity voting system, as at present conducted, is simply an abomination. It is, therefore, not to be wondered at that Lord Overstone writes to say: "I have long since discontinued further contributions to societies which persist in the voting system;" and Lady Stanley and the Dean of Westminster: "We have groaned over the miserable system;" the Earl of Shaftesbury: "The poor and deserving cases, if unsupported by money and friends, have positively little or no hope of success;" and Miss Florence Nightingale: "My experience of it induces me to describe it (the voting system) as the best means for electing the least eligible, or, at any rate, the system for preventing the discovery of the most eligible," and further: "From an experience of thirty years I do so deeply know the crying evils and injuries done by the canvassing and voting system to those intended to be benefited, and not only those, but the miserable waste of time (by the canvassers) which might be usefully directly employed in wisely serving the sufferers, that I cannot but wish God speed to every effort made to substitute real and direct charitable effort for this infinitely distorted caricature of it." This correspondence may be obtained at the Office of the Association, 30 Charing Cross.

The Brain in Typhoid.

DR. W. H. DAY read a paper on "The Cerebral Complications of Typhoid Fever in Children." He said that

the frequency of diseases of the nervous system in early life, and the dangers which attend their course when they occur as the sequel of disturbance in the vascular system, give them an importance which cannot be over-estimated, and invite our attention to the grave consequences that might follow a false or imperfect diagnosis. The nervous system derives its strength and vigour from a due supply of healthy blood, and if this in any way changed or disorganised by the fever process, it becomes excited, depressed, or in some way unstrung. Thus it is that independent of the febrile condition, morbid sensations, nervous, prostration and those mental phenomena of which we daily see the effect rather than the cause are of such common occurrence. The author cited two cases of cerebral complication occurring in the course of typhoid in which the post-mortem appearances gave a perfectly healthy state of the brain and its membranes. He related two other cases in which he believed the inflammatory process played some part in the changes that were observed in the brain—changes independent of the tubercular cachexia and where no such deposit could be found in any organ of the body. It was impossible to enumerate any symptoms as diagnostic of the degree of cerebral congestion that might be present in any given case. The state of the brain and its membranes bore no approximate relation to the symptoms. The author considered that meningitis uncomplicated with the tubercular cachexia occurred now and then in typhoid fever in rare and exceptional cases. Setting aside the injurious effect which the circulation of poisoned blood at an elevated temperature must have on the nervous centres, there seems no satisfactory reason why the cerebral changes should be restricted to congestion of the vessels, or simple vascularity of the membranes.

The author endorsed the statement of other observers that we cannot, in certain obscure cases, separate a form of typhoid in young children characterised by a distinctly remittent type from cerebral meningitis. If the symptoms are mixed up together in various degrees, the diagnosis between the two affections is often impossible. There were few greater or more perplexing difficulties in the practice of medicine. The author commented on the dangers of hasty induction and rash conclusions, and pointed out the risk of setting down the vomiting and cerebral symptoms to the typhoid state, whilst the brain might have been slowly and imperceptibly going wrong, and was perhaps the primary source of trouble.

The Potato Panic.

BELGIUM is about to follow the example of her neighbour in the East and to pass a stringent law with regard to the prohibition of imported potatoes "de provenance suspecte." The special committee appointed by the Chamber to examine into the question and report upon the proposed law have pronounced unanimously in favour of the latter, and so pressing do they consider the matter that they urge the Legislature to append a clause bringing the Act into immediate operation. M. J. Serstevens, the spokesman of the committee, also hinted at the expediency of other countries in Europe adopting similar and simultaneous action on the subject; and, in truth, if the facts which the reports contain are not gross exaggerations, it concerns England and Ireland very vitally not to treat the matter with

neglect. According to information gathered from various sources, and especially from the numerous agricultural journals in Belgium, the vicious propensities of the dreaded insect are only equalled by its capabilities for mischief. In six years its ravages spread for a distance of 360 miles across America, and it would therefore not be a long time in overrunning the Low Countries were it once domiciled therein. The reproductive powers of the devastator are such that a single couple are estimated as likely to bring into the world in one favourable summer some sixty millions of voracious children. Nor is this amazing fertility accompanied, according to the usual law of Nature, by any lack of vitality on the part of the parents or their progeny. The hardiness of the insect is, on the contrary, remarkable, as may be imagined from the fact that five of them enclosed in a letter and despatched by post from Canada to England, arrived at their destination "in perfect health." Another vivacious specimen was kept without food by a professor of Wisconsin for six weeks, and, so far from being aggrieved by the barbarous conduct of the learned men, testified its perfect indifference to his want of gallantry by laying in the meantime some 1,200 eggs. The Belgian committee, besides thus enumerating the prowess and feats of the doryphora, proceed to estimate the effect likely to be produced by its acclimatisation on the farms of the country. The number of acres devoted on an average to the cultivation of potatoes in Belgium is about 428,000. Upon each of these acres an average of 10,000 lbs. is produced, so that the loss to be apprehended if the formidable insect were to establish itself in full sovereignty would amount to no less than 4,600,000 lbs. Decidedly the Commission is not guilty of pessimism when it avers that an "alimentary crisis" is on the cards.

The Seamen's Hospital.

THE fifty-fourth annual report of the Committee of Management of the Seamen's Hospital (late Dreadnought) Society, Greenwich, to be presented at the meeting of governors, states that during the past year relief has been afforded to a greater number of seamen than in any previous year; 2,058 patients were admitted, and, in addition, 1,509 received advice and medicine gratuitously. Whilst the annual expenditure amounted to £11,227, as against £8,968 in the previous year, the income decreased from £9,936 to £8,209. Considering the national character of the work undertaken by the charity, the committee urge that increased contributions should be made by the public.

Permanence of Vital Power.

IN clearing away the refuse from the ancient silver mines of Larium, in Greece, a large number of seeds of a papaveracea of the *Glauicum* genus were found, which must have been buried there for at least fifteen hundred years. Exposed to the beneficent influence of the sun's rays, they rapidly took root, flourished, budded, and blossomed, their yellow corollas being beautiful in the extreme. This interesting flower, unknown to modern science, is particularly and frequently described in the writings of Pliny and Dioscorides, and is thus again resuscitated, after having disappeared from the surface of the globe for more than fifteen centuries.

New Books for the Month in Medicine, Surgery, and Science.

(From the Bookseller.)

Law and Parliamentary.

GACHES (Louis), *The Town Councillor's and Burgess's Manual. A Popular Digest of Municipal and Sanitary Law.* 7s.

Glen (W. C. and Alex.), *The Law relating to the Registration of Births, Deaths, and Marriages in England.* 2nd ed. 5s. 6d.

Local Taxation (Ireland) Returns for 1873. 6d.

Medical and Surgical.

Braun (Julius), *On the Curative Effects of Baths and Waters: being a Handbook to the Spas of Europe.* 18s.

Cameron (Charles A.), *A Manual of Hygiene, Public and Private, and Compendium of Sanitary Laws for the Information and Guidance of Public Health Authorities, Officers of Health, and Sanitarians Generally.* 10s. 6d.

Cohen (Dr. J. Solis), *Croup in its Relations to Tracheotomy.* Philadelphia. 5s.

Dobell (Horace), *On Winter Cough.* 3rd ed. 5s.

Domville (Edward J.), *A Manual for Hospital Nurses.* 2nd ed. 2s. 6d.

Duncan (J. Matthews), *Contributions to the Mechanism of Natural and Morbid Parturition, including that of Placenta Prævia.* 10s. 6d.

Holbrook (M. L., M.D.), *Eating for Strength.* 5s.

Jackson (R. E. Scoresby), *Note-book of Materia Medica, Pharmacology, and Therapeutics.* 3rd ed. 12s. 6d.

Jones and Sieveking, *Manual of Pathological Anatomy.* 2nd ed. 16s.

Milton (J. L.), *On Spermatorrhœa.* 10th ed. 6s. 6d.

Morgan (J.), *Cure of Bent Knee.* Baillière. 1s.

Pettenkofer (Max von), *Cholera.* Baillière. 3s. 6d.*

Purdon (H. S.), *On Cutaneous Medicine and Diseases of the Skin.* Baillière. 6s.

Wilks (Samuel), and Moxon (Walter), *Lectures on Pathological Anatomy.* 2nd ed. 18s.

Announcements.

The Surgeon's Pocket-book. International Prize Essay awarded by the Empress of Germany.

Elementary Lessons on the Structure of Man and Animals. By Mrs. Buckton.

Clinical Lectures and Essays. By Sir James Paget, Bt. Consumption. By J. F. Churchill, M.D.

Natural History.

Baird (S. F.), *North American Birds.*

Brehm (A. E.), *Bird Life: being a History of the Bird, its Structure and Habits.* 25s.

Announcements.

Fungi: their Nature, Influences, Uses, &c. By M. C. Cook.

Insectivorous and Climbing Plants. By Charles Darwin.

Science.

Carpenter (Wm. B.), *The Microscope and its Revelations.* 5th ed. 15s.

Fraser and Dewar, *Origin of Cremation; or, Science of Matter and Force.* 8s.

Griffith and Henfrey, *The Micrographic Dictionary.* 3rd ed. 52s. 6d.

Hill (G. A.), Questions and Exercises on Stewart's Lessons in Elementary Physics. 2s. 6d.

Hunt (Thomas Sterry), Chemical and Geological Essays. 21s.

Kinahan (G. H.), Valleys, and their Relations to Fractures, Faults, and Faults. 10s. 6d.

Meldola (Raphael), Inorganic Chemistry, the Non-Metallic, and Metallic Elements. 2s.

Notes and Queries on Anthropology, for the Use of Travellers and Residents in Uncivilised Lands. Drawn up by a Committee appointed by the British Association for the Advancement of Science. 5s.

Peabody, Science and Christianity. A series of Lectures. 9s.

Snaith and Field, Geology for Elementary Classes. 3rd ed. 1s.

Announcement.

A Short Manual of Heat. By Rev. A. Irving, B.A.

Vegetable Tissues for the Microscope.

DR. W. G. HARRISON, on the part of the Maryland Academy of Sciences, reports a new mode of preparing fresh vegetable tissues. This process is briefly described as follows: First, the specimen, say a leaf, is decolourised, by soaking in a solution of chlorinate of soda. Second, the soda remaining in the leaf is removed by washing in water. Third, the leaf is then washed, first in dilute alcohol, increasing its strength gradually until the water is removed. Fourth, the specimen is submitted to one of the staining fluids known to the art; aniline blue is generally used, and was selected for the slide shown by the doctor. If too much colour is given it can be partially removed by alcohol. Fifth, a solution of oil of cloves is used to remove the alcohol. Sixth, the leaf, being properly prepared, is mounted with Canada balsam.

Tolerance of Bee Stings.

THE *Philadelphia Reporter*, remarking on the statement by an English journal devoted to apiculture that after one has received about twenty stings from bees, within about a month, a tolerance is established to such a degree that no subsequent swelling and hardly any pain is caused by the sting, says that a similar inoculation unquestionably follows mosquito bites.

Pharmacy Legislation for Ireland.

MR. ERRINGTON, who obtained the appointment of the Select Committee last year, has elicited from the Chief Secretary for Ireland the announcement that he is about to bring in a bill this session for the regulation of pharmacy in Ireland. We are glad to have read this statement, because it promises some sort of definite settlement of a long-mooted question, and something like a reform in the state of chaos in which the Irish Apothecaries' Company has plunged pharmaceutical interests.

There are before the Chief Secretary, our readers will remember, three alternative proposals: *Firstly*, the bill of "the Hall," which aims at maintaining the *status quo*—*is*, perpetuating the sham medical degree of the Hall—*by* establishing a minor grade of dispensers on a purely pharmaceutical examination. *Secondly*, the bill of the College of Physicians, which wishes to import the English

Pharmaceutical Society *in globo*. *Thirdly*, the recommendation of the Select Committee that an Irish Pharmaceutical Society should be formed and entrusted with the control of education and examination. We suspect the Chief Secretary of favouring the College of Physicians' scheme, to which we have declared ourselves hostile; but we believe that even this alternative will be preferable to the farce still played daily to empty benches by the "stock" actors of the Apothecaries' Hall.

The Fly in the Pot of Ointment.

OUT of the £8000 a-year which the British Medical Association receives for its income it has granted for scientific purposes—£165. The application of this stimulus to the motor system of the scientific world will not fail to produce an increased energy in investigation. For instance, one gentleman is subsidised for investigations in search of an "antidote for chloroform" with a grant of £5. Each of the gentlemen who contributed a fraction of a halfpenny to the cause of science must feel that they are public benefactors.

The late Chemical Appointment in Dublin University.

THE appointment of Dr. Emerson Reynolds to the Professorship of Chemistry in Dublin University in the room of Dr. Apjohn is regarded by the scientific circle of Ireland with unqualified approval. The University has been happy in securing as the successor of Dr. Apjohn, who was in his day the most advanced chemist in the United Kingdom, a gentleman who has forced his way into the highest public estimation by real sterling scientific work, and Dr. Reynolds may congratulate himself on having attained a just reward of his perseverance and industry. The son of an unassuming medical practitioner in a suburb of Dublin, he owes nothing of his advancement either to interest or subserviency.

Dr. Apjohn cannot vacate his chair without an expression on our part of the sense which the medical profession and scientific men in Ireland entertain as to his great services. He was, since the death of Davy, the chemist of his day, and, moreover, a man of thorough honesty and independence of character. He was (with perhaps the exception of Geoghegan) the most lucid lecturer and skilful experimentalist of his day. Both he and Reynolds are chemists, not mere chemical traders—a distinction which our readers will readily comprehend.

The promotion of Dr. Reynolds vacates the Professorship and the Directorship of Minerals at the Royal Dublin Society, and the Professorship at the Royal College of Surgeons. To the latter office it is probable that Dr. Cameron, the city analyst, will succeed, in which case the Lectureship at the Ledwich School will be a subject of competition.

Belfast Corporatorism.

A MEMORIAL has been forwarded to the Local Government Board, signed by 19 medical gentlemen in Belfast, complaining of the Town Council's apathy for twenty years, after obtaining special Parliamentary powers to abate the Blackstaff and Pound river nuisances. The memorial requests the Board's interference to compel the Council, as local sanitary authority, to abate the nuisance.

Armagh District Lunatic Asylum.

THE Board of Governors have unanimously resolved to expend £10,000 in enlarging and improving this institution. The Government is to advance the money, free of interest.

The Anti-Vivisectionists.

THE Society for the Prevention of Cruelty to Animals is making a great hubbub about the supposed cruelties of vivisection in our medical schools, and it appears by a circular issued to the hospital authorities a special committee has been appointed to watch over the doings of the teachers of physiology. We venture to suggest to this vigilance committee a wider and more useful field in which to display their humanitarian interest on behalf of suffering animals—namely, in trying to put down the useless and cruel sport of shooting tame pigeons, and the very needless cruelties of the hunting-field. It is quite possible that a Royal Society for the Prevention of Cruelty to Animals may in time succeed in convincing gentlemen that the hunting harmless hares and half-tamed foxes to death is attended with a good deal of cruelty. At all events, if success attend the Society's efforts in this direction the public will be spared the pain and scandal attached to such deaths in the hunting-field as that of the Rev. C. Wilkinson, a clergyman of 79 years of age, who, it appears from the newspapers, was thrown from his horse while following the Bramham Moor hounds and killed on the spot. It is perfectly shocking to think that an aged clergyman should have met his death in the pursuit of a cruel sport.

The Hunterian Oration.

A VERY crowded audience assembled at the Royal College of Surgeons of England on Saturday to listen to the oration by Mr. F. Le Gros Clark, F.R.S., President of the College. Of course, it is impossible to say anything new of the illustrious anatomist whose memory these annual orations are intended to perpetuate; nor did the orator attempt anything sensational, or pretend to aught which had not been said a dozen times by his predecessors; he wisely contented himself with a plain historical sketch, passing a well-merited tribute to the memories of the late Professor Partridge, Mr. Swan, Sir James Ranald Martin, and Mr. Kiernan. He also expressed his entire concurrence with the proposed arrangement for an amalgamation between the medical corporate bodies, with a view to having one common portal by which all candidates may obtain a qualification to practise.

The Hunterian Dinner at Willis's Rooms in the evening of the same day was well attended. Amongst those present were the Lord Chief Justice of England; Lord Coleridge, Lord Chief Justice of the Common Pleas; the Dean of Westminster; Sir George Burrows, Bart., F.R.S., President of the Royal College of Physicians; Dr. Acland, F.R.S., President of the Medical Council; Dr. Macnamara, of Dublin; Dr. Fayer; Sir William Jenner, Bart.; Sir William Fergusson, Bart.; Sir James Paget, F.R.S.; Dr. Carpenter, F.R.S.; Professors Paget and Humphry, of Cambridge; Professor Huxley, F.R.S.; Mr. Cæsar Hawkins, F.R.S., &c.

We learn that Mr. Effingham M'Dowel, son of Dr. M'Dowel, Professor of Anatomy in the University of Dublin, has achieved at the Commencements which have just been held a very remarkable distinction. Mr. M'Dowel received three medical and surgical qualifications—viz., the M.B., M.D., and M.Ch. On referring to the returns furnished and posted by the Medical Registrar, we find that Mr. M'Dowel obtained the rare distinction of gaining first place in the examination for medical degrees, scoring 66 per cent., and first place in the examination for surgical degrees, with 84½ per cent. In accordance with a regulation of the Board, and as a recognition of merit, the surgical degree (M.Ch.) was conferred on Mr. M'Dowel. "St pendis condonatis." This, we believe, is only the third or fourth time that any one candidate has gained such a distinction, what in Oxford and Cambridge language would be called a "double first." We are reminded that Mr. M'Dowel had previously distinguished himself in his arts course as a gold medalist and senior moderator.

In a work entitled "Statistical Researches as to the Causation of Tertiary Syphilis," by Dr. Louis Jullien, published in 1874 (Paris, Masson), the author asks, Should mercury be administered as soon as the primary sore is seen? or is it better, on the contrary, not to commence its employment until general accidents appear? Such was one of the questions of the programme proposed at the Congrès Médical of Lyons in 1872.

Finding that the members of the Congress had only in reality studied secondary symptoms, and that the true question had remained in the dark, Dr. Louis Jullien renewed this study, and investigated what was the influence of mercury on the progress of syphilis. The author studies the first, evolution of natural syphilis, that is to say, syphilis which is submitted to no treatment; (2) syphilis treated with mercury from the first, that is, at the commencement of the primary accident; (3) lastly, the evolution of syphilis treated with mercury from the secondary epoch, that is to say, those cases of syphilis where the mercury has been prescribed in the course of the secondary accidents only.

Dr. Jullien bases his conclusion on 237 cases, from the analysis of which he derives some of the following conclusions: (1) Persons with syphilis who take mercury in the commencement of the secondary period constitute the great majority of the tertiary accidents we meet with, whether in hospitals or in private practice; after these come in order of frequency the cases of syphilis left to nature, and then those treated by the specific at the commencement of the sore. (2) Those cases of syphilis submitted at once to mercury, and those which are most slowly evolved; then come cases of natural syphilis and then cases of syphilis where mercury is given as soon as secondaries appear. (3) The tertiary lesions of the testicle and nervous system are the almost sole appanage of mercurial treatment. (4) Lastly, in his last and principal conclusion, the author thus expresses himself: "If we had to arrange in a general manner our three series according to their benignity, we should adopt the following order: (1) natural syphilis; (2) syphilis mercurialised from the first; (3) syphilis mercurialised from appearance of secondary symptoms."

In offering the Metropolitan Asylums Board an alternative site for their new Fever Hospital, the Hampstead Heath Defence Committees have thrown on the members of the Board a serious responsibility. Their present site is at the head of the drainage system of a valley which runs through the densest parts of London, and it is by the drainage typhoid fever spreads: It is, too, on the most pleasant of the Northern heights, and at the very gateway of Hampstead Heath. The new site in Mill Lane is on another slope of the hill, far more open and airy than the present site. It has a southern aspect; and while it is, in some respects, more accessible from that large portion of London which most needs the accommodation such an hospital offers, it is so nearly isolated as to reduce the danger of infection to a minimum. Dr. Murchison reports strongly in its favour. It is larger than the present site by half an acre; it is about half as costly; it is approached by three roads instead of one; and it is clear away from the holiday multitudes who frequent the Heath, and from the schools and private dwellings of the favourite suburb. Dr. Murchison states that there is no sanitary objection to the new site except that the soil is clay, but that applies equally to the site of the existing hospitals. In position it stands at the apex of an equilateral triangle, of which the base is formed by a line connecting the hospitals at Homerton and Stockwell; it therefore, says Dr. Murchison, "fulfils one of the objects which the Asylums Board had in view after its first organisation in 1867, viz., 'to reduce to a minimum the distance which patients from all parts of the district will have to be carried to reach the hospitals.'" But the one recommendation which ought to outweigh all others is that, with equal advantages to the hospital and its patients, it is free from the enormous disadvantages to the public which the other site entails. It is not creditable to the administrative ability of the Metropolitan Asylums Board that a proposal to place a Fever Hospital on the spot of which the people of Hampstead complain should have been entertained; to adhere to it against almost universal protests when a site equally advantageous is offered would be worse than a blunder.

The next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday evening, March 3, 1875, at eight o'clock.

DR. R. J. LEE will lecture "On Puerperal Fever" at the Royal College of Physicians of London on February 19th, 24th, and 26th, at five o'clock.

THE students of University College Hospital gained a hollow victory in the football match last week over the London Hospital. The victory of Guy's over the Middlesex Hospital students was equally decisive.

It appears from the Registrar-General's return, that during last week there were 1,552 deaths registered in the metropolis, representing 24 per 1000 of population per annum, whilst the average of English towns generally was 26 per 1000. It was 21 in Edinburgh, 31 in Dublin, and 32 in Glasgow. The maximum in English towns was 35, at Nottingham, and the minimum 20, at Bristol.

WE understand that a new hospital is about to be erected at Mansfield Woodhouse, Nottinghamshire. Dr. Waring Curran has promised £100 towards the fund, and it is expected that His Grace the Duke of Portland will give the site.

THE Statistical Society of England has announced that the title of the essay to which the "Howard" Medal will be awarded in November, 1875, is "The State of the Dwellings of the Poor in the Rural Districts of England, with special regard to the Improvements that have taken place since the middle of the 18th century; and their Influence on the Health and Morals of the Inmates."

THE Audit Committee of the London Hospital Saturday Fund have presented their report, showing gross receipts of £6,300, less £1,400 expenses. It was decided to distribute £4,500, and to carry forward the balance, £400, to this year's collection. Two-thirds of the amount was allotted to hospitals, and the other third to dispensaries.

Literature.

DIGEST OF THE SANITARY LAWS IN FORCE IN IRELAND. (a)

IN the Supplements issued from time to time with the MEDICAL PRESS we have presented our readers with this valuable Digest of the "Sanitary Laws in Force in Ireland." The concluding portions of Mr. Wodsworth's pamphlet appeared in our issue of the 3rd instant, and if we have not formally recorded our appreciation of this very valuable digest of the sanitary laws, we felt that in transferring its contents *in extenso* to the pages of the MEDICAL PRESS we tacitly offered the highest compliment that we could pay to its author. In a recent issue we remarked upon the importance of medical officers making themselves acquainted with the duties they would be called upon to discharge in connection with the Public Health Bill. We might, with great propriety, have added that of the knowledge which we then urged them to acquire, no branch was of greater practical importance than that which would make them acquainted with the legal enactments already in force on subjects connected with sanitary science. This pamphlet conveys exactly that knowledge which constitutes a power in the hands of a medical officer of health. Within the limits of thirty-six pages the accomplished assistant-secretary of the Local Government Board has presented a digest of the various acts bearing upon the public health, and now in force. Few persons are aware of the prodigious amount of labour which such a compilation represents, and, on behalf of the medical officers of health throughout the country, we tender our thanks to Mr. Wodsworth for placing within the reach of the profession a valuable synopsis of the legal enactments bearing upon their important duties.

In our issue of the 3rd instant, having in mind an expression which fell from the lips of the Earl of Derby to the effect that, for the masses, sanitary instruction was, if possible, more important than sanitary legislation, we draw the attention of the Local Government Board to a valuable paper upon sanitary precautions against fever, and to a collection of sanitary rhymes, both calculated to instruct the uneducated class in the first principles of

(a) "Digest of the Sanitary Laws in Force in Ireland, in connection with the Public Health (Ireland) Act, 1874." By W. D. Wodsworth, Esq., Assistant-Secretary, Local Government Board. Dublin: A. Thom, for H.M. Stationery Office.

sanitary science. In recommending those papers to the Local Government Board for their adoption we unconsciously paid a compliment to that department, for we have since been informed that the papers to which we referred with sincere expressions of appreciation emanated from the Local Government Board. We can now only add the expression of a hope that they may be largely distributed by dispensary medical officers throughout the country. Wherever the principles laid down in those two papers are brought home to the understanding of the classes who seek dispensary relief, the sanitary executive officers will find the task of carrying out the provisions of the Public Health Act deprived of half its difficulty.

NATURE AND DESTRUCTIVE VARIETIES OF LUNG DISEASE. (a)

THE divergency of opinion among the profession on the subject of the pathology of tubercle is very greatly to be regretted. Not only is the origin of tubercle itself diversely explained, but pathological changes, the result both of chronic and acute disease, have been confounded with tubercle, and alterations purely incidental mixed up with tubercle, its origin regarded. If we adopt Dr. MacCormac's view, that tubercle is simply the unexcreted unoxidised carbonaceous waste, and there seems no fair way of evading his most important conclusions, tubercle in whatever stage should be carefully discriminated from the products of inflammation, whether acute or chronic. Nothing indeed is less uncommon than the supervention of pleuritis or pneumonia in lungs already infested with tubercles, while chronic bronchitis, though there prove many exceptions, is one of the most common associates of tubercle, at least pulmonary tubercle, imaginable. Dr. MacCormac has shown on evidence from his own experience, as well as fortified by the observations of Louis and others, that Drs. Fox and Sanderson's conclusions as to the origin of tubercle in inflammation are quite untenable. Tubercle may be preceded, attended, or followed by inflammation, but this concurrence, when it ensues, is purely accidental, and cannot for a moment, rightly at least, be looked upon as subsisting in the relation of cause and effect. There is no such thing as what Dr. Williams calls "artificial tuberculation," and tubercle as the result of "inoculation" is a purely imaginary condition. Tubercle from or by "infection" is simply pathology run mad, and has no existence in nature whatsoever.

These few remarks premised, we may proceed to Mr. Alcock's interesting diagram, showing the varying range of the heightened temperature in phthisis. He cites from Dr. Ringer what would be an important fact, if only we could verify it, that a "persistent elevation of temperature is the invariable precursor of tubercle in any organ." But how, in the name of goodness, are we to ascertain when tubercle is imminent in any organ. We do not, in fact, know, and the inference, therefore, we must perforce characterise as supposition. Mr. Alcock's remarks touching the prevalence of tubercular phthisis among our soldiers in India are of very great moment. Instead, however, of ascribing it to the "slowly acting deleterious influence of the Indian climate" (see p. 9 of Mr. Alcock's able *brochure*), we would refer it unhesitatingly to the evil barrack atmosphere, and sleeping places charged with an already respired atmosphere. Indeed, Mr. Alcock himself (*vide* p. 11) admits fully the deadly influence of overcrowding in regard of the production of tubercular phthisis, and at p. 12 and after, cites the most conclusive corroborative instances and illustrations from Parkes, Maclean, Petteukofer, and his own prior experience. If every surgeon only would do as Mr. Alcock has done, and record the results of his experience beyond seas, it would lead to results the most valuable, and greatly tend to lessen the risks and casualties to which foreign military service is now undoubtedly liable.

(a) Reprint of an article from the last Report of the Army Medical Department. By Surgeon-Major Nathaniel Alcock.

THE ENGLISH LOCAL GOVERNMENT DIRECTORY FOR 1875. (a)

THIS is a very useful hand-book for the table of the sanitary medical officer, and for all who need information about the Local Government Board, the Poor-law Board, Asylums Board, Sick Asylums Board, Lunacy, the Registrar-General's Department, &c. Complete lists of public analysts, rural and urban authorities, are also classified conveniently for reference; whilst at the end an appendix of the various forms are so arranged that one may see at a glance the requirements for the several official posts held under the Local Government Board.

BRAITHWAITE.

WE have so often had occasion to compliment the editors of the "Retrospect" that we need scarcely do more than announce the punctual appearance of the new volume. The oldest half-yearly is now the only one, and will therefore, we should hope, become still more widely read. The synopsis is a most valuable feature, and is very carefully compiled. The "Retrospect" ought to be found in every medical library.

OUTLINES OF THE SCIENCE AND PRACTICE OF MEDICINE.

THE great success of Dr. Aitken's larger work is well known to both students and practitioners, many of whom will have heard with delight that the author has published a smaller text-book, which may be regarded as a complete abstract of his *magnum opus*. We have looked through this smaller text-book with considerable interest, and have examined several of the articles. Although therefore, we have not read every chapter of the work, we feel entitled to recommend it to students, who will find it serve as an excellent medical manual. It will also be of special use to those who have carefully read the learned author's "Science and Practice of Medicine," and who desire to refresh their memories before submitting themselves to the examining boards. The "Outlines" may also be advantageously used as an introduction to the larger work, but for this purpose its conciseness may render it less popular. For practitioners we should decidedly recommend the large 2 vol. work, the completeness of which renders it of great value for reference, whilst the small text-book necessarily avoids controverted questions, and is dogmatic in its teachings.

This is just what a student needs, while a practitioner ought to be able to appreciate differences of opinion and compare them with advantage to himself.

Correspondence.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Rev. Dr. Houghton, in no measured terms, has inveighed against me for daring to "attack" him by asserting, that the statement made by him was "entirely incorrect," namely, that "the proposal at the time (1867) to create a new order of Member was a change of front rendered necessary by the action of the British Medical Association in favour of the 'one portal' system." With the view of proving that he was not guilty of "falsehood and stupidity," and also that I was "a fool" (I quote Dr. Houghton's own words), he has produced a letter from Dr. Waters, of Chester, which contains the following paragraph: "When the Association

(a) "The English Local Government Directory for 1875." London: Knight and Co.

met in Dublin (1867) the Government had charge of a Bill embodying the 'one portal' system."

Dr. Haughton says, with respect to this letter, that it "fully disposes of Dr. Atthill's wild assertion that I stated what 'was incorrect' and 'impossible,' for my statement was pure and simple fact." And so it does, if it be true; but I assert that it is not true, and that Dr. Haughton's statement consequently is not a "fact."

With reference to this assertion of Dr. Waters, I require him and Dr. Haughton to produce a copy of the Bill referred to, or at least a reference to it in the journals of the day, and also to state by whom the Bill was drawn up and placed "in charge of the Government."

This is, you will admit, a very reasonable demand, and if they fail to comply with it, I have a right to ask your readers to believe, as I do, that no Bill embodying such a principle was then (1867) "in charge of the Government."

It is very remarkable that instead of quoting the clause of the Bill, which, "being in charge of the Government," must have been made public, Dr. Haughton should think it necessary to obtain, for the purpose of refuting me, a letter from a private friend; but any surprise at his adopting this course will be dissipated when I state that in the only Bill relative to medical reform, of which there is any record in existence, of having been at the date of the Dublin meeting (1867) brought under the notice, much less in charge of the Government, there is not any reference, direct or indirect, to the "one portal" system.

To what Bill, then, can Dr. Waters refer. He says: "At Dublin the Association decided that 'direct representation' of the profession in the General Medical Council must be embodied in the measure." Let your readers refer to the proceedings of the Association in Dublin, as reported in the *British Medical Journal* for August 10, 1867, page 112, and they will find that the Bill referred to, and which the Association pledged itself to support, was "the proposed Bill of the General Medical Council for the Amendment of the Medical Acts." This Bill was brought forward by the General Medical Council in 1866, referred back to them by Government, and again brought forward, slightly modified, in 1867. That Bill lies before me now, and I assert that it does not contain the most trifling reference to "the one portal system." Such of your readers as desire to satisfy themselves on the point, can do so by referring to the number of the *MEDICAL PRESS AND CIRCULAR* for May 23, 1866, or to the *Lancet*, vol. i., 1867, page 164. An abstract of the "principal clauses" will also be found in the number of the *British Medical Journal* for May 25, 1867.

The Bill refers solely to—

1. The registration of persons holding diplomas from colonial or foreign universities or colleges—to the registration of certain degrees in surgery obtainable from British universities; 2. The repeal of clause 40 of the Medical Act (1858); and 3. The punishing of persons assuming medical titles without being registered.

The meeting pledged itself to support this Bill, and no other. Further, no reference whatever was made at the Dublin meeting, either in the Report of Council, or in the debate which subsequently ensued, to the "one portal system" (see *British Medical Journal* for August 10th and 17th, 1867).

I distinctly affirm that Dr. Waters' statement that "when the Association met in Dublin (1867) the Government had charge of a Bill embodying the 'one portal' system" is "entirely incorrect."

Dr. Haughton says that my "character for wisdom and infallibility will not stand higher after my attack on him." As to infallibility, I was under the impression that but one mortal man laid claim to that attribute, and that even his claim was disputed by some; and I leave it to my professional brethren to decide as to the wisdom or otherwise of the course I have adopted in openly and fearlessly advocating what I believe to be for the good of the College to which I have the honour to belong, and as openly pointing out what I believe to be wrong or "incorrect." But be their judgment what it may on this point, I think it probable that the wisdom and discretion of the Rev. Dr. Haughton will not be highly esteemed by your readers when they find that to support a statement in itself "entirely incorrect" he makes use of terms such as are to be found in his published correspondence, and finally produces a letter of so suspicious a character as that signed by Dr. Waters; indeed, I believe not a few will agree with me, that, to quote the words of an ecclesiastic of even greater eminence than Dr. Haughton himself, he

"will have to purify both his mode of thinking and writing" before he is in a position to lay claim to a character for wisdom, or be entitled to the confidence of your readers.

Your obedient servant,

11 Upper Merriam Street,
1st February, 1875.

JOMBE ATTHILL.

Having read with some surprise the statement of Dr. Waters as to the inception of the "one portal" idea in a practical legislative shape, we examined the files of our journal for the years 1865 to 1868, and failed to find any corroboration of the statement. We therefore asked Dr. Waters to favour us with a reference to the Bill, of that date, in which the one portal system was to be found, or to any documentary evidence of its existence. We received the following reply:—

DEAR SIR,—Among the chief points of medical reform which it has been the duty of the Committee of the British Medical Association to contend for have been the direct representation of the profession in the General Medical Council and the establishment of the "one portal."

In 1867, when the Association met in Dublin, the Committee were of opinion that the principle of the "one portal" was safe in the hands of the Government, and that the important point for the Association to struggle for was that of "direct representation," and that alone. In my hurriedly written letter to Dr. Haughton I should have said the Committee believed that the Government had charge of "the principle" of the one portal, and not of "the Bill."

I am sorry to find myself involved in an angry discussion where all parties are, as I believe, desirous of stating the truth.

I remain, yours faithfully,

EDWARD WATERS.

14 Nicholas Street, Chester,
February 8, 1875.

[We are bound to say that we have no evidence before us that in the year 1867 the "one portal" system was "safe in the hands of Government."—ED. M. P. & C.]

VIVISECTION AT NORWICH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is really sad to find such efforts now being made to extend the horrors of vivisection in this country, and also to witness the attempts of interested parties to bully down that worthy and justly-respected man, Sir William Fergusson. Sir William has a perfect right to hold his opinions on this as on other subjects, and his opinions are at least as reliable, if not much more so, than those of his medical brethren who may happen to entertain opposite views.

It is scarcely to be doubted but that the vast majority of medical men condemn vivisection as unnecessary and cruel; and many would, like Sir William Fergusson, sacrifice time, or incur serious personal inconvenience and loss, in their noble endeavours to prevent the repetition of such demoralising exhibitions as lately disgraced the proceedings of the British Medical Association during their meetings in Norwich.

Sir William Fergusson's name will shine with still brighter lustre for the honourable position he has taken in this matter, and will not be in the least tarnished by the vilifications of anonymous writers. And why, it may be asked, do the writers of these productions withhold their names? Simply because vivisection, like all other cruel *men*, are invariably cowards. They are such *men* as would very prudently shrink from attacking a tiger unless it was chained, but have sufficient courage to slowly torture bound and helpless dogs, cats, &c. Unfortunately, there are still *men* (if the term should be applied to such monsters) who delight to inflict pain, and can even gloat over the writhings and agonies of defenceless creatures.

Dr. Magnan has already received from the Academie des Sciences £100 as a reward for his performances; still, some anonymous writers think his medical brethren here should

make a presentation also. Doubtless this would be very acceptable to Dr. M., who, whilst jingling the sovereigns in his pocket, could chuckle over the credulity of the British Medical Association, and might manage to have some fresh interesting discovery ready at each future annual meeting in this country, of course taking philosophic care on every such occasion to be again safely out of reach before the Royal Society for the Prevention of Cruelty to Animals could catch him.

I am, Sir, yours respectfully,

WM. F. C. S. CORRY.

Belfast.

[We print this letter as a specimen of the length to which a correspondent may be led, by feelings which are in themselves worthy, to attribute the worst motives and make use of violent language. We have every sympathy with Sir William Fergusson's views, and an utter abhorrence of unnecessary cruelty to animals; but we do not think that the interests of the human race, which have indubitably been in certain cases advanced by vivisectional experiments, should be sacrificed to an excess of tenderness for cats and dogs. The cause of humanity will not be served by calling those who make use of vivisection by such names as "coward" and "monster," or by suggesting venal motives.—ED. M. P. & C.]

THE ARMY AND NAVY AND THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your recent article on the above subject induces me to ask space for a few words. It has always appeared to me that the right footing upon which to put the question of the beneficial action (or the reverse) of the Contagious Diseases Acts in a sanitary point of view is to inquire how much less disease of the peculiar kind against which the Acts are professedly directed there is now in the whole home army and navy than there was before these measures were enacted. It little matters what the fluctuating figures may be at one station now and at another next year, amongst a thousand men here or five hundred there, for a few months at one place and a few months at another. The question is, "Have these Acts—about the efficacy of which there have been so many boasts, about the pecuniary cost of which there can be no doubt, and concerning the outrageous indecency of which there cannot be two opinions—have they stamped out venereal disease in the army and navy? or, if they have not yet done that, are they on their way to it?—have they greatly diminished the number of admissions to hospital for these causes, and given us, as regards these diseases, healthier soldiers and sailors? I have now before me the Army and Navy Medical Reports for a number of years, the last—those for 1872—having just been issued. The tale these Reports tell—not in the letterpress, but in the figures—is a melancholy one for the supporters of the Acts. Here are the facts.

The total number of admissions per 1,000 men in the home navy in 1866, the year before any of the existing Acts for syphilis and gonorrhœa, was 89.5. In 1872 it was 126.7.

The number of men per 1,000 constantly sick of these diseases in the home navy in 1866 was 8.6. In 1872 it was 9.7.

The total number of men invalided on account of these diseases in the home navy in 1866 was 22 (out of a force of 21,200). In 1872 it was 51 (out of a force of 23,000).

All the great naval stations are under the Acts, and have been from an early period. And this is the result!

It is time that these facts were pointed out directly to the Government, and that the question was asked, "Why, in the face of such incontrovertible results, is the revolting system persisted in? Why, too, in the face of these unanswerable figures, are the compilers of the letterpress of the Report allowed to mislead Parliament and the public by reiterating the truthless declaration that the Acts are successful?"

In the army but half of the stations, at which 500 men and upwards are kept, are under the Acts, and this accounts probably for the fact that the evil results of the system are not

so broadly marked in the whole home army as in the whole home navy. Nevertheless, the utter inability of the system to stamp out disease is manifest from the fact that, whereas the total admissions for syphilis and gonorrhœa per 1,000 men in the whole home army in 1866 was 200.35, the number still stood in 1872 as high as 191.95. *Without the Acts* the number had fallen, between 1861 and 1866, from 262.09 to 200.35; *with the Acts* the rate of diminution had been materially checked, while the number of admissions for secondary syphilis, the worst of all the diseases, had increased, and was more in 1872 than in 1866, standing at 23.39 per 1,000 men in 1866, and at 24.26 per 1,000 men in 1872.

The number of men invalided also had largely increased. In 1866 it was 43 (out of a force of 59,758), in 1872 it was 96 (out of a force of 85,722), that is to say, it had increased from 7 to 11 per 10,000 men.

If the services be put together and the total admissions in 1866 and in 1872 be compared, it will be seen that the number in 1872, after six years' experience of the Acts, surpassed the number in 1866. This answers the question, "Have we healthier soldiers and sailors?" The two forces together in 1866 amounted to 80,958 men, and the admissions to 13,868, giving 171 per 1,000. The two forces together in 1872 amounted to 108,722 men, and the admissions to 19,373, giving 178 per 1,000.

It is unnecessary to add anything to these figures, the accuracy of which is unquestionable. They show unmistakably the failure of the Acts, and the extent to which the ruling powers of this country have been deluded. That the country will insist ere long on the total abandonment of the sham few reasonable men can entertain a doubt.

I am, Sir, yours faithfully,

CHARLES BELL TAYLOR, M.D., F.R.C.S.E.,
Surgeon to the Nottingham and Midland Eye Infirmary.

[We object to any argument founded upon the condition—as regards venereal disease—of the entire army and navy. The Contagious Diseases Acts are applied only to a few districts, not to the entire force, and there may, very probably, be causes for an increase of venereal disease in the part of the force which is not under control, which increase overwhelms the advantage gained within the controlled districts. The only fair deduction is derivable from a comparison of the prevalence of disease in the controlled and the uncontrolled stations.—ED. M. P. & C.]

MEDICAL AFFAIRS IN PARLIAMENT.

PUBLIC HEALTH (ENGLAND) BILL.

ON Thursday last, in accordance with previous notice, Mr. SCLATER-BOOTH moved for leave to introduce a bill for consolidating and amending the acts relating to public health in England, and in doing so he asked the house to favourably receive the measure, which both houses of parliament had frequently expressed a desire to see accomplished. The report of the sanitary commissioners of 1869 contained a very interesting account of the subject, going back to the reigns of Henry VI. and Henry VII., but for practical purposes the consolidation would be confined to legislation since 1848. The Public Health Act of that year was passed under pressure of considerable alarm arising from the approach of cholera. Both previously and subsequently to that date innumerable local acts had been passed, but since that time public attention had been more and more directed to this subject, and efforts had been made yearly to improve and facilitate local administration in the country. Many of them had been of a permissive character, and others had contained clauses partly permissive and partly compulsory, but cast upon different models, and they had approached the subject from different points of view, and contained provisions which touched, and in some cases conflicted with each other. The object of this bill would be to amend and reconcile many of them. Since the Provisional Orders Bill had been in operation a number of bills had been passed which contained provisions of law most objectionable to the whole community, and the sanitary

commissioners stated that the number of statutes that had been passed and the way in which they had been framed, had rendered the state of the sanitary law unusually complex, arising from the progressive and experimental character of modern legislation without any attempt at reconstruction or classification. The law was frequently unknown, and when studied was difficult to be understood. It was found impossible in passing the act of 1872 to comprise within it any consolidation of the law, but after two years' experience of its working an amended act was passed last year of a more uniform character. In fact, it would have been impossible to have worked the act of 1872 if a digest had not been prepared by the officials of the department. The time had now arrived for making a clean sweep of these acts, and 29 acts passed since 1846 would be more or less dealt with by this bill, with the exception of five or six clauses contained in them. And the few remaining provisions would be dealt with in future years. It was proposed to consolidate in this bill the Public Health Acts of 1848, 1859, and 1872; the Sanitary Acts of 1866, 1868, and 1870; the Nuisance Removal Acts; the Local Government Acts from 1858; the Sewage Utilisation Acts; the Towns Improvement Acts, and many others; and therefore he asked the house to allow the consolidated clauses to pass without much discussion and without opposition, and take them on the responsibility of his department, and with regard to clauses where the construction was doubtful, and the law was in apparent conflict, he would make known to the house the grounds upon which the proposed construction was placed upon them. The bill would make better provision as to the construction of sewers, and the local authorities would be empowered to obtain provisional orders under the Gas and Water Facilities Act; but it would not involve any question of competition with private companies, nor interfere with existing compulsory action. Powers would also be given for providing mortuaries in certain cases, and the meaning of overcrowded houses would be defined, which might be the case of one family only. Power would be given to the Local Government Board to group districts for the appointment of medical officers of a less clumsy and difficult nature than at present existed. Some provisions would also be introduced dealing with nuisances arising from smoke and offensive smells, to enable the present law to be more effectually put into operation, and the local authorities would be empowered to take such proceedings as were allowed under the present law whether the nuisance arose within or without their respective districts; and a person who contributed to a nuisance would not be allowed to escape the penalty, upon proceedings being taken against him, by pleading that he was only one of many parties who were guilty of the nuisance. The bill would in no way interfere with the provisions of the law that had been passed in the interest of trades and manufactures, but there would be an amendment so as to make the law reach those smoke nuisances that were exempt from the operation of the present law. Leave was given to introduce the measure.

PLEURO-PNEUMONIA.

At the same sitting, in reply to Mr. Barclay, Sir M. H. BEACH said that with reference to the question whether the Irish Government intended to make compulsory, as in England and Scotland, the slaughtering of animals afflicted with pleuro-pneumonia, he had pointed out to the House last session the difficulties which stood in the way of the introduction of such a scheme into Ireland as prevailed in England and Scotland. Since then the Irish Government had reconsidered the question, and an inquiry had been made by the Irish Veterinary Department, from which it appeared that there was no foundation for the statement of the spread of pleuro-pneumonia in that country.

PHARMACEUTICAL SOCIETY IN IRELAND.

In reply to Mr. Errington, Sir M. H. BEACH said he hoped to be able to introduce a bill this session for the establishment of a Pharmaceutical Society in Ireland.

ADULTERATION OF FOOD AND DRUGS.

On Friday, Mr. SCLATER-BOOTH obtained leave to bring in a bill to repeal the Adulteration of Food Acts and to make better provisions for the sale of food and drugs in a pure state.

CORONERS' (IRELAND) BILL.

In view of Mr. Vance's notice to introduce his Coroners' Bill for Ireland, it will interest our readers to be reminded of its nature.

An attempt was made during the session of 1872 to amend the law relating to the payment of coroners; it merely permitted grand juries to pay coroners a fixed annual salary, taking the *average* of their actual receipts for fees and mileage for five years as the amount to which they were entitled; but although the same Bill proposed to grant superannuation to secretaries of grand juries, county surveyors, and their assistants, it did not do so to the coroner. It is to be hoped, if a similar Bill is introduced next session, this injustice will be obviated, and that an office so ancient and useful will receive that consideration to which it is entitled.

During the last session of Parliament a Bill to amend the laws relating to the appointment, duties and payment of county coroners, and expenses of inquests in Ireland, was introduced by Mr. Vance and Sir John Gray. Its leading features were to empower coroners to appoint deputies, to abolish the property qualification—confining the election of future coroners to persons registered under the Medical Act of 1858, barristers-at-law, attorneys or solicitors, and justices of the peace of five years' standing—payment of coroners by salaries instead of fees, curtailing the polling at elections to one day, granting superannuation to coroners, power to discharge juries who disagree and swear a fresh one, power to take bail in cases of manslaughter, &c., &c. The Bill was read a second time, thereby affirming the general principle of the measure; but on the assurance of Sir M. H. Beach, the Chief Secretary for Ireland, that Government would prepare a Bill during the recess and submit it to Parliament next session, Mr. Vance consented to withdraw his Bill.

It is to be hoped a liberal measure may be introduced—one that will elevate this ancient office, and do away with the unseemly collisions between the constabulary and the coroners that have prevailed for the last year or two; for if the office is to be continued it should be maintained in its integrity, and supported by the authorities rather than depreciated—in a word, it would be far better to abolish the office than degrade it; but we hope to see it maintained, its character elevated, its usefulness extended, and its emoluments increased.

THE NEW ORDER OF MEMBERS OF THE DUBLIN COLLEGE OF PHYSICIANS.

In referring last week to the allegation of the "dissentients" that it was contemplated by the College to mulct the Licentiates in heavy fees in consideration of their advancement to the new rank, we stated that the "Dissentients had not produced a tittle of evidence of the existence of any such intention, and that, so far as we knew, no such proceeding was thought of. In order to meet the innuendo thus put forward, the Fellows, at their last meeting on the 12th, adopted unanimously the following resolution:—

"Resolved—That if the Charter be granted, giving the College the power of instituting an Order of Members, it is the opinion of the College that any Licentiate admitted before the granting of the Charter, who may desire it, may be transferred to the Order of Members without additional expense."

This is an explicit reply to the allegation of the "Dissentients," and a satisfactory guarantee to the Licentiates. As regards the *raison d'être* of the new diploma of Membership, the College has only to show that its Licentiates are really suffering under a substantial grievance, and the proposal to create the Membership can no longer be reasonably objected to. We observe in the columns of a medical contemporary and in a Dublin paper a vehement reclamation on the part of two Licentiates, resident in England, who state that they have been disqualified from office by

the want of a "Membership." If this be so in many instances the College has great justification for its wish to create such a degree.

The Surgical Society of Ireland will meet on Friday next, when communications will be made by Mr. Robert McDonnell, "On Cases, with Observations on the Relations of the Histology and Clinical Surgery of Tumours"; by Dr. Henry Kennedy "On the Strength of Muscle"; and by Mr. B. F. McDowell, "On Cases of Strangulated Hernia."

Gleanings.

Congenital Absence of the Bladder—Incontinence of Urine—Catheterisation—Death from Peritonitis.

At a recent meeting of the Société de Chirurgie, M. Gyon read for M. Fleury the following observation:—

A young girl who had menstruated since about a year previously, entered the hospital at Clermont for incontinence of urine of some months' duration. The vulva and the upper portion of the thighs were the seat of a painful erythema. A sound introduced into the canal of the urethra did not penetrate more than about an inch and a quarter. The vaginal touch showed relaxation of the vulvar ring, but furnished no further information.

Her general condition was good. Examination with the speculum was postponed until the following day. At that time the patient complained of pain in the belly; the skin was hot, the pulse frequent. The catheterisation had been carefully made, and these symptoms could not be accounted for. They increased in severity, and the patient succumbed a few days later.

The autopsy revealed an effusion of pus into the abdominal cavity, covering the folds of the intestines. The bladder was entirely absent, the ureters terminating on the sides of the urethral cul-de-sac. The left kidney contained creamy matter of a whitish-yellow colour; the right kidney was healthy. It was difficult to explain how, with such a vice of constitution the incontinence dated back only one year; later, however, M. Fleury learned from the patient's mother that this infirmity was congenital, but that it had become insupportable only within the last year. It is possible that within this time the urine had acquired an acidity which brought on the erythema.—*Bull. Gén. de Therap.*, Nov. 15, 1874.

Surgical Treatment of Oozana without producing Deformity of the Face.

DR. ROUGE, of Lausanne, has devised and executed the following operation. The patient being placed under the influence of an anæsthetic, the head inclined to the right, the upper lip is raised as high as possible. The gingivo-labial ridge of the first molar is then, on the right, incised to the left. All the tissues being divided, the anterior nasal spine is reached, and then the septum is detached from its base.

It is now possible to introduce the finger into the patient's nose and to explore the nasal fosse.

If necessary, a still larger way may be opened by dividing the cartilages of the *alæ nasi* at their maxillary insertions.

In nine cases operated upon by this process, it was possible to extract sequestra, to scrape the bone, and to cauterize fungosities. Cure followed in every case save one. Hæmorrhage somewhat abundant in a single case, was never sufficient to cause anxiety or to give occasion for the use of ligatures or hæmostatics.—*La Trib. Méd.*, July 19, 1874.

Infection by Syphilitic Semen.

DR. ISAAC SMITH jun. (*New York Medical Journal*), reports the following case, which he believes disproves the assertion of Professor Bumstead that it has never been proved that a female may, without becoming pregnant, contract syphilis through the semen of a syphilitic male, he having at the time no syphilitic lesion. A gentleman who had had chancre, secondary eruption, bubo, and engorgement and suppuration of the cervical glands, married after he had apparently been

in good health for about twelve months. Soon after, his wife had prolapsus uteri, and a chancre was discovered upon the os. This was treated, and healed kindly. Six weeks later she had a specific fever, and as that subsided, a secondary eruption appeared, which soon yielded to treatment. Six months afterwards, the man had urethral chancre, while his wife was suffering at the same time from engorgement of the os uteri, with uterine leucorrhœa. They were relieved of these troubles, and since then they have had perfect health. The woman has never been pregnant, and has never run past her time. The family is of the highest respectability.

Medical News.

Royal College of Surgeons of England.—The following member passed the required examinations and were admitted licentiates in midwifery at a meeting of the Board of examiners on the 4th inst., viz:—Messrs. William Hardman, Blackpool, diploma of membership dated July, 1874; George Herbert Lilley, Ware, Herts, May, 1874; George Albert Hamerton, Lambeth, July, 1874; and Charles Morgan Jones, Aberdare, South Wales, July, 1874.

Requests to Medical Charities.—By the will of Mr. G. Mullins, late of Kennington, Charing Cross Hospital receives a legacy of £1000; the British Home for Incurables £1000, and the London Truss Society £500. By the will of Mrs. Mary Ann Chantrey, late of Lower Brook Street, London, bequests of £300 each go to the Westminster Hospital, St. George's Hospital, Royal Free Hospital, and the Cancer Hospital, besides £200 to the Brompton Consumption Hospital. The Weston-super-Mare Hospital and Dispensary has received £450 under the will of Mr. Walter Tucker. Mr. Morton, of Wolverley, has bequeathed £100 to the Kidderminster Infirmary. The Royal National Hospital for Consumption, Ventnor, has received £100 from Mr. Reginald Bray. The Provident Dispensary and four other charities of Leicester have received £100 each under the will of Mr. William Hunt.

Lectures at the Royal College of Surgeons of England.—Professor Wilson, F.R.S., commenced his course of six lectures on Dermatology in the theatre of the Royal College of Surgeons on Monday last. The following is the syllabus of Mr. Wilson's lectures. General classification of diseases of the skin under three heads—inflammation, nutrition, and innervation. Preceding courses devoted to diseases of inflammation and part of those of nutrition. Diseases of nutrition are: dystrophic, atrophic, and hypertrophic. Dystrophic affections include: lepra, struma, lupus, lymphoma, xanthoma, and epithelioma. Atrophic affections: dermatoxer-asia, ichthyosis, saurosis, striæ atrophicæ, morphœa, and scleriosis. Dermatoxerasia, its relations with ichthyosis and saurosis; therapeutic considerations. Striæ atrophicæ, morphœa, and scleriosis; their pathology and therapeutic treatment. Hypertrophic affections: verrucæ, horns, and concretions, corns, angioma or vascular nævus, areolo-fibroma, areolo-fibrous tumours, and fibrous tumours. Verrucæ, their pathology; pathology of horns and concretions; therapeutical treatment of verrucæ; pathology of corns and their treatment; pathology and treatment of angioma. Pathology of areolo-fibroma; the Bosjeman; remarkable cases of dermatolysis; hypertrophic nose; spargosis; boucœmia; elephantiasis Arabum, therapeutic management. Areolo-fibrous tumours: acrochordon; spilus or tegumentary nævus; molluscum; fibrous tumour; cheloma; therapeutic considerations. Diseases of innervation: pruritus; prurigo; neuropathic excoriations; hæmorrhagic stigmata; illustrative cases: Louise Lateau's case. Hyperæsthesia; anæsthesia. Professor Parker, F.R.S., will commence his course of eighteen lectures on the Structure and Development of the Skull, in continuation of his course of last year, on the 15th instant.—The lectures of Professors Lee and Turner will be commenced some time in June next.

List of Naval Medical Candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley, February, 1875:—

	No. of Marks.		No. of Marks.
O'Connor, D. W.	4413	Breton, W. E.	3215
Russell, A. W.	3595	Bourke, M. E.	2717
O'Callaghan, J.	3467	Whately, G. F.	2447

List of Army Medical Candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley, February, 1875 :—

No. of Marks.		No. of Marks.	
Harrison, C. E. ...	5645	Gardner, R. H. ...	3680
Wellings, B. W. ...	5175	M'Gann, J. ...	3678
Forrester, J. S. ...	4095	Powell, J. ...	3660
Smith, R. ...	4085	Carter, S. H. ...	3490
Trevor, F. W. ...	3955	May, W. A. ...	3447
Mullane, T. ...	3948	Bourke, G. D. ...	3427
Scott, H. ...	3785	Gardner, H. G. ...	3367
Campbell, W. ...	3755	Hoysted, J. ...	2996

List of Indian Medical Candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley, February, 1875 :—

No. of Marks.		No. of Marks.	
Stoker, R. N. ...	5290	O'Keefe, J. L. ...	4145
Bomford, G. ...	5222	Adams, A. F. ...	4100
Barclay, A. ...	5206	Hume, T. ...	4087
O'Hara, W. ...	4785	Parakh, D. N. ...	3387
Tootell, E. ...	4780	Oliver, J. P. ...	3795
Gray, H. A. C. ...	4410	Lucas, J. C. ...	3732
McCartie, C. J. ...	4348	Sweetnam, M. ...	3515

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—Subscriptions in advance for 1875, at the reduced tariff of 21s. per annum, post free, are now due, and will be thankfully received by the Publishers in London, Dublin, and Edinburgh.

MR. WHITTALL will find the subject referred to in another column. JENNER versus A CELESTIAL.—It has been stated that the Emperor of China's death was caused by the small-pox, whence it might be inferred that vaccination is not practised in the Celestial Empire. This however (*Galignani says*), is not the case; the virtues of the cow-pox were known to the Chinese many years before Jenner discovered it in our part of the world. We expect shortly to see the status of poor Jenner superseded by a gigantic pigtail.

PRESIDENTS.—We believe that the work to which you refer has been out of print for a long time.

PHYSICIAN TO THE EMPEROR.—The post of head physician at the Chinese Court would not appear to be very enviable. A despatch runs thus: "Emperor died on 12th January. Head Court physician decapitated."

MR. E. STEVENS.—The subject has more than once been brought under the notice of our readers; we cannot again refer to it.

THE SCIENCE OF HANGING.—In our last we quoted from a contemporary item of news that the Rev. Prof. Haughton was engaged on a work, "The Science of Hanging." Dr. Haughton informs us that there is not the slightest foundation for the statement of our contemporary. We are glad, therefore, to give Dr. Haughton's denial the same publicity as the erroneous statement referred to.

DR. GILMORE.—The suggestion is, we imagine, impracticable. How could the medical officer sit in judgment on deaths with which he might possibly be himself connected? (The Local Government Board set their faces against a dispensary officer being coroner under any circumstances. We will gladly cause your name to be enrolled on the list of members of the Irish Medical Association. The subscription will be 10s. 6d.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, Feb. 17th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."

FRIDAY, Feb. 19th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."

ROYAL COLLEGE OF PHYSICIANS, 5 p.m. Dr. R. J. Lee, "On Puerperal Fever."

MEDICAL MICROSCOPICAL, 8 p.m. Dr. W. B. Woodman, "On a Natural Method of Mounting certain Microscopic Specimens."

MONDAY, Feb. 22nd.—Medical, 8 p.m. Ordinary.

TUESDAY, Feb. 23rd.—Royal Medico-Chirurgical, 8½ p.m. Ordinary. ROYAL INSTITUTION, 3 p.m. Mr. Alfred H. Garrod, "On Animal Locomotion."

WEDNESDAY, Feb. 24th.—Royal College of Physicians, 5 p.m. Dr. R. J. Lee, "On Puerperal Fever."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Cancer of the Uterus. By John M. Crombie, M.D. London: Mackay and Co.

Commentary on the British Pharmacopœia. By Walter G. Smith, M.D. London: Smith, Elder, and Co.

Heredity and Hybridism. By E. W. Cox. London: Longmans and Co.

On Spermatorrhœa. By J. L. Milton, M.R.C.S. London: R. Hardwick.

Water Analysis and the Disposal of the Slop Water of Villages. Two Pamphlets by Dr. C. B. Fox.

Diseases of the Kidney. By W. Howship Dickinson, M.D. London: Longmans and Co.

A Practical Treatise on Diseases of the Eye. By Haynes Walton, F.R.C.S. London: J. and A. Churchill.

The Liverpool Waterworks. By C. H. Beloe, C.E.
 The Advantages of the Separate System of Drainage. By E. Monson, C.E.
 Sixth Clinical Report of the Rotunda Lying-in Hospital for 1874. By George Johnston, M.D.
 The Practitioner. Le Progrès Médical. Indian Medical Gazette. Students' Journal. La France Médicale. La Tribune Médicale. The Obstetrical Journal. Boston Medical Journal. The Clinica. Monthly Microscopical Journal. The Sanitarian. British Journal of Dental Science. Philadelphia Medical Times. Gny's Hospital Gazette. Mansfield Reporter. Philadelphia Reporter. Journal de Thérapeutique.

VACANCY.

Naas Union. Medical Officer for the Clane Dispensary District. Salary, £125 per annum, with £15 extra as Sanitary Officer, and the usual vaccination and other fees. Applications to be addressed to the Hon. S.C., Clane Dispensary. (See Advt.)

APPOINTMENTS.

CARRY, C., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Bromsgrove District of the Bromsgrove Union, and Medical Officer to the Workhouse.
 CARSON, S., L.R.C.S.Ed., Medical Officer of Health for the No. 2 Sub-district of the Alton-with-Garrigill Sanitary District.
 COOK, J., M.D., M.R.C.P.L., Physician, with charge of Out-patients, to the Great Northern Hospital.
 DAVEY, C. J., M.R.C.S.E., Assistant to the Extra Physicians at the Sick Children's Hospital, Edinburgh.
 EWEN, A. B., M.R.C.S.E., Medical Officer of Health for the Wisbech Port Sanitary District.
 FIELD, E., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the Royal United Hospital, Bath.
 GLEESON, M. A., L.F.P. & S. Glas., Medical Officer for No. 5 District of the Fulham Union.
 GOEDIOCKE, F. W. E. W., L.F.P. & S. Glas., Medical Officer for the Milton District of the Gravesend and Milton Union.
 HACKETT, J. B., L.R.C.P.Ed., L.M., L.R.G.S.Ed., Medical Officer to the Workhouse and Fever Hospital of the Kilkenny Union, and Medical Officer, &c., for the Kilkenny No. 2 Dispensary District.
 HARDY, J. A., M.R.C.S., House Surgeon to St. George's Hospital.
 HARPER, G. S., M.R.C.S., House Physician to St. George's Hospital.
 HIGGINS, W. H., M.B., C.M., M.R.C.S.E., Assistant Medical Officer to the Derby County Lunatic Asylum.
 HOBLEY, S. H., L.R.C.P.L., L.R.C.P.Ed., Lecturer on Anatomy, &c., at the Hartley School of Science, Southampton.
 KENNEDY, D. M., M.D., Medical Officer for the No. 2 District of the Parish of Liverpool.
 LACY, C. DE LACY, L.R.C.P., Obstetric Assistant to St. George's Hospital.
 MACKAY, E. M.D., M.R.C.P.L., Acting Physician to the Birmingham and Midland Free Hospital for Sick Children.
 MARSHALL, H. F., M.B., M.R.C.S.E., an Extra Acting Physician to the Birmingham and Midland Free Hospital for Sick Children.
 MELLOR, Dr., Medical Officer for the Fylingdales District of the Whitty Union.
 NEWBY, T., M.D., M.R.C.S.E., Police Surgeon, Great Grimby.
 NICHOLS, Mr. D., Apothecary to the Steevens's Hospital, Dublin.
 SAMUEL, E., M.R.C.S., Medical Officer to the Llanelli Copper Works.
 SMYTH, J. M.D., Medical Officer, &c., for the Naas and Carragh Dispensary District of the Naas Union.
 SPARKS, E. I., M.B., M.R.C.P.L., a Physician to the Royal Infirmary for Children and Women, Waterloo Road, London.
 THORNTON, P., L.R.C.P.Ed., M.R.C.S.E., Medical Officer to the Greenwich Union Workhouse and Infirmary for one year.

Marriages.

ATTWATER-BUSH.—On the 3rd inst., at Burnopfield Church, Arthur Wm. Attwater, M.D., of Whickham, co. Durham to Louisa Isabella Gillett, second daughter of John Alderton Bush, of Bird Hill House, Whickham.
 HADDEN-HARLEY.—On the 3rd inst., at Christ Church, Leeson Park, Dublin, Dr. David Hadden, Wexford, to Charlotte Elizabeth, youngest daughter of the late Rev. John Harley, Rector of Taghmon.
 KEER-BRADY.—On the 3rd inst., at Tulloghobegly Parish Church, co. Donegal, Elias W. Keer, M.B., Kesh, to Fanny, daughter of Dr. George Fraser Brady, J.P., Falcarragh, co. Donegal.
 STOKER-TODD.—On the 5th inst., at St. George's Church, Dublin, Wm. Stoker, M.D., F.R.C.S.I., to Jennie M. Ross, eldest daughter of the late R. Moss Todd, of Dublin, Clerk of the Crown for co. Down.

Deaths.

CHATTAWAY.—On the 2nd Feb., A. G. Chattaway, M.R.C.S.E., of Kingsland, Herefordshire, aged 42.
 CRENNELL.—On the 6th Feb., at 47 Millman Street, Russell Square, London, Samuel Payne Crennell, M.D., formerly of H.M. Colonial Emigration Service, aged 57.
 CULLING.—On the 6th Feb., at Lydford House, near Somerton, Robert Culling, M.R.C.S., aged 52.
 JOYSON.—On the 4th Feb., John Joyson, M.D., of Brooksdon, Cranbrook, Kent, aged 85.
 KENNEDY.—On the 7th Feb., at Stratford Hall, Essex, Angus Kennedy, M.R.C.S.E., Surgeon to the South Essex Dispensary, aged 70.
 MORTON.—On the 5th Feb., at Waterloo Place, Dublin, Kate H., widow of Henry Morton, M.D.
 SMITH.—On the 10th Feb., Wm. Smith, F.R.C.S., of Moor Bank, Kersal, Manchester, in his 89th year.
 WHITE.—On the 4th Feb., F. B. White, M.R.C.P.L., of Tetbury, aged 32.

ROYAL COLLEGE of PHYSICIANS of LONDON.—
 Dr. R. J. LEE will Lecture "On Puerperal Fever" on Feb. 19, 24, and 26, at 5 o'clock.
 Members of the Profession will be admitted on presentation of their cards.
 By order of the President,
WILLIAM GURNER, Bedell.

ROYAL COLLEGE of SURGEONS in IRELAND.—
 Notice is hereby given that on Thursday, the 18th day of March next, at the hour of 2.30 o'clock p.m., the President, Vice-President, and Council will proceed, according to the provisions of the Supplemental Charter, to elect a PROFESSOR of CHEMISTRY, including Practical-Chemistry, in room of Mr. Reynolds, resigned.
 Candidates are requested to lodge their applications with the Registrar, at the College, on or before Thursday, the 11th March.
 By order, **JOHN BRENNEN,**
 Registrar.
 February 11th, 1875.

LECTURES on HOMOEOPATHY, instituted by the British Homoeopathic Society.—Course of Lectures on MATERIA MEDICA by Dr. RICHARD HUGHES.—The next Lecture will be delivered at the London Homoeopathic Hospital, Great Ormond Street, Russell Square, W.C., on Thursday next, February 18th, at 5 p.m. Subject: INTRODUCTORY ON THE HOMOEOPATHIC MATERIA MEDICA.
 Members of the Medical Profession will be admitted on presentation of their address cards. Medical Students can obtain admission on application to Dr. Bayes (Hon. Sec. to Lectures Committee), 58 Brook Street, W.

NAAS UNION.

CLANE AND TIMAHOE NORTH DISPENSARY DISTRICT.
MEDICAL OFFICER WANTED.—In consequence of the resignation of Dr. JOSEPH SMYTH, the Committee of Management will proceed to the election of a properly-qualified MEDICAL OFFICER for the above District on SATURDAY, the 27th of FEBRUARY, at 12 o'clock p.m., at a Salary of £125 per annum. The Medical Officer will also be entitled to £15 per annum as Sanitary Officer, and to Vaccination Fees. He will be required to reside in or near the town of Clane. Applications, with Diplomas and Testimonials, addressed to the undersigned, to be sent to the Dispensary, Clane, before 11 o'clock p.m. on the day of election.
 Personal attendance of candidates necessary.
 By order of the Committee,
MICHAEL DUNNE, Hon. Sec.
 Clane Dispensary, Feb. 10th, 1875.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.
PATRON:—H.R.H. THE PRINCE OF WALES.
 This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.
 To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.
 The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.
 Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.
 Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.
 Each donation of Five Guineas gives the donor a life-vote.
 Annual Subscribers are entitled to one vote for each half guinea paid.
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 Full particulars as to the working of both Institutions, terms, &c. can be had at the office,
40 MOLESWORTH STREET, DUBLIN.
W. O'NEILL, Secretary.

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Ophthalmic and Aural Surgeon:
ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S., Ex-Ophthalmic and Aural Surgeon to the City of Dublin Hospital.
Consulting Physician:
EVORY KENNEDY, M.D. (Hon. Caus.) T.C.D. and Edin., Fellow and Ex-President King and Queen's College of Physicians.
Consulting Surgeon:
GEORGE H. PORTER, F.R.C.S.I.; M.Ch. T.C.D. (Hon. Caus.), Surgeon in Ordinary to Her Majesty the Queen in Ireland; Fellow and Ex-President, R.C.S.I.; Senior Surgeon to the Meath Hospital.
Obstetric Physician:
JOHN CRONYN, M.D., F.R.C.S., Professor of Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

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Z 102. YORKSHIRE. CAPITAL COUNTRY PRACTICE, yielding £500 a year. Introduction as long as desired. Ill-health the cause of retirement. The whole connection could be transferred to a suitable gentleman, by whom the connection could be largely increased. The greater part of the premium might be paid by instalments.

Z 101. PUBLIC APPOINTMENTS. The incumbent of several excellent appointments desires to introduce a successor in a good agricultural town about 40 miles from London. The salaries, &c., amount to £400 a year, and the premium for introduction would depend upon the success of the candidate; but a fee of £150 would be required to be paid on the resignation of the present incumbent.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 24, 1875.

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Original Communications.

ON NOXIOUS AND OFFENSIVE TRADES AND MANUFACTURES,

WITH ESPECIAL REFERENCE TO THE BEST PRACTICABLE MEANS OF ABATING THE SEVERAL NUISANCES THEREFROM. (a)

By H. LETHEBY, M.B., M.A., &c.,

Professor of Chemistry in the College of the London Hospital; late Medical Officer of Health and Public Analyst for the City of London; and President of the Society of Medical Officers of Health.

PART II. (continued.)

1. *Those which generate muriatic acid gas.* Until comparatively recently (since 1863, when the Alkali Act came into operation), the production of carbonate of soda, or rather salt-cake, which is the first step of the process of manufacture, was one of the most offensive and destructive operations in the kingdom. For a distance of miles, indeed, around the *alkali works*, vegetation was blasted, and residential existence was almost impossible. Action upon action at law therefore for ruinous damages was the chief entertainment of the parties concerned, and it was a dire struggle between the farm and the factory. The effect of all this was so seriously considered by the late Earl of Derby, that he brought it before the notice of Parliament and obtained the Act of 1863, which compelled the manufacturer of alkali to condense no less than 95 per cent. of all the muriatic acid derivable from the materials which were used; and last year the Act was amended so as to bring other manufactories, as copper works, where salt is the agent employed, as well as vitriol works, &c., under the Act. The amount of muriatic acid escaping from the alkali works is also restricted, not merely to 5 per cent. of the quantity made, but to one-fifth of a grain per cubic foot of the gas or air leaving

(a) From a paper read before the Society of Medical Officers of Health, January 16, 1875.

the works. There is hope, therefore, that still farther improvements will be effected in these operations.

The method of making salt-cake is first to treat common salt with sulphuric acid in pots (called saturating pots) at the head of a reverberatory furnace, and then to rake out the mixture upon the bed of the furnace, where it is subjected to a red heat for two or three hours. The muriatic acid, which is copiously evolved from the materials, is carried by pipes and flues to a high and capacious condensing tower, where it meets a stream of cold water flowing downwards over the coke with which the tower is packed. The draft of the tower is caused by the furnace shaft, into which the residuum of unabsorbed gas enters. In this way a liquid acid of 28 Twaddell (1,140 sp. gr.) is obtained, and this is used with oxide of manganese for making chlorine in the production of chloride of lime (bleach powder). The red hot salt-cake, when drawn from the furnace into iron barrows, is highly charged with muriatic acid, which it gives off in copious fumes, so that the workmen are obliged to take some precaution to prevent its effects. The fumes, however, do not extend to any great distance—not many yards from the furnace—and they might be checked altogether by Dr. Roscoe's contrivance of raking the hot furnace charge of salt-cake into a brick chamber underneath the furnace, and provided with an opening into the flue. All these arrangements are, however, under the immediate supervision of inspectors appointed by Government, and they are generally managed with great precautions.

Not so careful, as a rule, are the manufacturers who extract copper from spent pyrites by means of common salt. The iron pyrites used by the oil of vitriol maker in generating sulphurous acid contains from 2 to 4 per cent. of sulphur and a small proportion of copper. They are crushed into a coarse powder and mixed with common salt (3 cwt. to a ton of pyrites), and they are roasted in a reverberatory furnace for several hours, whereby muriatic acid gas and a little sulphurous acid escape; and as the manufacturers have not hitherto been under any legislative obligations as regards the proportion of acid evolved, they have generally let it go freely into the chimney

shaft. They will, however, be compelled to condense it by means of coke towers, as is done in alkali works.

Common bottle glass is now made from silica and common salt, which are fused together in huge melting pots, and thus immense quantities of muriatic acid gas are discharged into the air.

In like manner, the use of common salt as a means of *glazing the commoner kinds of pottery* (brown ware bottles, jugs, pans, pipes, &c.) is a cause of great offence at Lambeth and elsewhere, from the amount of muriatic acid discharged into the atmosphere.

Brick burning and cement burning are also sources of nuisance from the same cause. In the case of bricks, the salt comes from the cinders (household breeze) used in the burning, which become charged with salt in the dust bins of houses. In the case of cement burning, the salt is derived from the mud of the tidal rivers, from which, with chalk, the cement is made. In all these instances, when salt is heated with silica or clay, the alkali combines with the fixed acid and forms a fusible glass or glaze, while the volatile acid (muriatic) escapes. The remedy with the potter and cement manufacturer is to condense the fumes in a proper scrubber; and with the brick-maker the remedy is to use coke breeze, or household breeze that has been well weathered and washed by the rain.

2. *Nuisances occasioned by the escape of sulphurous acid.* This is most marked in the manufacture of oil of vitriol, which is always produced from the vapours of burning sulphur. The sulphur employed is either crude native sulphur or pyrites (which contains from 35 to 50 per cent. sulphur), and the spent oxide from gas works (which is a mixture of from 40 to 60 per cent. sulphur with hydrated oxide of iron and sawdust). The furnaces for burning these several forms of sulphur are very different in their construction, but when properly managed the combustion of the sulphur should be complete, or nearly so, and all the fumes should be carried, without escape, into the leaden chambers. These chambers are of great capacity, as from 30,000 to 100,000 cubic feet, and they not only receive the fumes of the burning sulphur (sulphurous acid), but they likewise receive nitrous fumes from a pot or small stove containing nitre at the back of the sulphur furnaces, as well as jets of steam, which are blown into the chambers from a boiler. The chemical reactions which take place in the chamber are not precisely understood, but the practical effect of them is that the sulphurous acid, or anhydride (So^2) with nitrous fumes (N_2O_3) and steam or water (H_2O) form sulphuric acid (H_2So_4), and nitric oxide (N^2O). The former is precipitated to the bottom of the chamber, where it is dissolved in the water present, and the latter (nitric oxide) escapes to take oxygen from the air of the chamber, and so again forms nitrous fumes for a similar reaction. The nitrous fumes, therefore, are merely the purveyors of oxygen from the air to the sulphurous acid, and would, in the presence of oxygen alone, act indefinitely; but as the oxygen of the air in the chamber is associated with nearly four times its volume of nitrogen, it follows that as the former is abstracted the latter accumulates, and must be replaced by fresh atmospheric air. Hence the necessity for a current of air through the chambers, and this current of air carries with it notable proportions of sulphurous acid and nitric oxide, which, escaping into the atmosphere by the chimney shaft, are the cause of injury to vegetation and annoyance to the neighbourhood. The extent of this escape of noxious gases may be determined in several ways:—First, the relation between the quantity of materials used and the amount of oil of vitriol produced. Theoretically, 100 parts of sulphur should produce 306.25 parts of monohydrated sulphuric acid (H_2So_4); but in practice it varies from 200 to 294 parts. The nitre also employed at the works ought not to exceed 2 parts by weight for every 100 parts of sulphur, but in reality it is rarely less than 4 parts, and it ranges from this to 12 parts or more. In those cases where spent oxide is used as a source of sul-

phurous acid, the quantity of nitre is rarely less than 7 per cent. Secondly, the amount of escape may be ascertained by examining the gases which pass from the chambers to the chimney shaft. There is always a means of doing this with considerable accuracy by abstracting the gases from the flues which connect the chambers with the general shaft. According to Dr. Roecoe, a cubic foot of these gases ought not to contain more than one grain of sulphur in any form; whereas, in badly managed works, the quantity may reach to sixteen grains per cubic foot. The air of the chimney shaft, also, should not contain more than a quarter of a grain of sulphur per cubic foot, and of this a little more than half is derived from the coke or coal burnt in the furnaces. The remedies for this waste are twofold:—1st. The exercise of care in the conduct of the works—regulating the sulphur furnaces so that no fumes escape therefrom, and a proper supply of air is admitted into the chambers. In well-managed works it is customary to have glass pressure-syphons communicating with the exterior of the various chambers, so as to watch and regulate the condition of them. The chambers also should be completely surrounded and enclosed with casing, having a gallery or passage way around, so that any and every escape may be at once detected. 2nd. The effluent gases should be passed through scrubbers charged with absorbent liquids. Oil of vitriol, for example, flowing through the scrubber in a small graduated stream, will absorb the oxides of nitrogen, as suggested by Gay Lussac; and water will take up any trace of sulphurous acid. Both of these liquids can be made to flow into the leaden chamber, and be thus utilised. At several oil of vitriol works which I have inspected, it is the practice to carry the gases, which may by accident escape from these absorbent agents, through a lime purifier, before they go to the tall chimney shaft; and in this way all chance of annoyance is prevented.

The sulphuric acid which collects at the bottom of the leaden chamber is continually drawn off at a specific gravity of 1,600. This is called "chamber acid," and as it is too weak for general purposes, it has to be concentrated by evaporation. This is done to a certain extent in leaden pans, where it reaches a gravity of about 1,720, making the "brown acid" of commerce; and the further concentration is effected in vessels of platinum or glass, where the acid obtains a gravity of from 1,845 to 1,854, which is the "oil of vitriol" of English commerce. All of these operations are offensive, from the escape of acid, unless they are well managed.

It is necessary, therefore, in the management of oil of vitriol works, to take care—

First, that the sulphur furnaces are burning properly, and are not permitting any escape of sulphurous acid.

Second, that the leaden chambers and flues therefrom are constantly sound and air-tight.

Third, that the gases in the flues from the leaden chamber do not contain above one grain of sulphur per cubic foot.

Fourth, that these gases are passed through a water scrubber and an oil of vitriol scrubber in succession, before they go to the chimney shaft; and

Fifth, that the evaporation and concentration of the chamber acid, as well as the brown acid, be conducted without the escape of offensive gases.

Another source of annoyance from the escape of sulphurous acid is where the *noble metals are refined* by boiling the alloys in oil of vitriol. This, however, is easily guarded against by conducting the operation in closed vessels and carrying the evolved gases through an alkaline solution, whereby valuable sulphites and hyposulphites may be obtained for commerce.

Lastly, there is often a considerable escape of this gas from the chambers where *bleaching operations* are carried on by means of burning sulphur, as, for example, in the bleaching of woollen goods, straw bonnets, hair, hops, spice, &c.; and in these cases the refuse gas should be carried through some absorbent liquid or solid (lime, for example) by means of a fan or draught to a chimney.

3. There are certain manufacturing operations which are attended with the escape of nitrous fumes, and are exceedingly irritating and offensive. As I have stated, these fumes may escape from badly managed vitriol works. They are also caused when oxalic acid is produced from saccharine matters by the action of nitric acid. Refiners also discharge large quantities of the acid into the air when they treat the alloys of the noble metals with nitric acid. The makers of tin and iron liquors, of nitro-benzole, and of picric acid, are likewise producers of these irritating fumes when they act upon the several materials with strong nitric acid. The remedy for the nuisance is the carrying on of such operations in closed vessels, and the conveyance of the nitrous fumes through water or an alkaline liquid (milk of lime), by which the red fumes are entirely absorbed or arrested.

In the manufacture of bleach powder (chloride of lime) there is occasionally an escape of chlorine, but it is nearly always accidental, unless the works are managed with great carelessness. The chlorine is generally made from the liquid muriatic acid, which flows from the condensing towers at the alkali works. The acid has a gravity of from 25 to 28 Twaddell (1,125 to 1,140) and it is run into a still upon peroxide of manganese, and stirred and heated so as to promote chemical action. The chlorine which is thus evolved is passed into chambers containing layers of finely slaked lime, slightly damp, to the depth of from 3 to 6 inches. The residual liquor in the still, which is a solution of chloride of manganese and free acid, of the strength of from 26 to 30 Twaddell, is, in many cases, not allowed to run to waste and be a cause of annoyance, but is treated with lime and air to recover the oxide of manganese. The first step of the process is to neutralise the free acid of the liquor by means of chalk (carbonate of lime), which does not decompose or act upon the chloride of manganese. When the effervescence is over, and the liquor has become clear by subsidence, the supernatant solution of chloride of manganese and chloride of calcium is drawn off into another vessel, called an "oxidator," where it is subjected to the action of a proper proportion of cream or milk of lime, which decomposes the chloride of manganese and forms a precipitate of oxide of manganese. Air is now blown into the mixture until the protoxide of manganese is converted into peroxide, and when this is complete it is allowed to settle, and the solution of chloride of calcium is either utilised or is run away to waste. Chlorine is also made from gaseous muriatic acid by the oxidising action of the air at a high temperature. In this case the muriatic acid gas from the salt-cake furnaces is carried with atmospheric air into chambers heated to a low red heat (about 1000° Fahr.), and here, and in another chamber called an "oxidator," the hydrogen of the muriatic acid is oxidised and the chlorine set free. The mixed gases and vapours of chlorine, muriatic acid, and steam, are passed through condensers to cool them, and the moist chlorine is finally dried in a sulphuric acid scrubber, and then conveyed to the lime chambers. This method of generating chlorine requires care and attention, as the high temperature of the decomposing apparatus is very likely to lead to fissures and cracks in the apparatus, which will permit an escape of irritating gases.

The last of the acid nuisances to which I shall refer is that caused by the manufacture of superphosphate of lime. In the early days of this branch of industry, it was the practice to make superphosphate of lime by mixing chamber acid, a little diluted with water, with ground coprolites, bones, and animal refuse of all kinds, by means of a shovel and an open trough. The fumes of acid gases and vapours which were thus freely evolved into the air were extremely offensive to the neighbourhood. At present the mixture is effected in a closed vessel, in which a stirrer revolves horizontally. The best form of mixer is about ten feet long and 4 feet in diameter, with a stirrer, which, with its arms, revolves horizontally. The materials which are used in the manufacture are ground coprolites, crushed bones, spent animal charcoal from sugar refineries, and animal refuse of all kinds. These are put into the mixer in proper proportions, and treated with water and sulphuric acid. The mixer has

an upper opening for the admission of the materials, and a lower one for the exit of them. Both of these openings are secured with covered air-tight valves; and during mixing, which lasts from five to ten minutes, the materials evolve vapours charged with organic fumes and the acrid and exceedingly irritating tetra-fluoride of silicon, which is produced by the action of sulphuric acid upon the fluorides and silicates contained in the coprolites. These gases and vapours are conveyed from the mixer by a special shaft or flue, which carries them first to a chamber, in which they meet a copious spray of water, and then through a coke scrubber or condenser, furnished with a fine stream of water; and lastly, in some cases, through a lime purifier before they reach the furnace shaft. When the materials are thoroughly incorporated in the mixer, they are discharged through the lower opening into the chamber or den, in which, in the course of twenty-four hours, they consolidate. This chamber should also be air-tight, and ventilated into the same shaft or flue which carries the gases from the mixer to the condenser. If these operations are properly managed, they may be conducted without other offence to the neighbourhood than the faint acid smell which is inseparable from the exposure of the consolidated superphosphate; but if they are not well designed and managed, they are the cause of insufferable nuisance. The object of having a fine spray of water, as the first absorbent of the acid gases, is that the tetra-fluoride of silicon is immediately decomposed when it comes into contact with water, forming the hydrate of silica, which is deposited in a pulpy form, and an acid called hydro-fluosilicic acid, which the water dissolves. Now, if this were to take place in a scrubber packed with coke and supplied with downward flowing water, this hydrate of silica would soon clog the pores and apertures of the scrubber, and throw it out of action. Hence the necessity for decomposing the tetra-fluoride of silicon in a chamber before it reaches the coke scrubber.

SUMMARY.

And now, in concluding this brief outline of the processes which are most likely to receive attention from medical officers of health, I may summarize the recommendations which I have ventured to submit as the best means of abating the nuisances referred to by saying:—

First, that all noxious and offensive operations should be carried on, as far as possible, in air-tight chambers, which can be ventilated by means of fans, or by the chimney draft.

Second, that all condensible and absorbable gases and vapours should be passed through condensers and absorbents best suited for their absorption—as water in spray, and scrubbers charged with water, oil of vitriol, or alkaline solutions.

Third, that when necessary, these scrubbers should be supplemented with special purifiers, as hydrated oxide of iron, hydrate of lime, &c.

Fourth, that organic vapours and sulphuretted hydrogen and empyreumatic matters should be conveyed to the furnace fire and destroyed. In carrying out this part of the process, it is necessary that all steam should be condensed from the vapours, by cooling them thoroughly before they reach the fire, as otherwise the fire is apt to be put out by them. The fire which is best suited for this purpose is that which is actually used in manufacturing operations, as special fires are very likely to be neglected; and the best place for the entrance of the noxious vapours is at the back of the ash-pit immediately under the fire-bars, as by this means a draft is secured (by closing the ash-pit), and the vapours are made to pass through the glowing coals of the fire.

Fifth, all offensive materials should be brought to the works, or carried away from them, in properly constructed carts or tanks, which can be closely covered; and all such material when stored at the works should be kept in close tanks or chambers, ventilated, when necessary, to the scrubbers or furnace fire.

Lastly, the whole of the operations should always be managed with care and attention to details—there being no neglect of the sound condition of every part of the plant or working apparatus.

With these precautions, which are by no means unreasonable or impracticable, the manufacturer of offensive products might generally so conduct his operations as not only to protect the public from annoyance, but also to secure his own interests by preventing unnecessary waste.

It will be observed that I have not dealt with the question of nuisances from the slaughtering of cattle, &c., as this has already received attention from the society, through the labours of our colleague, Dr. Dudfield, and that our recommendations on the subject have been accepted by the Metropolitan Board of Works.

In conclusion, I trust that I may soon be able to find time for a further treatment of the subject by describing the nuisances which arise from the second and third causes alluded to at the beginning of the paper.

ON CERTAIN RECENT THERAPEUTIC REMEDIES. (a)

By W. HANDSEL GRIFFITHS, Ph.D., L.R.C.P. & S.E.,

Corresponding Member of the Therapeutical Society of Paris; Honorary Member of the Ontario College of Pharmacy; Editor for the *Edinburgh Medical Journal* of the "Monthly Reports on the Progress of Therapeutics;" Librarian to the Royal College of Surgeons in Ireland.

MR. PRESIDENT,—In your address at the opening of the present session you dwelt in forcible terms on the liberality on the part of the founders of this society in admitting for consideration other than purely surgical matters.

In the exercise of my duties as editor for the *Edinburgh Medical Journal* of the "Monthly Reports on the Progress of Therapeutics," I am obliged to keep myself *au courant* with the advances of therapeutical science. I have therefore thought that a brief review of some of the more important remedial agents which have of late occupied attention would not be regarded as wholly unprofitable or altogether devoid of interest.

Thanks to the courtesy of many donors, I am enabled to exhibit a valuable collection of illustrative specimens, most, if not all, of which are now exhibited in Ireland for the first time.

I must state at the outset that, with one exception, I have but little practical experience of any of these drugs to which I am about to allude. I cannot therefore be considered as endorsing any opinion which I may have occasion to quote.

The first substance to which I would ask your attention is—

GOA POWDER.

Inasmuch as this is a secret remedy, I would not allude to it were it not that it has been the subject of a recent paper by Dr. Fayer, in the *Medical Times and Gazette* (Oct. 24, 1874). That authority speaks highly of it as a remedy for Indian ringworm.

The following is the mode of applying the powder: A few grains are dissolved in lemon-juice or vinegar, to about the consistence of cream; this is painted over the eruption and for some little distance beyond its margin on the sound skin. There is no pain at first, but in a few hours there is a dull heavy sensation, as though the skin had been bruised; the eruption becomes white, whilst the

surrounding skin is stained a dark brown. The sense of uneasiness soon passes away, the integument assumes its natural character and all traces of the disease disappear. Dr. Fayer concludes, "Whatever it may be, there can be no doubt of its efficacy in the treatment of the skin diseases I have alluded to, and I should think most probably it might be useful in others also. I venture, therefore, to commend it to the notice of dermatologists, and to hope that its efficacy may be further tested in the treatment of skin diseases."

Mr. George Gaskoin, surgeon to the British Hospital for Diseases of the Skin, to whom I am indebted for the specimen on the table, entertains by no means so high an opinion of this remedy. He says that on the whole his experience is such as not to lead him to praise the drug. He says that it gives an ugly brown stain, which is followed by an amount of inflammation which equals that from the coarsest remedies (a). The preparation which Mr. Gaskoin employs he obtains from Mr. Garrad, of Leamington; it bears the Government stamp of the Bombay Presidency, and is sold by Messrs. Kemp and Co., of Bombay and Poonah.

According to Mr. D. S. Kemp, (b) Orchella-weed (*Lichen orcella*), exported from the coast of Africa north of Mozambique to India, is the most probable source of *goa* powder.

CONDURANGO.

A brief allusion to this drug may not be uninteresting. Heralded as a cancer-cure, it has been tried and found wanting. The excitement to which its reputed wonderful powers gave rise caused it recently to command enormous prices, especially in New York. Although it has proved worthless in the treatment of cancer, testimony as to its remedial powers in other affections is very strong.

In a recent paper by Professor C. Andrews, (c) of Chicago, he attributes to it a marvellous power in promoting the growth of granulations in ulcers.

It will probably be of use in the treatment of syphilis, scrofula, and chronic blood-diseases.

Condurango most probably belongs to the *N. O. Asclepiadaceae*. I shall not further allude to it than to state that a good description of its botanical characters is given in the *Pharmaceutical Journal* for November 18, 1871, and by Mr. Alfred Bennett in the eighth volume of the *Practitioner*.

For the specimen which I have the pleasure of exhibiting I am indebted to the Director of the General Apothecaries' Company of London.

GUARANA.

I have to thank the same gentleman for this specimen of guarana, a drug in which much interest has lately been centered.

Mr. Joseph Hallawell, in the *Chemist and Druggist*, March, 1873, gives a very good description of the mode of preparing the drug. *Guarana sorbilis*, the plant whence guarana is obtained, grows in a wild state to thirty or forty feet. It produces fruit in three years after planting, and the plant lives for forty years. The Indians remove the ripe seeds from the capsules and dry them in the sun; they are then slightly roasted and powdered; the powder is moistened, and exposed to night-dew, in order to form a paste, which is rolled into cylinders and dried. It has a bitter styptic taste, and is softened and partially dissolved by water. In Brazil it is used as a remedy for diarrhoea and dysentery, and as a tonic and stomachic. It is, however, for its efficacy in the relief of sick-headache that it is chiefly valued. The dose is half a drachm to a drachm. Dr. W. Macdowal (d) states that in experiments on himself and others he found that it will completely prevent

(a) *Med. Times and Gaz.*, Nov. 14, 1874.

(b) *Pharmaceutical Journal*, 1864.

(c) *New Remedies*, July, 1874.

(d) *Practitioner*, Sept., 1873.

(d) Read before the Surgical Society of Ireland, February 5. The discussion will be found at page 163.

the feeling of fulness of the head, lassitude and sleepiness following a full meal.

Dr. Edward A. Rawson, of Carlow, has tried the effects of this drug on himself and others. That gentleman has the misfortune to suffer occasionally from lumbago, but he has found in guarana an unfailing remedy. He writes: (a) "I have come to the conclusion that whenever the fibrous envelopes of nerves, the aponeurotic sheath of muscles, the fasciæ or tendons are the parts affected, guarana gives, if not instantaneous, at least, very immediate relief, which will last from twelve to twenty-four hours; and I confidently expect that perseverance in the use of the drug, gradually increasing the dose up to 40 grains, will entirely remove any of the above-mentioned kinds of rheumatism. Of the good effects of guarana or nervous hæmicrania there is no doubt, and I trust it will prove in other hands as valuable against rheumatism as it has in mine."

RHAMNUS FRANGULA

Was first recommended as an aperient in 1843 by Mr. George Mennie, of Plymouth. It is the subject of a recent interesting paper by Mr. Joseph Ince, (b) to whom I am indebted for the specimen on the table. That gentleman characterises it as "a non-drastring, safe, pleasant, and efficient purgative," and some surgeons who have tried it state that it counteracts habitual constipation in a marvellous manner when all other remedies have lost their power. (c) The following formula is extensively used in Holland: Four drachms of the bark and a pint of water; boil down to half-a-pint. The dose of this for an adult is two or three-tablespoonful night and morning.

JABORANDI.

I have now to submit to the notice of the Society specimens of jaborandi, probably the first ever imported into Ireland, and for which I have to thank Professor Sydney Ringer and Messrs. Morson and Sons, the eminent pharmacists of London. The plant was but very recently brought from Pernambuco to Paris, by Dr. S. Coutinho. We are not yet in a position to state with any degree of certainty what is the botanical origin of jaborandi. Prof. Baillon believes it to be identical with *Pilocarpus pinnatifolius*, N. O. Rutaceæ, and Prof. Oliver also believes it to be a rutaceous plant. Mr. Martindale, (d) however, seems to think that it may be the produce of one of the *Piperaceæ*.

M. Rabuteau has investigated the chemistry of this plant, and finds that it contains an inert volatile principle, an inert substance tasteless and soluble in water, and a substance with a bitter taste which is soluble in alcohol, and on which the effects of the drug depend. He did not find any alkaloid or definite active principle.

The physiological action and therapeutic use of jaborandi have been the subject of investigation by MM. Gubler, Rabuteau, Robin, Ball, Hardy, and others in Paris, and by Prof. Sydney Ringer in this country. I believe I am correct in stating that these investigators are agreed in assigning to this drug the foremost position as a sudorific.

At a recent meeting of the Société de Thérapeutique, M. Albert Robin (e) communicated the results of his investigations as to the action of jaborandi. He found that under its influence the urea and urine are at first diminished in quantity, but that after some days the quantity of these and of uric acid and chlorides are increased. It seems to act on the vaso-motors, diminishing tension by paralysing them, thus facilitating the passage of blood through the cutaneous capillaries. It is important to notice that in cases in which it was given in minutely divided doses there was no sweating or salivation, but copious diuresis. In the *Practitioner* for December, Prof.

Sydney Ringer details the results of his trial of jaborandi. In three out of four cases he found it to cause copious perspiration. In one case the skin remained quite dry. It acts as a sialogogue, sometimes causing a very great flow of salivary secretion, but its action in this respect is less uniform than its diaphoretic action. In one case only did it increase the bronchial secretion. It accelerates the action of the heart, and renders the arterial impulse more visible. In each observation the temperature fell considerably. In all cases vomiting was excited, but with scarcely any nausea. It produced drowsiness, which supervened when the flush disappeared from the face and the skin became pale. The perspiration continued profuse long after the flush had left the face.

I was very anxious to test the effect of this drug on my own person. I therefore took forty grains infused in boiling water. I will content myself at present by stating that in less than fifteen minutes I was covered with a profuse perspiration, which lasted for over an hour and a half. As I purpose a careful study of the effects of this very interesting drug on my own person, I trust that at an early date I shall be enabled to submit the results to this Society.

BOLDO.

The Society will probably regard with interest this very perfect specimen of boldo—the new tonic—kindly presented to me by Messrs. Savory and Moore, chemists to the Queen. This drug, which has recently attracted much attention, was first described in 1782, by Molina, as *Peumus boldus*, N. O. *Monimiaceæ*. The leaves are the part used, on account of the aromatic oil which they contain. The drug has not yet been used in this country, but in France it has been experimented with by Dujardin, Beaumetz, and Claude Verne. It has been found to act as a stimulant to digestion, and it exerts a powerful influence on the liver. The leaves when fresh are green, but change on drying to a reddish-brown; they are opposite, entire, and oval; they have an aromatic taste and odour, are coriaceous in texture, and are covered on their surface with small glands. The most abundant product yielded by the plant is the essential oil, and an alkaloid termed boldine has also been discovered by M. Verne and M. Bourgoin. Beaumetz commences the administration of boldo with a dose of fifty centigrammes of an alcoholic tincture made by macerating 100 grammes of the bruised leaves in 500 grammes of 60° alcohol, and filtering. This dose may be increased to two grammes daily, but it should be remembered that large doses produce vomiting.

I have now to request the attention of the Society to this specimen of

EUCALYPTUS,

Which was presented to me by the Director of the General Apothecaries' Company of London. The plant is the *Eucalyptus globulus*, N. O. *Myrtaceæ*. Eucalyptol, obtained from it, is a liquid camphor (C₂₄H₂₀O₂), and possesses nearly all the active properties of the plant, which does not contain an alkaloid. A moderate dose of eucalyptol (10 to 20 drops) at first accelerates the pulse, produces general excitement, a feeling of buoyancy, increased appetite, strength, and sexual desire. Its effects are not followed by torpor, but it produces calmness and a soothing sleep. After the stimulating effects have passed away it diminishes arterial tension, and the temperature falls; the pulse becomes less frequent, and the senses are blunted; the functions of the brain are not affected; the size of the pupil is unaltered; the reflex functions of the cord are depressed. When fatal it kills by destroying the excitomotor functions of the cord, and the temperature falls rapidly.

The following are Gimbert's conclusions as to its therapeutic use: (a) It is antiseptic. It is a powerful general stimulant through its primary action on the nervous centres and sympathetic, whereby it quickens the capillary circulation. Through its influence on the nervous

(a) *Irish Hospital Gazette*, April 15, 1874.

(b) *Chemist and Druggist*, June 15th, 1874.

(c) *New Remedies*, July, 1874.

(d) *Pharmaceutical Journal*, Nov. 7, 1874.

(e) *Gazette Hebdomadaire*, Nov. 20, 1874.

(a) *Arch. Gen.*, Feb., 1873.

system it is antispasmodic. By diminishing the excitomotor activity of the cord, by lessening animal combustion, the frequency of the respiration, and of the circulation, it becomes febrifuge and sedative.

According to Siegen (a) eucalyptol exerts quite as powerful an antiseptic action as quinine, and it depresses the temperature of the body more than that substance. Siegen considers that eucalyptol in large doses is of great value in the treatment of febrile diseases of the respiratory organs, especially whooping-cough. It is but fair to state that Dr. E. Burdel (b) does not think so highly of this drug. He considers that as a febrifuge it is slow and inconstant in its action; and in the treatment of ague he finds it in every respect inferior to quinine.

GELSEMINUM.

The last drug to which I shall allude this evening is gelseminum, or yellow jæmin. The specimen which I have the privilege of exhibiting was given me by the Director of the Apothecaries' Company of London.

The dose of the powdered root is 1 to 2 grains, and a tincture may be made by macerating two ounces of the root in a pint of rectified spirit; of this fifteen minims may be given every six hours.

In neuralgic pains of the face and jaws associated with carious teeth, but unconnected with local inflammatory changes, it proves most beneficial after the third or fourth dose.

The symptoms produced by an over-dose would be dimness of sight and great prostration. The following are the evidences of its physiological action: Loss of sight, double vision, headache, and paralysis. (c)

Dr. W. C. Hull, of Monroeton, Pennsylvania, communicates an interesting paper on gelseminum to the *Philadelphia Medical Reporter*. According to this author, gelseminum acts directly on the great sympathetic, diminishing the amount of nervous force transmitted through the vaso-motor system of nerves to the capillary vessels, impairing their tonicity and producing congestion. Gelseminum is not an arterial sedative as veratrum viride is. The latter drug is adapted to the treatment of congestive and inflammatory diseases, for, by directly restraining the heart's action, less blood is forced into the weakened and distended capillaries, and resolution is facilitated. On the other hand, gelseminum is contra-indicated in such conditions, as it indirectly restrains the heart's action by first producing general capillary congestion, a morbid state which generally aggravates existing local lesions. The following are Dr. Hull's conclusions regarding the use of gelseminum.

1. It is not adapted to the treatment of inflammatory and congestive diseases.
2. It inflicts positive injury in active congestion.
3. Its therapeutic scope does not extend much beyond certain simple forms of fever.
4. In order to obtain its specific action in fever, it must be rapidly introduced into the system, until its characteristic effects are produced on the organs of vision.
5. It can be given in full doses with entire safety in those cases to which it is adapted.

Dr. J. D. McGaughy, of Wallingford, Connecticut, writing to the *Philadelphia Medical Times*, March 7th, relative to the use of gelseminum in intermittent fever, says: "I feel pretty well assured that, if physicians will give gelseminum a fair trial in connection with quinine, in cases where quinine alone has failed to cure, they will meet with gratifying success, provided they push the gelseminum until its physiological effects are produced." Dr. William W. Murray, of Baltimore, expresses his conviction that "it is not only equal to quinine in breaking in upon the chain of morbid phenomena which characterise intermittent

fever, but that it is infinitely superior to that article in curing the disease." (a)

I had hoped to have been enabled to allude this evening to croton-chloral, monobromide of camphor, apomorphia, and other remedial agents of great interest, these very beautiful specimens of which have been presented to me by M. Clin, of Paris, M. Dufourcel, and Messrs. Smith and Son of Edinburgh. I was also anxious to exhibit this extremely valuable collection of alkaloids presented to me by the latter firm. I trust, however, that before the close of the session I shall be afforded an opportunity of submitting these substances to the attention of the Society.

In conclusion I beg to say that I purpose devoting my somewhat scanty leisure to a painstaking investigation as to the physiological action and therapeutic use of the drugs which I have this evening described, and I am not without hope that at some future meeting of the Society I shall be permitted to detail my results.

A METHOD OF CURING SOME OF THE CONTRACTIONS IN THE NEIGHBOURHOOD OF JOINTS THE RESULT OF BURNS AND SCALDS. (b)

By F. J. B. QUINLAN, M.B. Dub.,

Surgeon to St. Vincent's Hospital and Professor of Materia Medica in the Catholic University.

EVERY practical surgeon is familiar with the distressing deformities which are liable to be brought about by the contraction of the organised lymph forming the cicatrices which ensue after severe burns or scalds. When such an injury has destroyed the skin and subcutaneous areolar tissue, after the separation of the slough, a tedious form of granulation supervenes, converting the area of the injury into an ulcer, which gradually becomes covered with a pearl-coloured cicatrix. This cicatrix undergoes a slow but powerful process of contraction, and, although when it is situated in the extension aspect of a joint the power of that joint frequently counteracts it, still, when it is placed on the aspect of flexion of the knee or elbow, or when it extends from the sternum to the chin, the most disfiguring results are produced: the elbow is bent close to the side, the forearm is flexed against the arm; the knee bent to a right or acute angle; or the head bowed down upon the breast; the long disused muscles begin to atrophy, and finally the limb becomes a disfigurement and a burthen instead of a useful instrument. In some of the severer cases important vessels and nerves become involved in the cicatrix, rendering surgical interference difficult, if not impossible.

The great inconvenience consequent upon these deformities and the difficulty of dealing with them have tasked the ingenuity and perseverance of the surgeon, and have led to the invention of a long series of operations—plastic and otherwise—for their relief. It would be a long and (in this place) an unnecessary task to enumerate these operations. I believe that most of those here will agree with me in saying that the results are seldom encouraging. Sometimes the operation fails *ab initio* by the healing up of the incisions in nearly their old state. Sometimes temporary relief is given by the formation of a new cicatrix, which, however, in its turn takes up the contractive process, and leaves things as bad, if not worse, than before. Sometimes plastic operations are attended by serious results, on account of hæmorrhage, the implication of nerves or blood-vessels, or the supervention of erysipelatus

(a) *Lond. Med. Record*, Feb. 4th, 1874.

(b) *Bull. Gén. de Thé.*, Dec. 30th, 1873, and *Revue des Sci. Méd.*, April, 1874.

(c) *New Remedies*, Oct., 1874.

(a) *Medical and Surgical Reporter*

(b) Read before the Surgical Society of Ireland, Feb. 5. The discussion will be found at page 164.

inflammations. I venture this evening to describe a case treated upon a plan which is, at all events, new to me, although I cannot, of course, say that it is so to others. It is simple and very safe; it is expeditious, and comparatively painless; it is not troublesome to the surgeon, and in the case in question yielded a satisfactory result, permanent to the extent of twelve months. I can at least do no harm by bringing it under the notice of so many practical surgeons, who will, if they are not already acquainted with it, give it a fair trial.

Theresa Masterson, *æt.* 9, a girl of very healthy appearance, residing in the county Kildare, was admitted into St. Vincent's Hospital on the 3rd October, 1873. Her right arm was bound to her side by a cicatrix, thin, but of great strength and rigidity, extending from the internal condyle of the humerus to the axilla, the utmost extent that she was able to separate the arm from the side being about two and a half inches. The motion of the elbow-joint was unimpaired. The mother informed us that when about four years old the child's clothes caught fire by her approaching too near the kitchen grate, and she was severely burnt on the right side of the chest and the inside of the right arm. A bystander, with much presence of mind, seized the child, and plunged the burning part of her body into a large tub of water which was fortunate at hand; and to this circumstance is to be attributed the fact that the burn was so severe in character while so limited in extent. The treatment appears to have been conducted in the ordinary manner, and with the ordinary results, leaving the child in the condition described. At six years her right arm was useless, and, although she grew up left-handed, still the inconvenience and disfigurement caused her mother to try whether anything could be done to relieve her.

I at first endeavoured to open the cicatrix upon the "ear-ring" principle. By this I mean that I pierced it beneath the axilla with a trocar and canula, and introduced a very smooth glass rod, about a quarter of an inch in diameter. This was every few days taken out, cleaned, and replaced, the hope being that the tunnel through which it passed would by degrees become lined with cicatrised cuticle in the same way as occurs when the lobes of the ears are pierced for the reception of ear-rings. This object being accomplished, a probe-pointed bistoury is introduced into the tunnel, and the cicatrix is divided outwards. Two islands of raw surface are of course formed, separated by the epithelium which had lined the tunnel, but which is now opened out. These raw surfaces are treated as ulcers, and gradually healed up.

This plan, theoretically speaking, looks well enough. It is well known that healthy action will take place pretty readily in healthy tissue around smooth, non-rusting, and non-absorbing foreign bodies. Musket-balls have become encysted. The use of gold ear-rings is almost universal among our female population, and in the south of Europe among both men and women. Nay, more, the aboriginal inhabitants of the Pacific Islands succeed in fixing in their noses and ears ornaments of pearl, ivory, or fish-bone, upon the same æsthetic principles that we use ear-rings. The introduction of ear-rings is an operation constantly performed by the jeweller, but scarcely ever by the surgeon. I have been informed that these punctures almost invariably heal up quickly around the foreign body, and upon this I relied in the "ear-ring operation." I overlooked, however, the important difference which exists between operating upon a healthy ear and upon a cicatrix. I tried it in quite a number of cases. I pierced the cicatrix with a trochar, gas cautery, hot wire, &c.; I tried glass, metal, and ivory; but the result, except in two cases, was the same—the tunnel would not heal. It would suppurate, ulcerate, but would not skin over. In two very healthy children, suffering respectively from a contracted neck and forearm I succeeded by long patience. The rest had to be given up.

When my little patient was admitted I thought I would try this process upon her, as she was from the country, and very healthy. With a trocar and canula pressed

against a cork I introduced the glass rod just as one bores for a common ear-ring. For a long time she did well, but unfortunately was attacked by erysipelas. The rod had to be removed. The tunnel healed up and became obliterated, and we were left *in statu quo* after two months of treatment. Thinking it perfectly useless, after the erysipelas, to recommence the process, I cast about for some other plan, and tried the following:

Entering the trocar about the same spot as before, I inserted a piece of india-rubber cord, quarter of an inch thick, and tied it in the usual way at the lower margin of the cicatrix. It cut its way rapidly through, and when its elasticity was exhausted was replaced by another piece. The cicatrix was divided in three days, the process being completed with an *écraseur*. There was, of course, no hæmorrhage, but already there was granulation at the axillary end of the cut, and the adhesive process, which would leave matters just as bad as before, was commencing. Taking a long, narrow piece of lint, spread with calimarnis ointment, I applied it to the cut surface of the inside of the arm, the axilla, and the side of the chest. I now passed an india-rubber ring over the forearm and arm, and placed it so as to press upon the shoulder above and the cut surface of the axilla below. The arm was finally lightly bound to the side.

Not to delay the Society with details, I may say that the process went on satisfactorily. The granulations, occasionally stimulated with lunar caustic, continued healthy. At last both the inside of the arm and the surface of the chest became skinned over, the only sore spot remaining being that where the india-rubber ring pressed upon the axilla. A lighter ring was now applied with dry lint to the arm and chest. At last the axilla healed up also, and the arm was comparatively free six weeks after the commencement of the second process. Passive motion of the arm upon the shoulder was now employed, and was actively seconded by the companions of the child, who used to amuse themselves by trying how high they could raise the arm. Finally, when the child was discharged, about the middle of last March, she could touch the occipital protuberance with her right fingers while very slightly inclining the head. She could also touch her right shoulder and the small of the back. When I heard of her in autumn she was still doing well. She continued left-handed.

It will of course be evident that in contractions where the chin is bent down upon the sternum this operation would be out of the question, on account of the intolerable pressure which would be brought upon the respiratory and circulatory passages. When we have a fulcrum of support on the shoulder, patella, or olecranon, and when the impeding bone is thin, I think the operation is worthy of trial. It is of course impossible to generalise from a single case. Even in this case the result may not stand the test of time, but, as has happened before in instances just as promising, the deformity may slowly recur. The method is, however, as I have said, expeditious, painless, simple, and free from risk, and worthy of further trial. For the great deformities of the hands and feet which we so often meet with, it would, I think, be hardly applicable, its use being more or less restricted to the cases above mentioned.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.
TUESDAY, FEBRUARY 9TH, 1875.

C. J. B. WILLIAMS, M.D., F.R.S., President, in the Chair.

HYPOSPADIAS AND EPISPADIAS.

MR. JOHN WOOD exhibited some cases of hypospadias and epispadias, on which he had operated. Two of the cases of

hypospadias were boys, who had been unable to pass urine in the erect position, but were obliged to crouch down. The stream passed backwards. Having previously, in other cases, tried various plans with unsatisfactory results, he adopted in these cases a plan which he had found successful in two other patients some time ago. It consisted in making a hole in the prepuce, through which the glans was made to protrude—the operation being somewhat the reverse of that of Nélaton for epispadias. At first, he did not realise the difficulty of properly adjusting the parts; but he succeeded by making a broad flap and turning the skin inwards to the urethra. The prepuce was utilised for the formation of a channel for the urine. In one of the cases there was a *cul-de-sac* apparently representing the fossa navicularis, with the urethral opening behind it. This he slit up so as to form a continuous channel. In the case of epispadias there was want of retention of urine; but this defect had been quite overcome by first operating by Nélaton's method, and then performing two subsequent operations for completing the channel.

ON THE TREATMENT OF FISTULOUS OPENINGS BY DILATATION.

By WM. MURRAY, M.D., of Newcastle-on-Tyne.

The author had been induced to try the effect of dilating sinuses by tangle-tents, because of the contraction which sometimes follows their use, on the principle that the lymph which is effused by the inflammation of rapidly dilated tissues will sometimes close a sinus by its subsequent contraction. The treatment was tried in a case of fæcal fistula at the umbilicus; and, after two or three dilatations, a barrier of lymph was effused which, by its contraction, closed the opening. In a case of fistula in the cheek, the same success was rapidly obtained. In a curious case of fistula of the urethra, the canal was closed after one or two dilatations, other surgical treatment having completely failed. In ordinary sinuses connected with strumous glands, good results were obtained by dilating, so as to let out curdy matters, and by setting up adhesive inflammation. The author asked surgeons to test the treatment in other cases, and suggested the use of tents for opening up sinuses connected with diseased bones and foreign bodies. By so doing, the parts might be explored, and the offending substance might be removed without cutting.

Mr. JOHN WOOD would not detract from the merit of originality in the paper; but the proposal to dilate a sinus leading to dead bone was carried out long ago by Nélaton, by means of a piece of gentian-root, in Garibaldi's case. The plan described by Dr. Murray would scarcely recommend itself to surgeons, as its principle was to dilate an opening in order to close it. The plan had been followed in Wutzer's operation for the radical cure of hernia, and had been found to fail.

ON THE DIAGNOSTIC VALUE OF THE ILIO-FEMORAL TRIANGLE IN CASES OF INJURY TO THE HIP, MORE PARTICULARLY OF IMPACTED FRACTURE.

By THOMAS BRYANT, F.R.C.S.

The triangle which the author described as the ilio-femoral, was formed between the ilium and the great trochanter of the femur. One side of it, AB, was drawn from the anterior superior spinous process of the ilium, A, to the top of the trochanter major, B; the second, AC, was drawn from the anterior superior spinous process of the ilium directly downwards to the horizontal plane of the recumbent body; and the third, CB, the base of the triangle, was drawn at right angles to AC, and fell upon the line AB when it touched the great trochanter. To this line the author's observations referred. He said that the line AB corresponded in the normal condition of the hip-joint to Nélaton's test line for dislocation of the head of the thigh-bone backwards, and he regarded the line of the triangle described (CB) to be the test-line for fractures or shortening of the neck of the thigh-bone. He stated that after repeated proofs he could confidently assert that, whilst in a healthy subject the ilio-femoral triangles of the two sides were exactly similar in all cases of injury to the hips, in which shortening of the neck of the thigh-bone existed, the amount of shortening could readily and accurately be made out on comparing the bases of the triangles of the two sides. In impacted fracture, where on the sound side the base of the triangle would, in the adult, measure its average normal length of two and a half inches, on the affected or injured side, it would measure from half an inch to more than one inch less. These measurements were taken with the patient in the horizontal position, the pelvis straight, and the two femora parallel.

The author illustrated his paper by quoting half a dozen cases of impacted fracture, in which by the test-line the shortening in the neck of the thigh-bone was readily made out; and concluded by pointing out the value of such simple and certain means of making out whether any shortening of the neck of the thigh-bone exists after an injury, preventing any undue manipulation of the hip-joint in cases of impacted fracture or other obscure injuries to the joint. He then passed on to point out how fallacies in the test might be met with; but, as they were quite exceptional in practice, he thought that they could in no way tend to diminish the value of the test-line as a means of diagnosis in hip-joint injuries. The paper was illustrated with drawings and a diagram.

Mr. G. POLLOCK asked whether Mr. Bryant did not find equally good results from the old plan of measuring from the anterior superior spinous process to the patella; but he admitted the plan proposed was so mathematically correct that it might be a useful aid in diagnosis.

Mr. THOMAS SMITH said it would be difficult, in a corpulent elderly person, to estimate the position of the trochanter. He had recently been engaged in making measurements on the dead subject; and had found that accuracy could be obtained only by driving a bradawl into the bone. He would prefer the measurement from the anterior superior spine of the ilium (which is readily recognisable) to the external malleolus. The line proposed to be dropped from the spine of the ilium might not be vertical; and it might be difficult to find the position of the trochanter.

Mr. BARWELL said the amount of shortening would be better determined by stretching a tape from the anterior superior spine to the great trochanter than by Mr. Bryant's lines. This plan might be applied in cases of fractures and dislocation. Not unfrequently fractures occurred in thigh-bones which were not accurately alike on both sides, as in old persons who had had rickets. All difficulties here, however, would be removed by measuring through Nélaton's line, rather than from the anterior superior spinous process of the malleolus.

Mr. JOHN WOOD thought a measurement of the kind proposed better than Nélaton's line. He measured, however, from the crest of the ilium to the trochanter; at the same time, in stout females with loose flabby tissue, he combined with it measurement according to the old plan.

Mr. MAUNDER thought that the diagnosis of impacted fracture of the neck of the thigh-bone was well established and very easy. Its signs were negative rather than positive. The limb remained still capable of some motion—which was not the case in dislocation and fracture; but a great point was that, in consequence of the bone being driven into the trochanter, the mass of bone could be felt with the fingers.

Mr. W. ADAMS thought the plan of measurement described by Mr. Bryant likely to be useful in the diagnosis of chronic disease and congenital dislocation of the hip-joint in children. He had used a somewhat similar method, by making dotted lines over the parts.

Mr. CALLENDER said that the late Mr. Stanley had anticipated Mr. Bryant. He used to measure between the different parts by using a flat surface—such as an ordinary prescription board—as the fixed point, in such a way as to ascertain not only the amount of shortening, but of lateral depression.

THE PATHOLOGICAL SOCIETY OF DUBLIN.

At the weekly meeting on Saturday, January 23rd, Dr. HENRY KENNEDY in the chair, the following cases were brought under the notice of the Society.

TUMOUR OF THE LOWER JAW.

The PRESIDENT exhibited a tumour which he had removed from the lower jaw of a boy, 11 years of age, who was a patient in Steevens' Hospital. About fifteen months before admission a tumour commenced to grow at the root of the canine tooth of the left side of the lower jaw. It increased rapidly in size during the last three months, and implicated the right side also. The boy never suffered from any pain, in fact, the tumour was absolutely painless. When admitted the tumour extended almost from one angle of the jaw to the other. The tumour was uniform, and springy to the touch, and some of the teeth were imbedded in it. After it had been removed and a section made they saw a rim of expanded bone filled in with softer material. There was evidently a great expansion of the bone. The anterior and posterior parts were in detachments. Microscopically examined, the tumour presented a remarkably good example of

giant-cell sarcoma, which is a variety of sarcoma consisting of very large cells, which are filled with smaller ones containing nuclei. The patient made a very good recovery.

Dr. E. H. BENNETT brought before the Society an example of

SEVERE INJURY TO THE SCALP ON THE LEFT PARIETAL REGION.

The man from whom the specimen was taken was employed at the Gasworks in Dublin, and while so employed a portion of a windlass, consisting of a beam and an iron block and pulleys, weighing about 30 lbs., fell on him from above, a height of about 34 feet. When admitted to Sir Patrick Dun's Hospital he was unconscious, breathing stertorously, had dilated pupils, and was evidently dying. Half-an-hour after admission he had violent convulsions, and died within an hour. Before death, and while he lay in bed, there was not a sufficient amount of hæmorrhage to require mechanical restraint. On seeing the body next morning in the dead-house a feature showing the gravity of the injury was at once noticed. On the floor there was a great pool of blood which had flowed from a wound in the skull as it lay upon the table rather low. There had been no hæmorrhage during life, nor as far as could be learned in the course of his transit to the hospital. The pool of blood on the dead-house floor caused attention to be directed to the base of the skull as being involved. The case presented an ordinary well-marked depressed fracture, which travelled directly downwards to the base of the skull. There was extensive laceration of the lateral sinuses on the left side. In this case the head had been driven forcibly down upon the spine, which absolutely remained impacted into the cavity of the cranium. One would have supposed that the great weight falling with violence would have rather smashed the skull; but instead of that the force had been transmitted backwards to the articulations of the spine. There was detachment of the posterior clinoid processes, which it was clear was caused in this case by the sudden jerk communicated to the tentorium cerebelli. The interest of the case was, that it showed clear evidence that the fracture of the base of the skull was to be regarded as a fracture by direct violence. He knew of almost only one other instance of an injury coinciding with that which he had now brought under the observation of the Society; that was a fracture by direct violence.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of the 5th of February, EDWARD HAMILTON, F.R.C.S., Vice-President, in the chair.

Dr. W. HANDSEL GRIFFITHS read a communication on
CERTAIN RECENT THERAPEUTIC REMEDIES,
which will be found at page 158.

The VICE-PRESIDENT said the paper was a valuable one, and he would be glad to hear if any members of the Society had any experience of these new remedies, some of which he thought would prove useful additions to our Pharmacologia.

Dr. EUSTACE could bear his testimony to the value of guarana in the treatment of nervous headache. He had at least a dozen patients taking it. Its physiological effects appeared to be these: For twenty minutes after administration there was remarkable coldness across the forehead, and then the headache abates. The doses varied from half a drachm to a drachm.

Dr. HENRY KENNEDY said he could bear out what had fallen from Dr. Eustace as to the effect of guarana. In three cases in which he had employed it, it decidedly gave relief, but there was this important point about it, that none of the cases had been cured. The drug gave relief at the time, but the pain recurred. The preparation he used was that made up in Paris, and sometimes he gave half a drachm and sometimes a drachm. He could not sit down without lamenting the vast number of new remedies that were now coming forward. It appeared to him that they could do very much more by sticking to some of the old-fashioned remedies than by running after new ones. When he considered the great difficulties that arose in the investi-

gation of any special medicine, testing it by proper experiments and arriving at a correct conclusion, it seemed to him that the addition of new remedies was in some sense to be deplored. They had brought under their notice that night a number of remedies of more or less power, but all the remedies that were mentioned by Dr. Griffiths had had their prototypes. Although he might hear of a new remedy that was believed to be a good tonic, he confessed he would prefer to use the old and good tonics which he had employed before. Dr. Griffiths deserved credit for bringing these remedies before the Society, but it was adding to the difficulty of the whole subject.

Dr. STEWART agreed with the remarks of Dr. Kennedy. He was frightened at the quantity of new remedies that were coming out, and superseding the old ones which were in use when he entered on the practice of the profession. A short time ago, when in the fever ward of the House of Industry, he heard the physician prescribe opium for a patient, and he was delighted to hear of one of the old remedies that he knew being still in use; ipecacuanha was another old remedy of great value, but now it seemed to be neglected. He recollected the practice of the late Mr. Colles, Sir Philip Crampton, and Mr. Carmichael, and he had had a great deal of experience, having been for seven years a dispensary doctor in a large district; but now a lady would sometimes place in his hand a prescription made up of ingredients that he was quite ignorant of. The multiplicity of these new remedies was enough to confound a man of his age and experience.

Dr. QUINLAN disagreed with the gentlemen who objected to the introduction of new remedies. He quite agreed with them that the remedies we have already should never be lost sight of, and that they should receive the most careful study; but it must not be forgotten that medicine was a progressive art, and that when men brought forward new remedies they ought to get a fair trial. Most of the drugs brought forward by Dr. Griffiths he had seen and known of. Most of them would pass into the same place that many new remedies had passed before, but some of them might prove of great value. It must be remembered that some of the old remedies, for example, ipecacuanha, which had been alluded to, were new remedies once, and if they had been thrust aside without a trial, they would never have occupied the position they have now. All new drugs should be tested physiologically, and if they were not found to answer they should be laid aside.

Dr. MONTGOMERY knew the case of a clergyman who experienced great relief from headache by taking guarano in doses of half a drachm on the night before or the morning of the Sunday on which he had to officiate, when he had to perform two or three services. It had been recommended to him by a distinguished physician in London.

Dr. STAPLETON said there was no doubt, as Dr. Kennedy said, that many of these medicines had had their prototypes. He believed the active principle of guarano was theine or caffeine, which was used for nervous headaches. A strong cup of tea or coffee had often been given, and with benefit, for the relief of that affection. He had on two or three occasions given guarano for lumbago, using the French preparation, and giving the doses every two or three hours, and had found a most decided advantage from it. He had used it himself when suffering excruciating pain from lumbago, and got decided relief. Whether it was theine or caffeine he could not say, but it was just like coarse cocoa or chocolate in powder. It was not disagreeable to the taste, and did not cause sickness or loss of appetite.

Dr. DUFFY could add his experience to that of Mr. Stapleton as to the efficacy of guarano in cases of sick headache, with which he was occasionally troubled. He had taken it himself with most beneficial results, and had given it with great advantage to ladies similarly affected. The preparation he used was Grimond's, a dose being made up in one package.

Dr. STAPLETON: It is not fair to say that guarano does not cure, for there is no medicine I know that can cure anything save sulphur for itch.

Mr. H. GRAY CROLY thought the paper was one of great interest to the Society, and that Dr. Griffiths deserved credit for the trouble he had taken in bringing these new medicines under their notice. It was a weak thing to stand up and condemn drugs because they were new. Was there any practitioner who would like to give up hydrate of chloral? It was a new drug, and had filled a gap long existing, and if any of the medicines mentioned by Dr. Griffiths filled a similar place, it would be the addition of a new and valuable drug.

Dr. Griffiths ought to be encouraged to persevere in his inquiries and to bring new drugs under their notice, and let the members sift them and ascertain their real value. He had known cases where chloral had proved a blessing to the patient, where morphia disagreed with the individual, and chloral was found to be an effectual substitute, and that drug had now taken a permanent place in our list of medicines.

Dr. BENSON: Nothing delights me more than to hear of these new remedies. Many of them are extremely valuable; and I have myself used podophyllin with very great advantage. Were not all the remedies that have ever been used in the practice of medicine new at one time? We might as well object to the use of the stethoscope, and indeed I remember, shortly after its introduction into this country, that it was ridiculed as a "pot-stick" by an eminent member of the medical profession, and even openly ridiculed by men of eminence in their clinical lectures. There is hardly any remedy which can be introduced which may not prove beneficial if followed up with care and its effects carefully studied. Even old remedies are now used in a new point of view. We use digitalis in a different form than formerly when we employ it as a stimulant of the heart. When we used to say "we will bring down the pulse in such a time by digitalis," it did not prove that the drug may not have been a stimulant in the first instance. So likewise belladonna, once called the opium of the heart, is now known to have a different effect. New remedies are constantly coming forward, and it appears to me extremely wrong to limit the introduction of them when they are used with care and judgment by men of experience and good sense. We ought to be grateful to any one who introduces them, and any gentleman who brings them under our notice deserves our approbation. Every man to the last period of his life must be always learning. We are all students to the end of our days, and I delight to come here to learn something, even though I can never make use of it afterwards.

Dr. QUINLAN read a communication on

A METHOD OF CURING SOME OF THE CONTRACTIONS IN THE NEIGHBOURHOOD OF JOINTS THE RESULT OF BURNS AND SCALDS,

which will be found at page 160.

In the succeeding discussion the VICE-PRESIDENT said: Anything that gives us assistance in dealing with these cases is valuable, for we all regard them as a sort of opprobrium of surgery, being very difficult to manage, and often most unsatisfactory in their results.

Dr. STAPLETON said there was no doubt these cases were extremely difficult to manage. Years ago the same thing Dr. Quinlan proposed used to be done in these cases. Not only the unsound but the sound part was perforated with a lead wire, which was left in until the part healed round it, and then the wire was gradually twisted until it went through. He had done that in several cases where the hands were affected. They seemed for a time to be going on well, but did not turn out satisfactorily. A case was sent to him from the country where the hand was bound, and there was a cicatrix on the anterior and posterior folds of the axilla, but the muscles there had got such perfect power that the patient, a girl, was able to put her hand to her head and her back; therefore, he did not think it right to perform any operation. Some years ago a girl was brought to him with a burn on her forehead. Her upper eyelid was destroyed. He performed an operation, bringing down a long flap, and passing a ligature through the lower eyelid. Mr. Ellis, who was present, said, "I think you will have to perform another operation to bring it up into its proper place." Everything was going on well; the eyelid seemed to be everything that could be wished for. He was obliged by illness to go abroad, and during his absence the girl was kept in the hospital as a kind of show, to let people see what a beautiful operation it was; but when he came back he would have been glad if they had sent her away, for her eyelid was as high up as ever. Thus it was hard to say how these operations would ultimately turn out. The only effectual proceeding in his opinion was removing the cicatrix entirely and performing a plastic operation.

Dr. WHEELER said he had had some of these cases of contraction under his care, and he could not agree with Dr. Quinlan in thinking that the new operation he had proposed in cases over the knee and foot and shoulder would be preferable to Esmarch's bloodless operation and the removal of

the cicatrix by the knife. Three years ago he had a case of dislocation of the wrist caused by the contraction of a burn. He removed the cicatrix, and although it was two years and seven months since the operation, it had not contracted, and the individual had got perfect power over the hand. He thought the removal of the cicatrix by the knife caused much less pain to the patient than the plan proposed by Dr. Quinlan, and he believed also that Esmarch's apparatus produced local anaesthesia.

Mr. H. G. CROLY said he thought it was a great pity that such cases should occur at all. They knew that when cases of burns at the bend of the elbow or on the neck were met with in hospital and treated with ordinary care, they did not turn out patients with their arms tied up or otherwise deformed. He had operated in one case where a child's eyelid was turned inside out. He knew perfectly well what would happen, and, as he anticipated, the result was not satisfactory; but he prepared the friends of the patient by telling them that in his opinion, when the child got a little older, the eyelid would be as bad as ever. He operated recently on a soldier's child, where the chin was tied down to the sternum. He had a troublesome operation by dissecting the skin from off the sternum, and by prolonged care and treatment the child was greatly improved, but there was still a certain drag. The last case he had of this kind was still under treatment. A little girl was sent to hospital with her arm bound up at a right angle to the body. He used Esmarch's bandage, and dissected away the entire silvery cicatrix that was visible and fixed the limb in a splint. He had also determined to try skin-grafting in this instance, and he trusted that by putting new tissue where the silvery cicatrix had existed, the cure of the case would be facilitated. Esmarch's bandage was only available in cases of the extremities, the legs and arms, and could not be used in the axilla or the neck.

Dr. P. LITTLE considered that Dr. Quinlan deserved the thanks of the Society for bringing forward a new method of treating cases of this kind. He had had an opportunity of observing the results which had followed the treatment of cases of severe burns in the City of Dublin Hospital. He had seen the case mentioned by Dr. Wheeler, and was much gratified at the result of his operation, and approved of the measures he had adopted. Dr. Quinlan's case seemed to be satisfactory, and when contraction was caused in the axilla by burns it might be used with benefit, but it had no advantage over the old system of lead suture.

Dr. QUINLAN, in reply, said the case described by Dr. Stapleton differed from the one he had brought forward in this respect, that in the former the arm was brought out almost at right angles, whereas in his (Dr. Quinlan's) case it was brought out only two and a half inches. In that case interference was necessary, but Dr. Stapleton exercised a wise discretion in leaving his case alone. In his case the cicatrix was very large; it existed on the side of the arm and on the chest, and especially in the axilla. He had thought of removing it, but was afraid that in the contracting process the axillary veins might have been removed, and that in trying to take away the cicatrix he might have got into trouble with the axillary vessels. Mr. Croly's suggestion as to skin-grafting was a valuable and practical one. He had been in the habit of using skin-grafting with good results in the cases of old ulcers where the vitality of the edges had become exhausted, but he had never tried it in the cicatrization of burns. He thought it would be a useful proceeding, and it was certainly worth trying whether the new tissue thus formed would be as contractile as the old. He was fully sensible of the danger of the return of the contraction, and if the patient came to him a year hence as bad as he was before the operation, he would regret it, but would not be in the least surprised. However, after twelve months the case had proceeded satisfactorily up to the present. He thought the method he had brought under the notice of the Society was worthy of a trial. It was free from pain and risk, and was extremely simple.

The Society then adjourned.

On his retirement from practice in Barnsbury, where he had resided for thirty-eight years, Dr. Ede was, last week, presented with a handsome silver salver and a cheque for £191, which had been subscribed by patients in testimony of their esteem of his character and skill.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 24, 1875.

THE DUBLIN HOSPITAL SUNDAY DISTRIBUTION.

In our last issue we referred in general terms and in a disapproving tenor to the system which had been adopted for the distribution of the Hospital Sunday Fund in 1874, and which it is proposed to perpetuate in 1875. We protested against the continuance of a method of allocation which has, admittedly, acted most partially by giving an excessive share to “subscription” hospitals, which has utterly ignored one of the largest and most useful fields of hospital work—viz, extern relief, and which has squandered the sparing contributions of the benevolent persons upon redundant officials, to the great injury of the sick poor themselves.

We revert to the question now for the purpose of putting before our readers in detail the facts upon which we have based our opinion, and which must, we believe, lead them to a concurrence in our view. It was, as our readers remember, part of our objection to the system that two-thirds of the entire fund were handed over to hospitals in proportion to the amount of their private subscriptions, without any reason for such a division, except the bare fact that these hospitals received a portion of their funds from private benevolence. For this reason the City of Dublin Hospital received no less than £1,160—more than one-third of the entire fund, while Mercer’s Hospital received only £387, and if the Adelaide Hospital had co-operated, it would have received £668, whilst Mercer’s would have been given only £245.

The following are the figures relating to the four general hospitals which participated in the grant:—

	Subscriptions, Donations, and Charity Services.	Amount of Grant.
City of Dublin - - -	1,822 6 0	1,160 17 2
Sir Patrick Dun’s - - -	598 2 8	335 17 5
Mercer’s - - -	597 2 11	387 18 10
Stevens’ - - -	477 6 0	312 0 4

We do not for a moment infer that the City of Dublin Hospital is undeserving of this money; but, on the contrary, we are aware that no institution in Dublin does

better or larger work for it subsidy, and the feeling of all those interested is with us in this expression of opinion; but we protest against its receiving a third of the entire fund—not because it did good work—not because it did that work economically, but simply because it was situated in an opulent neighbourhood, and managed by active men who have a close personal stake in its success, and therefore enjoys the largest amount of personal favour amongst Dublin hospitals. It would have received the same sum if it had been the worst managed and most expensive institution.

Amongst medical men there may be an idea that hospitals which receive a Government subsidy should not enjoy the same amount of support from the charitable purse; but we entirely dissent from this view. We have already said that “the public, from whose pockets the charity comes, care nothing about the source from which the income of an hospital is derived. They are anxious only that what they give shall bring the greatest benefit to the sick poor, and that the least proportion of it shall go in other expenses; and we believe that the system adopted for the last distribution affords no such guarantee.”

The equitable and business-like course would be to hold every hospital responsible to show a given quantity of work in proportion to its total income. Thus, if Hospital No. 1 possessed a gross income of £5000 a year, and Hospital No. 2 a gross income of £1000, no matter from what source derived, and if the standard cost of yearly maintenance of a bed in a well-managed hospital were found to be £50, it would be incumbent on No. 1 to show that it had maintained 100 beds, and No. 2 only 20. Thus the enjoyment of a large public grant by No. 1 would have no material influence on its share of the fund, and if it appeared that No. 1 only maintained (say) 75 for its £5000, and that No. 2 maintained (say) 25 for its £1000, the assessment of a share to the former should be proportionately less *per bed maintained* than to the latter. There are, of course, other minor elements in the consideration, but it seems to us that this course would be the just one to all institutions, and we submit again, in the strongest terms, that the public who give the money have a right to see that it will be apportioned to hospitals not because they have or have not a Government subsidy, but because, if they have, they do sufficient good work in return for their income.

The exclusion of extern work of an hospital from the calculation of a share in the fund is the second point against which we argued in our last issue, and a perusal of the statistics published by the Fund Council appears to us to justify completely our protest on this score. Of the relative proportion of extern work done by the various hospitals we have no returns, because the Council have not asked for such information, but it is well known that there is the greatest difference between different hospitals in this respect, some of them being restricted in their out-door usefulness by circumstances of locality, and others being largely resorted to because they are the fashion with the sick poor. Let us again compare two given hospitals, A. and B., from this point of view. A. is an extensive building with abundant funds and a large clientele of subscribers. B. is a small hospital in a poor locality, with a comparatively small income. At the

dispensary of A. few present themselves, and those who do so may be the retainers of my Lady Bountiful, who subscribes her guinea a year for the sake of recommending twenty guineas' worth of patients to its wards. We appeal to the experience of the profession in Dublin whether the wards of such an hospital are not half-filled with chronic coughs, rheumatic joints, minor accidents and so forth, because there is plenty of room for all comers, and plenty of money to support them in the house. How different is the case of Hospital B. The dispensary of this hospital is crowded with patients—pneumonias from exposure, machinery accidents, broken arms, and all the usual run of cases contributed by a closely-packed neighbourhood of artisans. But the hospital has little room and little money, and therefore no case which can be possibly left at home is admitted. Nevertheless, the work done by the hospital is constant and exhausting upon its resources, and it dispenses in its neighbourhood perhaps ten times as much real useful relief as does Hospital A.

How do these institutions fare respectively in the sharing of the Fund? Hospital A. produces a great crowd of intern cases and receives a large dividend, while Hospital B., though it has probably administered five times the quantity of relief, gets almost nothing.

The returns of the Council inform us that though the City of Dublin Hospital got credit for no extern accidents at all, nor any extern midwifery cases, yet it received £408 for its "work done," while Mercer's, which presented a record of 2,182 extern accidents, received only £141, Steevens', with its 1,466 accidents and 105 extern midwifery cases, only £114, and Sir Patrick Dun's, with 624 accidents and 523 extern midwifery cases, only £88.

For their vast work amongst the extra-hospital poor Mercer's only received credit for 2'18 beds, Steevens' 1'67 beds, and Sir Patrick Dun's 1'68 beds. In fact, as far as participation in the Fund goes, these hospitals would have been just as well without their extern departments.

We submit it to the judgment of the Council whether the adjustment of claims is on these grounds just, or calculated to give confidence to the public in the management of the Fund. We shall add something more next week to what we have already said.

VEILED OBSCENITY.

THE rascality of the obscene quacks, and the publicity which a few of their more flagrant misdeeds have received through the medium of the police reports have to a certain extent counteracted their pestilential influence in society. With what we know of these medical swindlers before him, a man must be an irredeemable fool or a filthy-minded valetudinarian who answers their obscene advertisements, and it is perhaps hardly to be regretted if such persons meet with the victimization which they deserve. But the ingenuity of these rascals is great, and finding that no decent being will read their dirty advertisements, or have anything to say to them, they have recourse to a *ruse* which at the same time obtains insertion of their advertisements in respectable news-

papers and brings them into immediate communication with the class of persons whose money they covet.

In a Dublin morning paper of the highest character we find the following advertisement:—

EMPLOYMENT.—I want 1,000 Agents to Canvass for "The Complete Herbalist." I will give such terms and furnish such advertising facilities that no man need make less than £30 per month and all expenses, no matter whether he ever canvassed before or not. A premium worth half a guinea given to Lady Canvassers. Address Prof. O. Phelps Brown, ———, and full particulars will be sent by return of post.

We may picture to ourselves the hopeful haste with which young men and women anxious for some paying employment, sent in their applications for the "particulars" which promised over £300 a year (and a half-guinea bounty for lady canvassers) to all of them, skilled or unskilled. We, without any intention of embarking in the speculation, applied for the "particulars." We received a pamphlet which purported to be a prospectus and table of contents of "The Complete Herbalist," but which was, in fact, a disgustingly indecent trap for the unwary and the prurient—a *vade mecum* of all the beastly immoralities which are the speciality of such scoundrels as Professor O. Phelps Brown. We would not be understood if we refrained from printing a few of the head-lines. We are told of the contents of the book that—

"It gives the marriage customs."

"It gives all the laws that should regulate sexual commerce."

"It gives a view of the inner life between husband and wife."

"It gives all the causes that usually tend to marital infelicity."

"It gives all the precautions to be observed by both male and female before entering the marriage bond."

"It gives the positive faults of either candidate."

"It teaches how to prevent conception in justifiable cases."

"It teaches the fallacies committed by both husband and wife in their relations."

"It teaches the customs of sexual association from the primitive condition of man to the highest civilisation."

These and many more obscenities of the sort are carefully interspersed amongst the contents of the book referring to hygiene, diets, and medicine, so that the unwary may not discover the character and object of the book until they have taken in the poison of its immorality.

We blush for the necessity which obliges us to transfer such obscenity to our columns, and we ask whether it can be said that a public prosecutor is unnecessary when the punishment of such villany is left to the individual victim? Finally, we are told that "the Press throughout England are unbounded in their laudations of this work," and that "a superior drawing-room edition is now ready, in morocco cover," and that it contains profuse illustrations of "the organs of the human body."

We are aware that the journal in which we found the advertisement was entirely unconscious of its character, and on being informed on the subject at once stopped the advertisement; and we hope—now that we have publicly stated the character of the "employment" which is offered—that the announcement will be promptly drummed out of the columns of all respectable papers.

THE ACTION OF DRUGS.

X.

We have now arrived at the conclusion of our analysis of the Report of the Committee of the British Medical Association upon the antagonism of drugs; but before leaving the subject, we are desirous of calling the attention of our readers to the main object we had in making the analysis, and this we purpose doing by giving a *résumé* of those portions of the Report which we consider are of practical value, not only to future experimenters, but also to the scientific therapist in his daily practice.

Upon referring back to our first Article (MEDICAL PRESS, Nov. 4, 1874), which was devoted to the analysis of the Committee's report upon the antagonism existing between hydrate of chloral and strychnia, we observe that their experiments prove the following points:—

(1) That 21 grains of chloral hydrate is the minimum fatal dose for a rabbit of 3 lbs. weight.

(2) That 1-96th of a grain of strychnia is the minimum fatal dose for a rabbit of 3 lbs. weight.

(3) That to a certain extent chloral hydrate modifies the action of strychnia, and under certain circumstances may antagonise a fatal dose of that drug, by depressing the excess of reflex activity of the spinal cord induced by strychnia, and reducing the frequency and force of the tetanic convulsions.

(4) That strychnia may mitigate the effects of chloral hydrate upon the spinal cord by rousing its activity, but is powerless so remove the coma due to the action of the chloral upon the brain.

In Article 2 (MEDICAL PRESS, Nov. 11) the report upon the antagonism between Calabar bean and sulphate of atropia was considered, and the main points of interest adduced were as follows:—

(1) That 20 to 21 grains of sulphate of atropia is the minimum fatal dose for a rabbit of 3 lbs. weight.

(2) That 3-4ths of a grain of extract of Calabar bean is the minimum fatal dose for a rabbit of 3 lbs. weight.

(3) That for all practical purposes, atropia, as an antidote of Calabar bean, is useless.

(4) That while Professor Bennett states that with 4 to $\frac{1}{2}$ grains of atropia no symptoms were produced in rabbits, other experimenters find 1-48th to 1-24th of a grain produces physiological effects in a dog, 1-12th of a grain affects a horse, and 1-120th to 1-96th of a grain is sufficient to affect a man.

(5) That when more than a fatal dose of extract of Calabar bean—viz., gr. $1\frac{1}{2}$, was followed by a dose of atropia, stated to be far too small to produce any physiological symptoms (viz., $\frac{1}{2}$ of a grain) by itself, yet life seemed to be prolonged; and in Experiment 169, $\frac{1}{2}$ of a grain of extract of Calabar bean was successfully antagonised by $\frac{1}{2}$ of a grain of atropia.

(6) That we pointed out that this result was due to the stimulant action of small doses of atropia upon the heart, and that when the dose of atropia was increased the tendency was to a rapid fatal termination, as a large dose depresses the action of the heart (as was found to be the case). It is unnecessary to recapitulate our remarks on this point.

In Article 3 we had under consideration the antagonism

between extract of Calabar bean and hydrate of chloral. The results of this investigation are thus summarised by Professor Bennett:—

1. Hydrate of chloral modifies to a great extent the action of a fatal dose of extract of Calabar bean, mitigating symptoms and prolonging life.

2. Hydrate of chloral in some cases saves life from a fatal dose of extract of Calabar bean.

3. If hydrate of chloral be given before extract of Calabar bean, so that the animal is deeply under the influence of hydrate of chloral before it receives the extract of Calabar bean, the symptoms produced by the latter are much modified, and life is saved from the effects of what would otherwise be a fatal dose.

4. Chloral hydrate is of little service as an antagonist to extract of Calabar bean, if given some time after the latter. If the symptoms of the action of Calabar bean be in full operation, it will not save life, however it may modify symptoms.

5. The antagonism is limited—

a. *By the amount of dose of the extract of Calabar bean*—more than a minimum fatal dose of extract of Calabar bean destroying life, notwithstanding the administration of chloral hydrate.

b. *By the interval of time between the administration of the two substances.* There is a great probability of saving life in those instances in which the animal is under the influence of chloral hydrate before the subcutaneous injection of the extract of Calabar bean; there is less probability when both substances are given simultaneously; there is still less if the chloral hydrate be given from five to eight minutes after the extract of Calabar bean; and no chance at all if the chloral hydrate be given eight minutes after a fatal dose of extract of Calabar bean.

6. Even in cases in which a fatal result follows the action of the two substances, the physiological effects of extract of Calabar bean are considerably modified by those of hydrate of chloral.

We then called attention to the statement in the report that there was no chance of recovery after a fatal dose of extract of Calabar bean if the chloral hydrate be given *more than eight minutes* after, and naturally inferred that chloral would not be of much practical value in the treatment of a case of poisoning by Calabar bean, the more so as we have every reason to believe that the chloral does not commence to act on the system till decomposed into chloroform and formic acid, whilst the Calabar bean commences to affect the system almost immediately upon introduction. The experiments, however, showed that chloral modified the action of the Calabar bean; therefore we might use chloral in conjunction with other remedies. The experiments with hydrochlorate and meconate of morphia and Calabar bean alluded to in the same article showed that no antagonism existed between these drugs; the experiments, however, served to prove that twelve grains is the minimum fatal dose of hydrochlorate of morphia for a rabbit of 3 lbs. weight, which, in itself, is curious, as we know that a dose of one to two grains of morphia has killed a man, while thirty-six grains have been given to a horse without a fatal result. This difference in the dose required to produce certain effects in various animals should be borne in mind by experimenters. Another interesting point to which we drew attention was that, in Experiment 275, a rabbit weighing 4 lbs. recovered after a dose of *thirteen* grains of hydrochlorate of morphia; yet in Experiment 293 a rabbit of the same weight died within seventeen minutes after receiving *three* grains of the morphia fol-

lowed in six minutes by 2-3rds of a grain of extract of Calabar bean.

In Article 4 (*MEDICAL PRESS*, Nov. 25, 1874) the report upon the antagonism between sulphate of atropia and meconate of morphia is discussed, and Professor Bennett thus sums up the results of this investigation:—

A. In Rabbits:

1. Sulphate of atropia is physiologically antagonistic to meconate of morphia within a limited area.

2. Meconate of morphia does not act beneficially after a large dose of sulphate of atropia, for in these cases the tendency to death is greater than if a larger dose of either substance had been given alone.

3. Meconate of morphia is not specifically antagonistic to the action of sulphate of atropia on the vaso-inhibitory nerves of the heart.

4. The beneficial action of sulphate of atropia in cases of poisoning by meconate of morphia is probably attributable to the action which the former substance possesses of contracting the blood-vessels, and thus diminishing the tendency to cerebral and spinal congestion produced by salts of morphia.

B. In Dogs:

Sulphate of atropia modifies the physiological action of meconate of morphia, and may even save life after a fatal dose of the latter. The limit, however, is so narrow as to be of no practical service.

In addition, however, we directed the notice of our readers to the following points of interest:—

(1) That Experiments 301, 302, 303 indicate that in rabbits under the influence of morphia the sciatic nerve responds to stimulus; also if the vagi be exposed and stimulated by the induction current, total stoppage of the heart's action follows; also if the sympathetic nerve is stimulated, contraction of the pupils follows.

(2) That marked physiological effects are produced by two to three and a-half grains of morphia in a dog, while seven to eight grains may be given to a rabbit without producing any more marked effects than drowsiness, contraction of pupils and slight spasms (Experiment 284); and that although in both animals the effect is upon the encephalon and spinal cord, the action is in dogs more cerebral, while in rabbits it is more spinal.

(3) That morphia neither destroys the sensibility and conducting power of the nerves, nor does it paralyse the vaso-inhibitory fibres with vagus or the sympathetic.

(5) That while about 20 grains are given as the minimum fatal dose for a rabbit, only $\frac{1}{2}$ of a grain is found sufficient to produce fatal results in a dog.

(6) That atropia does not paralyse the motor nerve tubes, but that it does paralyse either the trunk of the cardiac branch of the vagi, or the intrinsic nerve centres in the heart, with which the cardiac branches are connected.

In Article 5 (*MEDICAL PRESS*, Dec. 9th, 1874) we first quote a letter from Dr. W. A. Richards, of Winchester, commenting on the minuteness of the dose of atropia used to antagonise a fatal dose of extract of Calabar bean, and asking for an explanation. This explanation we have given, and at the same time we called attention to the fact that Dr. Lauder Brunton recommended 1-100th of a grain of atropia as an antidote to a fatal dose of muscarine, and we also took the opportunity of commenting upon the dual action of drugs, which serves to explain seeming discrepancies in the results arrived at by various experimenters.

Next the views of Dr. Harley, and Messrs. Mitchell, Keen, and Morehouse, as quoted by Professor Bennett, are contrasted. The experiments conducted by the Committee prove that morphia lowers considerably the cardiac impulses and the respiratory movements. Although the American physicians say that the drug lowers the pulse slightly, or not at all, they also state that the nausea of morphia is not antagonised by atropia; this our own clinical experience contradicts, and we are sure we are not alone in believing that atropia does, in doses of 1-100th to 1-80th of a grain, antagonise the nausea of morphia; although we believe with Dr. Harley that atropia alone is *decidedly* not an *antidote* to morphia, but still may be useful in cases of poisoning by opium (in doses of 1-96th of a grain), to stimulate the failing power of the heart, and thus, in conjunction with other remedies, promote recovery.

In Article 6 (*MEDICAL PRESS*, Dec. 16th, 1874) we continue our remarks upon atropia and morphia, and now we have dogs as the subjects of experiment. Notwithstanding that in Experiments 308, 309, the animal recovered after receiving 2½ grains of morphia and 2-3rds of a grain of atropia, we would be reluctant to treat a case of poisoning by morphia in the human subject by atropia alone. We have already placed on record our objections to the conclusiveness of these experiments.

In Article 7 (*MEDICAL PRESS*, Dec. 28, 1874) we have under consideration an entirely new series of experiments to ascertain the antagonism between tea, coffee, theine, caffeine, guaranine, on the one hand, and meconate of morphia on the other, and we cannot do better than give Professor Bennett's conclusion in his own words:—

1. Theine is antagonistic to meconate of morphia, inasmuch as the action of the one substance modifies that of the other, and may even save life from a fatal dose of either substance.

2. Meconate of morphia delayed the appearance of the convulsions characteristic of the action of theine; but, on the other hand, theine, if given in large doses, did not affect in a marked degree the action of meconate of morphia, because symptoms of poisoning by theine were soon manifested.

3. Further experiments on cats showed that, (1) while a cat may recover from the effects of a dose of 1½ grains of meconate of morphia given alone, it will not recover from the effects of a dose of 2 grains, even although the effects of the latter dose are modified by those following the introduction of 4 and 5 grains of theine; (2) that in three cases the animals recovered from the effects of 1½ grains of meconate of morphia and 4 to 5 grains of theine, while they died when the same dose of meconate of morphia was administered eight days afterwards; (3) that when the dose of theine was increased beyond five grains, the animals invariably died, apparently from the effects of theine.

4. Experiments on rabbits, as to the antagonism between meconate of morphia and theine, were found to be unsatisfactory as regards the purposes of this inquiry, because both drugs produce epileptiform convulsions in these animals.

5. The results obtained in investigating the action of caffeine and guaranine as antagonists to meconate of morphia were similar to those observed with reference to theine.

6. Experiments were made on dogs to ascertain the effects of strong infusions of tea and decoctions of coffee as antagonists to meconate of morphia. These were unsatisfactory, chiefly because the tea or coffee was usually vomited so soon as to prevent the possibility of the exar-

cise of any physiological antagonism. At the same time, it was observed in several instances that the administration of tea or coffee so excited the animals as to prevent them from falling into stupor or coma after a dose of meconate of morphia, which would have produced this effect had the tea or coffee not been given.

The points of interest in this portion of the Report are—

(1) The remarks upon the physiological action of cocaine and extract of coca, to which we refer our readers.

(2) The effect of cocaine, theine, and caffeine on the respiration, cardiac pulsations, and temperature.

(3) We called attention to the fact, that while the Committee found the three drugs alluded to above tended to raise the temperature above the normal, other experimenters (Messrs. Burness and Mavor, "Specific Action of Drugs") had found various drugs to produce the same effect when administered to an animal in a healthy condition—for example, datura tatula, acetate of morphia, atropia, opium, and bichromate of potash, which last-mentioned drug raised the temperature in a horse from $100\frac{1}{2}^{\circ}$ F. to $106\frac{3}{4}^{\circ}$ F. This point we consider worthy of further investigation.

The chief points elucidated by the concluding experiments of the Committee, and contained in Article 8 (MEDICAL PRESS, Jan. 20, 1875), are the following:—

(1) That the action of theine on the cat is more marked than on the rabbit, intense excitement being produced in the former animal; the minimum fatal dose for a cat weighing 5 lbs. being $5\frac{1}{2}$ grains, and for a rabbit weighing 3 lbs. 4 ozs. about the same quantity.

(2) That the minimum fatal dose of meconate of morphia for a cat was found to be $1\frac{1}{2}$ to $1\frac{3}{4}$ grains; but in addition the experimenters observed that *small* doses of this drug produced dryness of the mouth, while *large* doses produced *salivation*. We have here another instance of the dual action of drugs.

(3) That the minimum fatal dose of caffeine for a cat of about 5 lbs. is 6 grains, and that the effects produced are similar to those following the introduction of theine.

(4) That theine produces intense cerebral excitement, associated with gradual loss of the functions of the spinal cord.

(5) That the Committee failed to determine the extent of the antagonism between infusion of tea and morphia, as the morphia being first introduced subcutaneously, produced so much nausea that the infusion of tea, when introduced into the stomach, was almost immediately rejected. Probably better results might be obtained if the infusion of tea were injected into the rectum.

The Committee conclude their report with the experiments as to the antagonism between (1) Strychnia and extract of Calabar bean; (2) Bromal hydrate and atropia. The results of these investigations were—

As to the antagonism between extract of calabar bean and strychnine.

Although the symptoms produced by either substance were modified considerably by the action of the other, there was no instance of recovery from a fatal dose.

As to the antagonism between bromal hydrate and atropia.

1. There is a distinct physiological antagonism between bromal hydrate and atropine.

2. After a fatal dose of bromal hydrate, the introduction of atropia arrests excessive secretion from the salivary glands and mucous surfaces of the lungs, and thus obviates the tendency to death from asphyxia caused by the accumulation of fluids in the air-passages. Atropia also causes contraction of the blood-vessels, and thus antagonises the action of bromal hydrate, which causes dilatation of these vessels by paralysis of the sympathetic nerve.

3. While atropia may save life after a fatal dose of bromal hydrate, the converse apparently does not hold good, as we have never succeeded in saving life after a fatal dose of atropia by the subsequent injection of bromal hydrate.

In addition we indicated the following points of interest:—

1. That nearly fatal doses of strychnia are not antagonised by nearly fatal doses of extract of Calabar bean, and *vice versa*.

2. That 4 to 5 grains of bromal hydrate is sufficient to kill a rabbit weighing 4 lbs.

3. That bromal hydrate acts more on the ganglia at the base of the brain and on the spinal cord (and less vigorously on the hemisphere), the animal frequently dying in a state of opisthotonos.

4. That the physiological action of iodoform was determined (*vide* Article 9).

5. That the extremely small dose of 1 to $1\frac{1}{2}$ grains of atropia was found sufficient to antagonise the fatal dose of 4 grains of bromal hydrate.

We have now completed our analysis of the report of the labours of the Committee. We are sure the profession must feel deeply indebted to Professor Bennett and the several members of the Committee both for the able manner in which they have conducted these numerous experiments and also for the clear manner in which they have placed the results before the medical public.

If we have succeeded in awakening an interest in the subject which the Committee have been so patiently investigating, and if our remarks have drawn attention to those points which we consider they have failed to decide, and stimulated others to the work, we will feel satisfied.

We cannot do better than quote here Professor Bennett's concluding remarks, with which we entirely agree:—

"I venture, however, to say that such are the toils and sacrifices required by modern medicine, if it be sincerely desired to solve existing difficulties, and prosecute those new inquiries which are so necessary for maintaining its position as a science and as an art. I sincerely trust that no parsimony nor error in administration will restrain the British Medical Association from continuing the noble efforts it has commenced, and rewarding by liberal grants the arduous labours of men who will dedicate themselves to these pursuits. It is gratifying to know that the present, and it is to be hoped, the future flourishing state of its finances, will enable it to take a lead in this patronage of scientific and practical endeavour for the benefit of humanity. I shall always esteem it a proud distinction for myself that I first indicated at least one method in which this could be accomplished, and have demonstrated, in the two reports I have had the honour of laying before the Association, on the one hand, how error may be corrected, and, on the other, how new fields may be acquired for the therapist in neutralising poisons and extending our means for the cure of disease."

Notes on Current Topics.

The Combined Administration of Chloral, Morphia, and Atropia.

DR. BARTHOLOW (*The Clinic*, Jan. 2) says that the great mass of narcotic remedies are administered conjointly without an adequate conception of the part which each one plays in the results produced. Thereupon he made some experiments chiefly by means of the hypodermic syringe. One drachm of chloral to four of water gives a solution of sufficient density, and 30 minims contain seven and a half grains. Into this solution was put one grain of sulphate of morphia, and into another solution was put six drachms of chloral, four grains of sulphate of morphia, and a quarter of a grain of atropia sulphas in two ounces of water.

A solution of chloral injected under the skin causes a smart burning sensation, lasting from five to fifteen minutes, and usually leaving an induration which slowly disappears. This does not, however, seem to tend to suppurate. Absorption quickly takes place, for chloral being a crystalloid, diffuses easily into the blood. It causes a feeling of frontal distension, some headache, and vertigo, and drowsiness, supervening in from ten to twenty minutes, like that produced when chloral is taken by the mouth. One-fourth to one-half the quantity necessary to produce sufficient effect is required by the subcutaneous areolar tissue as compared to stomach administration; and when combined with morphia and atropia the quantity required need be very small.

Chloral and atropia do not act on each other chemically. Rabbits bear chloral very well indeed, but they are rather unsusceptible to the action of atropia when taken into the stomach, whilst the hypodermic injection of the drug is followed by the usual physiological effects. Atropia prolongs the chloral narcosis several hours. Thus, a rabbit to which Dr. Bartholow gave twenty grains of chloral subcutaneously remained in a state of narcotism six hours; when one grain of atropia was added, the narcotism lasted eight hours. In various observations he made on himself with chloral and atropia combined, Dr. Bartholow observed the following fact: That the excitant action of the atropia hindered the occurrence of the chloral narcosis, but sleep usually ensued after two hours, and was always profound. On the following day the pupils were dilated, the mouth dry, and there was more or less giddiness and headache. These effects were produced by eight grains of chloral and 1-94th of a grain of atropine. The effects of atropine continue much longer than those of atropia.

With regard to chloral and morphia, the latter substance in the rabbit deepens in every way the effect of the former. On his own person, Dr. Bartholow found that when he took morphia alone there was a great deal of discomfort produced—nausea, vomiting, vertigo, headache, and wakefulness. When combined with chloral, the nausea and vomiting are lessened, but not prevented, and sleep is produced. Chloral does not prevent the unpleasant after-effects of morphia—nausea, loss of appetite, constipation, headache, and vertigo—for these symptoms are experienced on waking from the chloral-sleep.

Those who bear morphia well are also favourably affected by a combination of chloral and morphia, but in man as in rabbits, morphia increases in the whole sphere of its influence the chloral narcosis. As, however, morphia is synergistic to chloral, a dose of the latter far short of lethal activity will be sufficient in most cases when the former is combined with it.

A combination of chloral, morphia, and atropia presents the greatest advantages from the physiological and therapeutical point of view. Dr. Bartholow has made numerous experiments on his own person in this matter. Chloral causes sleep, morphia relieves pain, and atropia prevents or lessens the depression of the heart and respiration caused by the agents associated with it, whilst it certainly contributes to the cerebral effects of both. He found that the action of the combination was much more agreeable than chloral or atropia or than chloral and morphia. Sleep followed more promptly, without being preceded by nausea and excitement, and the after-effects were either absent or slight.

Practical Conclusions.—Dr. Bartholow hence concludes that the combination of chloral, morphia, and atropia, in the relative proportions he advises, used subcutaneously or by the mouth, is extremely well adapted to the treatment of insomnia in certain of its forms. In all cases in which pain is an important factor in the causation of wakefulness, the combined action of chloral, morphia, and atropia is much more effective than either agent alone. He cannot too strongly urge this combination in cases of insomnia in the subjects of fatty and dilated heart, and in the irritable heart of the chronic smoker. The combination of chloral and bromide of potassium is ill-advised in such cases. When a suspicion of heart disease exists, it were better to use morphia and atropia than chloral alone.

Pain.—For the relief of pain, says Dr. Bartholow, no one denies that the hypodermic injection of morphia is the most effective agent we possess. On the score of propriety and safety some persons object to it. The hypodermic injection of chloral, morphia, and atropia, barring the greater pain it gives, is more agreeable in its effects, and it seems to him, more permanent in its result. He has used this combination in neuralgia of the fifth of the brachial plexus, of the lumbar nerves, of the sciatic nerve, and coccygeal nerves, and about the seat of the painful spinal points in visceral and other neuralgias, and in spinal irritation. Whatever may be said in its favour, the remote injection of anodyne for the relief of pain is not so effective as application to the painful points. It is familiar to all how, when the parts swell about a painful nerve, the pain ceases.

The effects of irritant injections about the site of neuralgic pains are sometimes simply marvellous in the relief they procure. Most of the pain-relieving agents, when applied to the nerves themselves, interrupt the transmission to the sensorium of the painful impression. From these considerations we obtain a useful lesson as to the utility of localised injections for the relief of neuralgia. Dr. Bartholow mentions that he has applied this method with success by the "deep injection of chloroform," and also has used with excellent result the deep injection of chloral, morphia, and atropia.

In neuralgia of the fifth nerve, the injection may be inserted deeply underneath the cheek or lips about the situation of that division of the nerve which is painful. In sciatica the point of the needle should be made to reach the vicinity of the nerve. But he especially calls attention to the good effects of this practice in the cases of that intractable disease *coccydynia*. In this form of severe pain, the needle should be passed down to the coccyx so that the solution may be made to diffuse over the whole surface of the coccyx. He does not meet many cases of this disease, but in two, the brilliant results which followed justify the most sanguine expectations of the utility of the practice. And so in spinal irritation, and in visceral and parietal neuralgia with points of spinal pain and tenderness, these deep injections are of greatest service.

The hypodermic injection of chloral, morphia, and atropia may, he thinks, be used in minor surgical operations.

In recent torticollis and in lumbago it affords lasting relief. He has witnessed astonishing results from the use of chloral and morphia in the true collapse of cholera. The injection hypodermically of the combination of chloral, morphia, and atropia is of great use occasionally in spasmodic asthma, whooping-cough, and laryngismus stridulus. In angina pectoris, hepatic and renal colic, spasm of the sphincter of the bladder, &c., these agents combined produce results to which they are quite inadequate when used separately.

Irish Sanitation by Guardians.

We have in the latest proceedings of the Castlebar Guardians a specimen of the wisdom of placing the execution of sanitary law in the hands of representative obstructives. We learn from a local paper that the Local Government Board had forwarded a letter from Dr. Kisby, to the effect that a man had died of small-pox, having contracted the disease from his sisters, with whom he lived in the same room, and that he (Dr. Kisby), with the assistance of the police, had prevented a "wake." It was only after several hours, however, that a cart and ponies were found to remove the corpse. The doctor therefore suggested the necessity of facilities, including a spring-van, for future emergencies.

A guardian suggested a light van, such as is used for caskets.

As tender for the cart, according to the specification already advertised, was received, but not accepted. The question was postponed for one month.

In the case of twenty-four defaulters under the Compulsory Vaccination Act, reported by Dr. Blackwell, it was resolved to post notices giving a month's time before proceeding.

The question of the hot-air chamber, proposed by Dr. Jordan, was postponed for one month.

We observe that the chairman of the meeting was a *Mr. Tully*. Perhaps this is the reason that the wisecracks of Castlebar thought fit to postpone every attempt at ~~sanitation~~ for another month. This district is that in which the small-pox inoculation and a resulting virulent epidemic of the disease is most prevalent in Ireland, and

yet the persons to whom Parliament was so wise as to provide the public health of the union will neither provide a cart for removal of corpses, enforce vaccination, nor provide for disinfection. Bravo, Representative local Government!

The late Mr. Adams.

At a recent meeting of the Council of the Royal College of Surgeons of Ireland the following resolution was passed, viz.: "That the Council have heard with profound regret of the death of their revered colleague, Robert Adams, and that they desire to place on record their sense of the great loss thereby inflicted on their College. While thus expressing their own feelings upon this melancholy event, they would also wish to convey to his family their sympathy with them upon their sad bereavement."

The Hampstead Hospital Question.

From the decided action taken by the Metropolitan Asylums Board on Saturday, we presume the question is virtually settled, pending the decision of Parliament.

At the meeting, Dr. Brewer, the chairman of the board, presided, and there was a very numerous attendance of the managers present.

Upon the minutes of the previous board being confirmed, a numerous deputation of landowners, house owners, and inhabitants of Hampstead attended before the board to present a memorial, which had been signed by nearly all the principal owners of land and house property in the district. The memorial set forth that these persons desired to record their opinions that, if the Hospital for Infectious and Contagious Diseases is to remain at Hampstead, the present position is as good as any that could be selected. They expressed themselves as strongly opposed to the agitation against the present site, which had been carried on for so long, and in the majority of cases from interested motives, and they hoped that the Asylums Board would carry out their original determination if Hampstead had been finally decided upon.

Thereupon, Sir James Hamilton proposed the following resolution:—

"The managers having inspected the two sites of land in Mill Lane submitted to them by Mr. W. D. Jeremy, adopt the opinion expressed in the report of the General Purposes Committee, bearing date 30th January, viz., that the site No. 1 is wholly unsuitable for the erection thereon of buildings to be used for the several classes of sick for whom the managers are called on to provide. That site No. 2 is not nearly so eligible as the present site of the managers at Hampstead, and would be equally open to the objections raised against the latter site. That a copy of these resolutions be forwarded to Mr. W. D. Jeremy in reply to his communications of the 21st and 28th January, and that a copy thereof be also forwarded to the Local Government Board."

Mr. Sedgwick seconded these resolutions.

A show of hands was then taken, when there appeared for Sir James Hamilton's resolutions 37, against them 2. The two dissentients were Mr. Marshall, the representative for Hampstead, and Mr. Hopkins, Holborn, which district is stated to have contributed more fever patients to the hospital than any other in the metropolis.

Mr. Currie then proposed a resolution, of which he had

given notice, in reference to the motion of an asylum for juvenile imbeciles, to the effect

"That subject to the sanction of the Local Government Board, the committee for the Hampstead Asylum be authorised to negotiate for the purchase of not exceeding 150 acres of the land offered for the purposes of an asylum for juvenile imbeciles at Dartford."

This was seconded, and after slight discussion carried unanimously.

An Improved Poultice.

At a recent meeting of the Académie de Médecine, Paris, M. Le Fort read his report on a substitute for the ordinary linseed-meal poultice invented by M. Lelièvre, an abstract of which appears in the *Chemist and Druggist*. It is prepared by saturating two superimposed layers of wadding with a solution of *Fucus crispus*, or Carrageen lichen, and drying them in a stove after they had been submitted to strong pressure. In this way a sheet of the consistence of cardboard is produced, a portion of which is cut off when wanted, and soaked in hot water for fifteen or twenty minutes; this swells it out and fills its tissue with a mucilaginous fluid. It has been tried in several of the hospitals, to the great satisfaction of both patients and attendants. It can be prepared in large quantities beforehand, and will keep for a long time without undergoing any alteration. MM. Demarquay, Gosselin, and Verneuil pronounce it to be far superior to the linseed poultice; it keeps moist for more than sixteen or eighteen hours; it does not slip, is inodorous, does not readily ferment, nor does it soil the linen or bed of the patient. The new poultice is destined to render great service in hospitals and ambulances, and, above all, on board ship, where it is difficult to keep the linseed in a good state of preservation.

Jaborandi.

THIS Brazilian plant with the savage name is evidently the drug of the day. It arrived in Europe a year ago. The *Chemist and Druggist* says that now all the wholesale houses are sending to Pernambuco for cargoes of it, and two or three of the smartest of them have already secured small stocks. An excellent account of the action of the medicine has also been published by Mr. Martindale, in the *Pharmaceutical Journal*. This gentleman records the effects produced on himself by a dose of sixty grains in the form of infusion. This was taken late at night, and was followed in five minutes by a warmth of the blood, an unusual secretion of saliva, uneasiness in the head, and restlessness, succeeded soon by a violent perspiration. This was continued for more than an hour, when vomiting occurred, and in another hour sleep ensued. Evidently the medicine is possessed of very important properties, and it now becomes a question of considerable interest to ascertain the precise principle of the plant to which these effects are due. Mr. Martindale observed that the infusion did not seem to extract the characteristic pungent taste which the leaves possess; but as he swallowed dregs and all, it is not quite certain whether the medicinally active part of the plant is also that which yields this taste. Several chemists are working at the subject, and this doubt will therefore probably be

soon cleared up, and *jaborandine*, or some such alkaloid, may be looked for before long.

Indian Ipecacuanha.

THE drug markets have hitherto been obliged to look to the Brazils as the almost exclusive source of supply of the above valuable medicinal root. The *Chemist and Druggist* reports that there is now, however, a prospect of shipments being made from India shortly, as Dr. King, Superintendent of the Calcutta Botanic Gardens, states that the propagation of the ipecacuanha plant by root and leaf cuttings has been so successful that there is at present in the gardens a stock of 63,000 living plants, whereas four years ago there were but twelve cuttings, of which seven were afterwards accidentally destroyed.

Registrars' Fees for Sanitary Purposes.

NEARLY all the metropolitan parishes have been compelled to accede to the suggestion of the Registrar-General that they should pay the registrars of births and deaths for the weekly returns supplied to the medical officers of health for sanitary purposes. Those parishes which resisted the Registrar-General's proposal that the registrars should supply the number of births registered each week in their respective districts gratuitously, and be paid £1 per quarter for the first fifty and one penny for each subsequent entry, have been compelled to pay in some instances nearly double to the registrars, as they cannot get their returns from the Registrar-General. Paddington have consented to pay 25s. per quarter for the first fifty, and 2d. for each additional entry. The St. Pancras registrars have agreed to accept £1 for the first fifty deaths, and 2d. for each subsequent entry per quarter. In Marylebone a somewhat similar arrangement has been made, but in some of the parishes as much as 30s. for the first fifty, and 3d. for each subsequent entry is demanded by the district registrars.

Dr. Hardwicke and the Paddington Vestry.

SINCE the appointment of Dr. Hardwicke to the coronership for Central Middlesex, his post as medical officer of health and food analyst for the parish of Paddington has for some time been before the vestry of that parish, who not unnaturally considered it impossible that he could properly discharge those duties as well as those of coroner for the extensive and populous district over which he has been elected to preside. At the last meeting of the vestry a statement was received from Dr. Hardwicke to the effect that, seeing that he was about to prepare his annual report, and therefore desired to complete his inspection of the parish, he proposed to defer the relinquishment of his office in June next. The subject was adjourned till the next sitting of the vestry.

ON Wednesday last, in the board-room of Charing-cross Hospital, Mr. Hancock, F.R.C.S., Consulting Surgeon to the hospital, and a former President of the Royal College of Surgeons of England, was presented with his portrait, the cost of which had been subscribed by the staff, students, and friends of the hospital.

The Coming Medical Bills.

WE learn, upon authority which we believe will be found reliable, that the British Medical Association has matured its Bill, and is only delaying offering it to the House for the purpose of arranging the method of its introduction. The Bill, we believe, is exactly the same as the last emanation of the Association—Direct Representation and Unification of Examination—saving that it proposes to abolish the power of appeal from the General Medical Council to the Privy Council, now enjoyed by licensing bodies. The Association desires, in fact, to perfect the Medical Council according to its own views, and then to make the decision of that body final. As this abolition of the appeal jurisdiction of the Privy Council cannot be expected to be popular with the Privy Council office, or its medical adviser, Mr. Simon, we understand that the Association is making an effort to bring in their Bill through the agency of the Home Department, and if they succeed we shall see it on the table of the House very shortly.

The Enabling Bill of the London College of Surgeons is also, we have reason to believe, ready, and will be moved to its first reading within a week or two, if not sooner. It will probably pass without challenge, and then the Conjoint Scheme for England will be *un fait accompli*. Our readers will recollect that the programme of the conjoint authorities in England (including the three Universities and the two Colleges) has been already promulgated, and it indicates an immediate and sweeping reduction in the lecture curriculum, and a £30 fee for the conjoint diploma. We wonder how long it will take to teach the Dublin lecturers that their "three-course" policy must come to an end? What has come of the convenient prognostics of those advisers of the Dublin College of Surgeons, who last June protested that a conjoint examination for England was all moonshine, and that their College might keep up its scale of lectures and of fees as long as it liked.

The Adulteration Bill.

MR. SCLATER-BOOTH'S Bill has reached our hands at too late a period for us to print for our readers; we cannot, however, allow a week to pass without putting the profession and the public, so far as we can, on their guard against it. Those who read the evidence before the Select Committee, and their report to the House, will have been prepared for a retrograde measure framed for the protection of the traders, and providing little safety either for the stomach or the purse of the consumer. The Committee was decidedly over-manned with manufacturers, and the evidence brought before them was of a very one-sided character, and it is not to be wondered at that the resulting measure deals very tenderly with the money-making adulterator.

The provisions of the Bill are such—we do not hesitate to say—as to make the conviction of a vendor of fraudulent goods almost impossible. Under its clauses it will be necessary, first of all, to prove that the shopkeeper knew of the existence of the adulteration when selling the article. It is needless to say that, if the Bill becomes law, shopkeepers will take good care to know nothing

about it, they will ask no questions, and the manufacturer will not be in haste to give them information, and—even if they should be well informed as to the impurity of the goods—it will obviously be the most difficult task in the world to prove them to be so.

But if the adulteration and the guilty knowledge of it be proved, then the culprit is empowered by the Bill to plead, if a manufacturer—

1. That he did not intend it to be sold in the impure state; or, if a dealer—
2. That the article was of the "nature, substance and quality demanded by the purchaser," or
3. That the impurity was mixed in the article "for the purpose of rendering it portable or of preserving it," or
4. That the ingredient is mixed in it "for the purpose of rendering it palatable or improving its appearance," or
5. That it is "the usage of the trade" to sell the article as adulterated, or
6. That the impure article is patented, or
7. That the adulteration is effected with the knowledge of the Excise, or
8. That the admixture is "unavoidable," or lastly,
9. That the purchaser has been informed by label that "the article is mixed."

We ask, is there any conceivable form of adulteration that will not be covered by one or other of these clauses? Cannot it be pleaded that cocoa which is two-thirds starch is adulterated to make it palatable; that mustard, one half flour and turmeric, is improved in appearance; that Prussian blue is affixed to tea for the same purpose, or to preserve it; that it is the "usage of the trade" to add two-thirds of plaster of Paris to sulphur; that whisky-doctoring is done under the wing of the Custom House; that one-fourth of sand in scammony is "unavoidable."

If this Bill passes it will become obvious that the Legislature of a "nation of shopkeepers" is over-weighted by the shopkeeping interest themselves, and that trade frauds are deliberately protected by Parliament because dishonest money-making cannot be interfered with.

The only honest method of dealing with the matter would be to allow traders to sell anything they liked so long as it was not injurious to health, but to force them with an iron hand to state honestly and without the customary equivocations the true constituents of what they sell.

We shall print an abstract of the Bill and the debate on it in our next.

By telegram we learn that at the fire of a lucifer match factory at Goeteborg, near Stockholm, on Saturday, 44 persons were burned to death and nine others mortally injured.

THE Yorkshire Exhibition of Arts and Manufactures will open on the 6th of May and close at the end of September. The sanitary department is under the supervision of the honorary secretaries, Dr. Goldie, Medical Officer of Health for Leeds, and Mr. J. S. Loe, M.R.C.S.

WE observe that a spectacle mechanist in Dublin, of the name of Sandheim, is making in the columns of the *Irish Times* a great point of his special qualifications, inasmuch as he "has provided a room specially arranged

for the examination of eyes by means of the ophthalmoscope, so that their true state may be ascertained in order that the selection of really appropriate spectacles may result. There is (the *Irish Times* believes) no similar house in Dublin where so great a boon as an ophthalmoscopic room exists."

The *imprimatur* of the *Irish Times* is not, in optical matters, a very high qualification, but for the information of our contemporary we may be allowed to observe that, in the great majority of cases, Mr. Sandheim might nearly as well examine a patient's toe-nails as subject him to an ophthalmoscopic investigation for the purpose of fitting him with spectacles. If the *Irish Times* has taken its inspiration from Mr. Sandheim himself, it is evident that that gentleman, though armed with so high an approval as that of our contemporary, is very little of an expert in focal derangements of the eye.

Literature.

A MANUAL OF HYGIENE, PUBLIC AND PRIVATE. (a)

THE progress of civilisation, the increasing development of arts and manufactures, together with the tendency of populations to condense round industrial centres, and the influence of these circumstances on the health and well-being of a people, demand a continued study of the phenomena of disease, its propagation and prevention.

Disease is not, strictly speaking, natural to man, and was probably unknown in the earliest ages of the world. The death with which our race was originally cursed was not the premature death from disease; nor did the "sorrow" with which woman should bring forth children include the abnormal cases which are daily witnessed in our lying-in hospitals and elsewhere.

That some diseases are the result of the violation of known natural laws has been proved; that similar proof has not been extended to all disease may, we think, be attributed to our want of knowledge. What additional offence did the race commit, or what hygienic principle was violated, that the years of our life should be reduced to less than one-tenth of their original number? That the massing together of large numbers in comparatively small areas—as in our larger cities—is in itself contrary to nature may be probable; but certain it is that the health of such masses cannot be preserved without the aid of sanitary science. Has hygiene heretofore received the amount of attention it deserves? Is not prevention better than cure? Are we much better prepared now, to receive a visitation of the "black death" or cholera than when these epidemics decimated our population? In our cities we know are gurlieus the filth and squalor of which causes us to wonder how, even in the absence of all epidemics, the teeming population manage to exist at all. Dr. Cameron truly remarks with reference to a return of such epidemics as those referred to, "I fear that in some of our towns the virus of the disease would find a genial soil," and in the chapter on vital statistics he observes: "Every death from a preventible disease is an accident, and not a natural and inevitable event. Nor are the maladies termed constitutional necessarily inherent in man's nature; most of them are the result of privation, hardship, intemperance, gluttony, and immorality. Many of them are produced by breathing bad air or drinking foul water."

Dr. Cameron has carefully collected and tabulated much valuable statistical information, possibly already known to

many in the profession, but which will be new to most of his non-professional readers.

In the 20 years ending 1749 the death-rate among children under 5 years of age in London was 745 per 1000; in the 20 years ending 1870 the death-rate was reduced to 298 per 1000. Though this result is due mainly to improved hygienic conditions, it is also considerably affected by the increased medical skill and careful treatment of incidental diseases. It may be remarked, however, that some delicate children which would formerly have succumbed under the treatment which they then received, are now kept alive and reared by refined medical skill, and in their turn will probably become the parents of still more delicate offspring, requiring still greater skill to keep them alive; whether this will result beneficially to succeeding generations is at least questionable. The efforts of the hygienist are rightly directed to the prevention of disease rather than its cure.

Referring to the large amount expended on our army and navy, Dr. Cameron asks, "Are there not other enemies than our fellow-men whose power we should always be prepared to resist?" The best way to prevent war, admittedly, is to be thoroughly well prepared for it—the same principle would be wisely observed in sanitary matters.

Concerning Water supply, much valuable information is given, and the subject is comprehensively treated in a hygienic point of view. The impurities of water, its analysis, and how it acts as a carrier of disease are well explained and illustrated.

As regards quality, Dr. Cameron states: "So far as my observation extends, I am clearly of opinion that the substitution of the pure soft water of the Vartry for the hard water supplied by the canals has produced an improvement in the public health." The fact that adjoining each other on the south side of Dublin are two large townships, one supplied with soft, the other with hard water, presents a favourable opportunity of comparing the relative hygienic merits of the two qualities.

Chapter xi. treats of the Ventilation and Heating of Dwellings. The methods described are worthy of attention, we think, however, that the most complete arrangement for the removal of impure air (though unnoticed by Dr. Cameron) is that in which a special ventilating shaft is provided in each house, having a draught or upward current generated in it by means of any convenient source of heat—a ventilating flue from each principal apartment, opening into the shaft, draws off the vitiated air. The suggestions relative to the lighting of theatres, &c., have been long since anticipated and carried into practice.

We do not agree with Dr. Cameron that "open fireplaces are ventilators of the most effective kind;" that they abstract a large quantity of air from an apartment is quite true, but it is from the lower, colder, and purer stratum the air is removed, which is not an advantage, while the upper and impure air is left comparatively unaffected.

When it is considered that only 17 per cent. of the heat generated in open fireplaces is available for warming an ordinary room, we think it is reasonable to expect that some improvement on the present open fireplace might be introduced.

The Pollution of the atmosphere by Manufactures is succinctly described, and an account is given of some of the effects as personally observed by the author last year in Lancashire.

The chapters on Meteorology, &c., Contagion, Vaccination, Disinfectants, Construction of Hospitals, and School hygiene, do not appear to add much to our previous knowledge on these subjects; they are, however, well written and contain a large amount of condensed information, carefully, and we can say from experience, laboriously collected from known authorities.

Dr. Cameron's remarks on Sewers and Sewage are sound and practical, and might be advantageously studied by every intelligent member of the community. A sort of reckless indifference is generally prevalent about these

(a) "A Manual of Hygiene, Public and Private, and Compendium of Sanitary Laws, &c." By Charles A. Cameron, Ph.D., M.D., &c. London: Baillière, Tindall, and Cox. Dublin: Hodges, Foster, and Co. Price 10s. 6d.

matters. So long as the sewage matter is got out of the way and into the main sewer people seem satisfied; but we venture to say, that in nine-tenths of our houses the sewage arrangements would be found defective—for instance, it is a common practice for the overflow pipe of a cistern to communicate openly with the sewer; the syphon trap so generally used ceases to be effective when deprived of water, and this, in many instances, occurs in summer when the water is evaporated.

The chapters on Exercise, Bathing, and Clothing, on Unsound Food, and the Adulteration of Food and Drink, we recommend to the perusal of all.

The work concludes with a comprehensive collection of the sanitary statutes applicable to Ireland.

There are few who are so eminently qualified by their position as Dr. Cameron to write on sanitary science, and we recommend his work to the profession as a valuable, and we have every reason to believe, a reliable compendium on this subject; to sanitary officers, as a safe and practical guide in the discharge of their duties; and to all intelligent heads of families as a director which will enable them to add to the comforts and diminish the evils which surround them.

Correspondence.

TREATMENT OF THE DISEASE CALLED "FEVER."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having in your columns of the 16th Dec. given my views of this disease, and added something relative to its treatment, I now propose to enter a little more particularly into the latter. I have said, and I think scientifically proved, that this disease is similar in all climes, as a crotchety symptom will not alter its condition, that the symptoms are similar, and that the apparent difference, if any, depends upon the activity of the poison. I have, I also think, scientifically proved the tendency of arterial action to the mucous coat of the alimentary canal. From the most leucoplegmatic, starved subject, to the most phlegmatic and robust, the arterial action is the same, though not so visible either during life or after death in the former, as you could not expect any marked signs of high inflammatory action from the impoverished state of the blood, the inability of the heart to drive it, or the mild action of the poison, but, it is not the less fatal; hence the scientific treatment will be the same in all cases. In tropical climates, where the skin is intensely hot, the pulse high, and the thermometer the same almost day and night, I would clear the bowels by castor-oil, because time is valuable, indeed, I think it would be most prudent in all cases, as you can graduate the doseless mixture, and it would be more satisfactory. If the nitrate of potash will clear the blood of all foreign colouring matter, whether the result of decomposition or otherwise, I think in its doing so it should destroy or remove the cause. Mercury equalises the circulation, clears the blood, and removes the disease; therefore I think it must possess the same destructive quality: these scientific facts, I think, have been satisfactorily proven; it therefore follows that we can use both at the same time, if necessary; the citrate or tartrate of soda will not purify the blood, though they may slightly allay thirst, they may relieve momentary gastric irritability, but they do not relieve inflammatory action. I have gone through, as I formerly said, the Pharmacopœia, from Alpha to Omega, and, with the exception of mercury and the nitrate of potash, I have not been able to lay my finger upon one of any scientific value in this malady. The nervous system should be quieted by opium, morphine, or belladonna. Quinine has been given as an antidote, or preventive, but, unless in intermittent forms, we should require more satisfactory proof in this malady; sponging the body frequently with cold water containing two or three ounces of the nitrate of potash to the gallon would be grateful, and materially assist in allaying thirst independent of its properties being absorbed; in applying cold to the surface we should be cautious so as not to procure chills or rigors, as they might be the cause of much unpleasantness hereafter. It should be remarked in the cure of this malady that, as

the urine becomes clearer and less disagreeable, the patient improves and gets better. Food should never be forced. What state is the stomach in? What kind, if any, of gastric juice is secreted?—is it strong enough to digest food? When the stomach attains strength it will ask for food; at the same time, thin arrowroot or corn flour, with wine, when requisite, is not objected to in small quantities. When the stomach is engaged in repelling a very active intruder it has no disposition for food. When you find that medicine has been useless, whether the case has been treated as fever or gastro-enteritis, and symptoms of a typhoid character present themselves—and they are proofs of great constitutional debility—the struggle has commenced between the strength of the constitution and the disorganised arterial blood, as the virus of the poison is dead, and the symptoms of active inflammatory action have disappeared. Science now points out that the system must be upheld by food and stimulants, wine, brandy, or whisky, pure or diluted, according to the state of the case; those symptoms require all the attention of the medical attendant, as a very short neglect will turn the scale; and the nurse becomes a most important personage, as any neglect on her part may prove fatal. Nature will sometimes do wonders when properly assisted and scientifically supported. Nature has often put physic to the blush, though very seldom paraded to public view; but this is a disease which does not stand upon much ceremony. I have seen about twelve ounces of brandy given in black vomit and restore life, and I have known a wineglassful of whisky do the same when all hope had been given up; it is, therefore, at that period when typhoid symptoms commence and medicine ceases to benefit, that the stimulating and supporting system should commence. Ask the plain, straightforward question in this disease—What are the arteries, veins, nerves, and lymphatics doing? Man is composed of these, and of nothing else, except blood. The arteries and veins are circulating disorganised blood; the nerves are telling us what is going on; and the lymphatics are secreting and absorbing an unhealthy fluid. Arteries, what are you doing? We are carrying compulsorily this terribly disorganised blood. These are what I call scientific questions and answers and facts, which may perhaps lead some scientific men to consider this malady more seriously. The very urine itself should show you what a terrible state the blood must be in.

I am, Sir,

Yours faithfully,

ALEX. LANE, M.D. R.N.

Douglas, Isle of Man.

January 11, 1875.

P.S.—Before a man can "pooh pooh" any proposition or doctrine established upon scientific principles, he must be prepared to refute the same upon similar principles, else keep silent. If I have advanced anything scientifically wrong, for physic is a science just as much as anything else, and should be contested upon those principles, as, for every scientific why there is a scientific wherefore—let it be refuted scientifically, the laws of animal economy are scientific. There is science in the cutting off of a limb, and there is science in administering a dose of medicine. Why do you give it? What is its action? What results do you expect? If I can be proved scientifically wrong, it will be for the advancement of physical science and the benefit of the human race.—A. LANE.

Medical News.

Royal College of Physicians of London.—Pass List, February 20, 1875.—Admitted Licentiates:—

John William Davies, Ebbw Vale, Monmouthshire.

William Adams Frost, 47 Ladbrooke Square, W.

William Hardman, Blackpool.

Alfred de Courcy Lyons, 15 Vicarage Gardens, W.

Henry William Mason, 19 Granville Square, W.C.

Charles Joseph Stocker, Stratford Green, E.

Robert Thomas Thomas, 34 Great Percy Street, W.C.

The following Candidate, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a qualification in Surgery recognised by this College:—

David Edwards, University Hospital, W.C.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d. Subscriptions in advance for 1875, at the reduced tariff of 21s. per annum, post free, are now due, and also will be thankfully received by the Publishers in London, Dublin, and Edinburgh.

SCARCE NUMBERS FOR 1874.—The Publisher will be glad to purchase clean copies of May 30, June 3, November 18, or to exchange any other numbers for them.

PROPOSED REFORM IN MEDICAL PRACTICE IN DUBLIN.

We are favoured with the following interesting and appropriate suggestions by a correspondent:—

On looking over the names of our Dublin medical men, it has occurred to me that much convenience would result from each devoting himself to that branch of his profession indicated by his name. Thus I would place the lunatic asylums under the charge of Dr. Madden, the more violent cases being attended to by Dr. More Madden. I think that Drs. Boyes and Birch might fairly be deputed to look after the weaknesses of young persons; while Dr. Luther would be at home in charges of the Adelaide Hospital. The Lying-in Hospitals fall naturally to Drs. Bredin and Kidd; while hysterical affections should be treated by Drs. Cryan, Smyly, and Lafan. Diseases of the bladder might be left to Dr. Stoney; while for baldness I do not know any more suitable advisers than Drs. Hare and Head. All matters relating to fees should be referred to Dr. Price; while attendance should be regulated by Dr. Daly. For lameness I would consult Dr. Walker and Foot; for shot wounds, Dr. Gunn; but for operative surgery, undoubtedly Surgeons Steele, Butcher, and Gore would be selected. For skin diseases, I would call in Dr. Peck; while questions of food might be left to Dr. Fry, Boyle, Cooke, &c. and Porter.

For cases of physicians, I would name Drs. King and Duke; and I would place the faring men under the charge of Dr. Cruise. For colour-blindness, Drs. Brown, White, Gray, Green, and Dunne might be useful; while for "gatherings" I would certainly consult Dr. Cameron ("The wild and high the Camerons' gathering rose"). Questions as to abnormal size or development might be referred to Drs. Long, Short, Little, and Bigger; and matters relating to medical jurisprudence to Drs. Wise, Law, Fox, and Wright.

Hypochondriacs I would place under the care of Drs. Blythe, Bright, and Hope; and I would place the following over institutions connected with the working-classes: Dr. Butcher, Baker, Taylor, Smith, Butler, Carpenter, Sawyer, Cartor, Fisher, Glover, Mason, and Stoker. As Treasurers of the Medical Benevolent Fund, the names of Dr. Purser and Banks at once present themselves; and it might be a nice compliment to our Lancashire neighbours if we were to send Dr. Wilde and Savage to them for a short time. All cases of debility would be attended by Dr. Power, and monastic and other similar institutions would of course be left to Dr. Monks.

Finally, I suggest that after all the above long list of eminent men, many of them world-famous, have done with us, it might be well for our friends to call in Dr. Sexton.

14 Royal Terrace, E. Kingstown,

H. E.

PROFESSIONAL ADVERTISING.—A correspondent has forwarded us a copy of the last *Lincoln Gazette*, in which is inserted an advertisement of a local practitioner, which appears to us scarcely professional. Of course, there may be some special reason unknown to us at a distance which has prompted its insertion; but if it is intended as a continuous announcement, we are decidedly of opinion that the gentleman concerned has been badly advised, and would, we are sure, be glad to rectify an error of judgment when his attention is drawn thereto.

MR. J. T. B.—We have not space for the letter, the subject not being of sufficient interest to our readers.

DR. CAREY, Taunton, will please receive our best thanks.

PSYCHOLOGIST.—The work, "The Building of a Brain," to which you refer, has not been received by us for review, nor have we seen any announcement of its publication. We devote a column monthly to an index of new works in medicine and the allied sciences, to which we would refer you for any future similar inquiry.

KING'S COLLEGE HOSPITAL.—We are requested to state that the annual court of the corporation of this Hospital will be held in the Board Room to-morrow, Thursday, at 4 p.m.

DR. GREENHOW will lecture on "Addison's Disease" at the Royal College of Physicians, London, on Wednesday next, at 5 o'clock. Members of the profession admitted on production of their cards.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Carey, Taunton. Dr. Balthazar Foster, Birmingham. Rev. Dr. Haughton, Trinity College. The Director-General of the Indian Medical Department. Mr. Dunne, Clana. Mr. Collins, Glasgow. Dr. George Johnston, Dublin. Dr. Fixott, St. Heliers, Jersey. Mr. G. Gibson, Broughton, in-Furness. Mr. Blacker, Midsomer-Norton. Mr. Fowler, Greenwich. Mr. E. Stevens, Islington. Dr. Gaillard, Louisville. The Director-General of the Navy Medical Department. Dr. S. Bryant, Brighthelm. Mr. Hanslip Sers, Epperstone. The Director-General of the Army Medical Department. Mr. James Hogg, London. Dr. Bayes, London. Mr. Short, London. Dr. Birchall, Maclesfield. Dr. Greene, Peckham. Mr. Hyalop, Stretton. Dr. Dickinson, London. Mr. Gould, Southwark. Mr. Holden, Liverpool. Mr. Whitall, Statistical Society. Mr. J. T. Baker, Bethnal Green. Dr. Handal Griffiths, Dublin. Mr. Royle, London. Dr. Waring Curran, Mansfield. Dr. Duffield, Kensington. Dr. Lombe Athill, Dublin. The Registrar, Royal College of Physicians of London. Dr. Lethby, London. Dr. Donovan, Cork. Dr. Corry, Belfast. Dr. Bell Taylor, Nottingham. Mr. Eakell, Dublin. Mr. F. Agar, Ponder's End. Dr. Lloyd Davies, Abergella. Dr. Dobell, London, &c.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, Feb. 24th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull." **ROYAL COLLEGE OF PHYSICIANS.**—5 p.m. Dr. R. J. Lee, "On Puerperal Fever."

HUNTERIAN SOCIETY.—7½ p.m. Council Meeting. 8 p.m. Dr. Sedgwick Saunders will give his Presidential Address. Mr. R. Clement Lucas will exhibit a Case of Excision of the Ankle-joint. Mr. Davies Colley, "On Two Cases of Diffuse Palmar Ganglion treated Antiseptically."

FRIDAY, Feb. 26th.—Royal College of Surgeons.—4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."

ROYAL COLLEGE OF PHYSICIANS.—5 p.m. Dr. R. J. Lee, "On Puerperal Fever."

QUERKETT MICROSCOPICAL CLUB.—8 p.m. Mr. B. T. Lowne, "On the Histology of the Eye."

CLINICAL SOCIETY.—8½ p.m. Adjourned Discussion on Dr. Vivian Moore's Case of "Paralysis of Serratus Magnus," and Dr. Southey's Case of "Lepra Anæsthetica." Mr. Pugin Thornton, "On a Case of exceeding Infrequency of the Pulse." Mr. John W. Teale, "On a Case of a very remarkable Elevation of Temperature (to 120°) after Injury to the Spine." Dr. Whigham, "On Fatal Pleuro-pneumonia in an Opium-eater."

MONDAY, March 1st.—Medical Society, 7 p.m. General Meeting for the Election of Officers and Council.

TUESDAY, March 2nd.—Pathological Society, 8 p.m. Ordinary. **ROYAL INSTITUTION.**—9 p.m. Mr. A. H. Garrod, "On Animal Locomotion."

VACANCIES.

St. Bartholomew's Hospital. Two Casualty Physicians. Honorary. Applications to be left at the Clerk's Office.

London Fever Hospital. Resident Medical Officer. Salary, £200 per annum, with residence, &c. Applications to be addressed to the Secretary, at the Hospital.

Queen's Hospital, Birmingham. House Surgeon. Salary, £50, with board and residence. Apply to the Secretary.

Coventry Hospital. House Surgeon. Salary, £100, with board and residence. Applications to the Secretary.

Chorley Union. Medical Officer of Health. Salary, £150 per annum. Full particulars of the Secretary.

Chelsea Dispensary. Surgeon. Honorary.

Dorset County Hospital. House Surgeon and Secretary. Salary, £20, with board and residence. Applications, under cover, to the Chairman.

Clinical Hospital, Manchester. House Surgeon. Salary, £80, with board and residence. Address the Chairman of the Medical Board.

West Riding Asylum. Clinical Assistant. Board, residence, and instruction in return for services. Address Dr. Crichton Browne, Wakefield.

Landport Union, Somerset. Medical Officer for the Babcoay District. Salary, £27, with fees extra. Apply to the Clerk of the Union.

APPOINTMENTS.

BALLEWEN, J. M'N., M.D., L.F.P. & S. Glas. Medical Officer of Health for the Upper Sedgley Urban Sanitary District.

BARBER, S., M.D., L.R.C.P. Physician to the Asylum for the Blind, Brighton.

CARRÉ, F., F.R.C.S.I., L.K.Q.C.P.I. Consulting and Visiting Physician to the Donegal District Lunatic Asylum, Medical Officer to the Fever Hospital, and Medical Attendant to the Royal Irish Constabulary, Letterkenny.

DRAPER, W., M.B.C.S.E., L.M., a Surgeon to the York Dispensary.

DUDLEY, F. J. R., M.R.C.S.E., Medical Officer for No. 3 District of the Ashton-under-Lyne Union.

FRENCH, J. G., M.R.C.S.E., a Medical Officer to the Wells, Somersetshire, Cottage Hospital.

FRYER, C., L.K.Q.C.P.I., L.M., Medical Officer for the Sherburn District of the Scarborough Union.

HARRIS, Dr. S. J., Assistant Surgeon to the London Provident Surgical Appliance Society.

HEASTIE, Mr., of Wolverhampton, Assistant to the House Surgeon and Dispenser, Staffordshire General Infirmary.

KERR, A. T. H., L.R.C.S.I., Resident Assistant Surgeon to the Amalgamated Friendly Societies' Provident Dispensary, Preston.

LIVETT, H. W., L.R.C.P.Ed., M.R.C.S.E., a Medical Officer to the Wells, Somersetshire, Cottage Hospital.

LYON, J. G., M.A., M.D., L.R.C.S.Ed., Dispensary Surgeon to the Western Infirmary, Glasgow.

PURNELL, R., M.D., M.R.C.S.E., a Medical Officer to the Wells, Somersetshire, Cottage Hospital.

WATTS, A. N., L.R.C.P.Ed., L.M., M.R.C.S.E., Medical Officer for the Sharnbrook District of the Bedford Union.

Marriage.

WILKINSON—ALLEN.—On the 16th inst., at St. Mary's, Lambeth, London, Hubert Henry Birkett Wilkinson, L.R.C.P., L.R.C.S., L.M., of Botherham, Yorkshire, to Mary Agnes Cecilia, only daughter of the late Captain James Allen, R.N., of Jersey.

Deaths.

DR. NEORI.—On the 8th Feb., Athenodore De Nègri, M.B., of Belisle Road, St. John's Wood, aged 35.

DRAKE.—On the 14th Feb., Thomas Drake, M.R.C.S.E., of Richmond, Surrey, aged 69.

MARTINDALE.—On the 13th Feb., Wm. Martindale, M.D., of Holland Road, Kensington.

MERRYWEATHER.—On the 11th Feb., at Colville Road, Baywater (suddenly, from a spasm of the heart), Philip Edward Collins Merryweather, M.R.C.S.E., aged 49.

NICOLSON.—On the 9th Feb., at Forest Hill, Charles Patrick Nicolson, M.A., M.B., F.S.C., aged 51.

NORTON.—On the 16th Feb., Edward Norton, M.R.C.S.E., of Upper Baker Street, aged 65.

WHIDBORNE.—On the 13th Feb., G. F. Whidborne, L.R.C.P.Ed., of Ketter, aged 66.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 3, 1875.

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Original Communications.

A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery Royal College of Surgeons in Ireland.

LECTURE IX. (continued).

THE DEFORMITIES OF THE UPPER EXTREMITY.

DEFORMITIES OF THE FORE-ARM.

These may arise from derangement of the osseous and muscular system in this situation.

Ossous.—The ulna and radius in a constitution that suffers from rickets are found frequently considerably bent or bowed; in fact, the bending owing to rickets is generally seen in the first instance in these bones before any other bone in the body becomes bent from the disease, very likely because children crawl about on their hands and knees before they can walk, and the superincumbent weight of the upper half of the body is more or less supported by these bones. In very early infancy, when these bones are bowed, they can be easily straightened when moderate force is applied. I have frequently straightened bones in this manner; they do not break, but are so flexible that they will bend like a green stick, and a splint being applied to prevent the bones returning to their abnormal position, and proper constitutional remedies administered to correct the deficiency of the lime salts required for rendering the bones more stable.

I had a case a short time ago under my care, an infant three months old, that was brought to me by a lady, who stated that the child when born was noticed to have

something irregular about its hands and fore-arms, and the bones in both fore-arms were so twisted as to resemble what is termed a *club-hand*, that is, the hand and wrist appeared as if it were twisted round twice. A curious fact about the child was that it had but four fingers on each hand, the thumb in each being absent. In that case I forcibly twisted the hands in the opposite direction until I got them straight, and then applied a straight light metallic splint, and the last time I saw the case it was doing remarkably well. Debility of the muscles in the fore-arm frequently arises from the various forms of paralysis, and also from the introduction of some poisonous mineral, such as the deformity that is called *lead palsy*. For such cases a variety of mechanical instruments have been suggested and used very largely by M. Duchenne, such as Figs. 25, 26. Galvanism is also most useful, and various gymnastic exercises enforced for the purpose of coaxing the paralysed flexors and extensors into healthy action; the muscles are frequently found flaccid, small, and ill-developed, owing to want of use.

DEFORMITIES OF THE WRIST AND FINGERS.

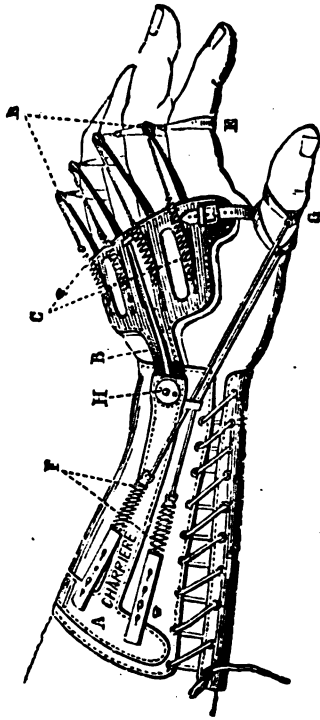
These may be considered under three heads—viz., Accident, Disease, and Debility.

Before mentioning in detail the various deformities under the above heads, I should mention that congenital dislocation of the bones constituting the wrist-joint is occasionally met with. Mr. Adams, of Dublin, records thirteen cases, and Cruveilhier has also seen such cases. I saw such a case a short time ago in a baby, where there was dislocation of both bones backwards, producing great deformity, giving the hand a very clubbed and abnormal-looking appearance.

From Accident.—Comprise a great number of deformities affecting the utility of the wrist-joint, hand, and fingers in a variety of ways. I have seen much deformity produced by the healing of wounds caused by gashes of chisels, cutting some of the flexor tendons, passing the hand through a pane of glass, hand caught between two rollers, and other machinery accidents, the bursting of guns, and other explosive materials, and in some cases frightful deformity is produced by burns and scalds, contraction of

the various tendons passing underneath the anterior and posterior annular ligaments, in such cases division by

FIG. 25.

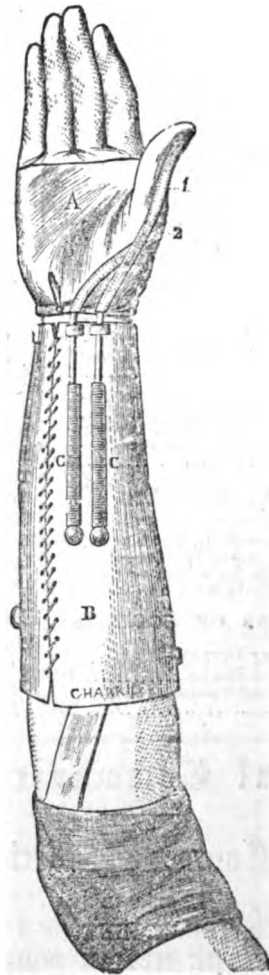


Mechanical Appliance for remedying Paralysis of the Extensor Muscles of the Hand.

tenotomy sometimes gives great relief. Much can be done and much deformity prevented if care is taken to keep the hand in a useful position by splints and appliances during the healing of such injuries implicating the hand and wrist; and, again, gentle passive motion and manipulation should be frequently set up at stated intervals to prevent the various carpal and phalangeal articulations from becoming stiff and ankylosed. Contraction of one finger or more may occur, so much so that it becomes so contracted as to oppose all efforts to extend it, and for the relief of which we have many ingenious appliances at our disposal—appliances made with india-rubber bands, to simulate the action of the muscles. In some cases patients frequently ask to have the contraction of the fingers divided with a tenotome, and I invariably refuse to do so, unless I see a reasonable hope of improving the case, because if you divide the flexor contraction the finger may become straight, but it will then remain constantly extended, which is more noticeable than if it were partly bent. Constant and gentle traction, assisted by some simple mechanical instrument, I find in many cases to succeed in improving such a deformity.

From Disease.—The wrist-joint is a most common situation for the various forms of inflammatory affections ending in derangement of the articulation, and these inflammatory affections may be either specific, such as scrofulous, syphilitic, or rheumatic; or non-specific, such as simple acute arthritis; all, however, very often affect this articulation, leaving more or less impairment after subsidence of the inflammation. These affections, as a matter of course, are treated in precisely the same way as other inflammations, and any operative measures should be well considered before putting them into effect. Much can be done through constitutional remedies, by strong and antidotal tonics. Chronic rheumatic arthritis frequently affects the joints of the wrist and fingers, and distorts the hand and fingers considerably. In some cases chalk stones are

FIG. 26.

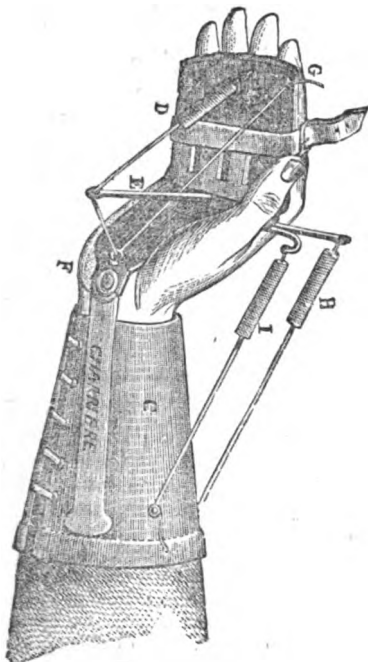


Mechanical Appliance for remedying Paralysis of Flexor Muscles of Fore-arm and Hand.

deposited outside each articulation, producing excessive pain, and destroying the joint completely. Neglected whitlow very frequently ends in much deformity, contraction of fingers, impairment and total destruction of joints; and in a working man I have frequently had to remove entirely the contracted fingers as it was in the way, and prevented the complete action of the other fingers. Enchondromatous tumours frequently affect the metacarpal and phalangeal bones, and produce ugly tumours of different sizes; these are benign cartilaginous growths, and can be removed by operation with the greatest ease. Any form of disease affecting any of the carpal, metacarpal, or phalangeal joints is frequently attended with great deformity in the way of swelling and chronic thickening, and hypertrophy, resulting in more or less impairment. *Synovial tumours* are frequently seen in the region of the wrist, and are quite independent of the radio-carpal articulation; they are separate and independant cysts, or enlargements of the various bursæ that are placed round the wrist-joint, placed and attached to the tendons. The synovial cysts called ganglions are very often seen on the back of the wrist and carpus. These small tumours vary in size from a hazel-nut to a pigeon's egg, are, as a general rule, unaccompanied by much pain, are slow in their growth, and contain a clear white of egg kind of sticky tenacious fluid. When talking of ganglions about the ankle-joint, I enumerated all the treatments recommended. There is also a morbid condition of the synovial bursæ of the flexor ten-

dons in front of the wrist-joint. This enlargement sometimes attains a great size, and begins underneath the anterior annular ligament; it goes on increasing, and the fluid simulates synovia as close as possible; this cyst frequently contains a great number of small little pippin-shaped bodies, some indeed the size of wheat or rice, and likened by some to melon-seeds, but are subject to much variety in shape, size, and colour. There is much difference of opinion as regards their origin: Sir Benjamin Brodie believed them to be caused by coagulated lymph which

FIG. 27.



Mechanical Appliance for remedying Muscular Cramps in Fore-arm, Wrist, and Fingers.

was effused in the early inflammatory stages of the disease. The wrist and hand are often liable to be affected with malignant tumours, and, as I mentioned before, by scrofulous and syphilitic derangement of the bones, which may commence like osteitis. After inflammatory action has continued for a lengthened period the hand becomes greatly deformed, so much so in some advanced cases that the outline and contour becomes completely destroyed, and the fingers are all matted and webbed together in one large unhealthy-looking tumour with numerous sinuses distributed over its surface, leading into diseased bone.

VARIOUS CONTRACTIONS OF THE FINGERS.

Contraction of the palmar fascia, owing to contraction of the palmaris longus muscle, producing the various kinds of cranips which are common to the different callings of those who are in the habit of placing their fingers and hand in any peculiar position, such as the *letter stamper's cramp*, *writer's cramp*, and various other deformities common to any special calling, the little finger is found first to become contracted, then the ring and middle finger. These are difficult cases to treat, as they are generally seen in those who have been following out the peculiar trade for a considerable period, and, although with some force the finger can be nearly straightened, it is always inclined to relapse when appliances and force are removed. Again, the contractions may be divided subcutaneously by tenotomy, and is often of use. Appliances such as Fig. 27 may be also applied.

WEBBING OF THE FINGERS.

Webbing of the fingers is a deformity we sometimes

meet with as the result and consequence of an accident, or traumatic injury, the healing in of a wound or severe burn of the fingers and hand. This latter is very frequently followed by union, and considerable webbing of the fingers takes place if very great care is not taken during the healing process. To prevent union of the lateral aspect of the digits, lint, or some substance must be kept constantly interposed between to prevent such a deformity taking place. It may also occur as a congenital affection.

The treatment for such cases varies according to the extent of the union. 1. It may be divided with the knife, and allowed to granulate and heal up, having some substance constantly interposed. 2. Caustics have been used frequently for such a purpose. 3. Running a seton between the web and allowing it to ulcerate its way out. 4. Running a piece of metallic substance topped with a screw through the centre of the web, and so keeping it applied by fastening a knob on the end of the screw, and allowing this web to be broken down bit by bit. This web is constantly inclined to re-unite, owing to the close apposition of the parts.

Many other deformities and changes in the shape of the hand are seen, the effects of various diseases, such as chronic rheumatic arthritis, gouty deposit, and other forms of spasmodic contraction, as well as dislocations and fractures implicating the joints in this situation. The treatment in all depends, as a matter of course, on the exciting cause and circumstances of the case. Deformities of the wrist, hands, and fingers, arising from debility, depend on the different forms of paralysis that affect the muscular system here, as in other parts of the body; all require a certain course of constitutional remedies, as well as active local applications.

CONGENITAL MALFORMATIONS OF THE HAND AND FINGERS.

I mentioned we frequently met congenital dislocation at the radio-carpal articulation, and we find in considering the same subject that children are frequently born with one or two fingers more than the natural number. I have met with six fingers on a hand, and we also find a deficient number. I had a case, before cited, of a baby who had but four fingers on either hand, the thumbs being completely absent, not even a rudiment of such an appearance. When the digits are six or seven in number the digits in excess are always unnaturally placed, and seem to be growing from either side of the fingers; these fleshy protuberances sometimes have not any bones passing up their centre; in others rudimentary bones are present. Treatment for such depends on the circumstances of the case: mostly, however, nothing is done, but leave them alone, except in cases where these morbid growths are a great eyesore, and their position is most inconvenient; then operative measures can be resorted to. Only the other day I removed a supernumerary thumb from a baby aged six weeks. This excessive thumb grew from the base of the second phalanx, and it had all the appearance of the natural thumb, having when dissected a rudimentary bone running up its centre; the fingers and thumb on the other hand were perfectly natural. There was no history of injury, maternal impression, or otherwise, during pregnancy.

ON THE ANTECEDENTS AND TREATMENT OF TERTIARY SYPHILIS. (a)

By C. R. DRYSDALE, M.D., M.R.C.P. Lond., F.R.C.S.E., Senior Physician to the Metropolitan Free Hospital.

MR. PRESIDENT,—I shall always consider it as one of the greatest honours I have had bestowed on me that I have had the privilege of reading a paper on syphilis under your indulgent auspices. It is no small thing to treat

(a) A paper read at the Medical Society of London on the 15th February, 1875, Mr. Victor de Meric, President of the Society, in the chair.

such a subject in the presence of such an eminent pupil and life-long friend of the greatest writer on syphilis of this century, and I am fully aware of my deficiencies in entering on this essay.

Before entering upon the two points I have laid before me for consideration, as to the etiology and treatment of tertiary syphilis, I think it will perhaps be as well for me to give, in one or two paragraphs, the outline of my present creed with respect to the course of the disease before it arrives at the tertiary stage.

From all that I have seen and from all that I have read I am more and more convinced that, when contracted by a previously healthy person, either from contagion from the primary sore or from secondary lesions, the invariable primary appearance of syphilis is an ulcer, which ulcer does not appear until some little time has elapsed after the virus has entered the body. This *time of incubation* may be only a few days, or it may be many weeks in duration, but it *always* exists; and this is one of the points in which syphilis resembles measles, scarlet fever, small-pox, and vaccinia. As to the soft sore, on the other hand, it has no incubation period, and has, in my view, no clear relation at all to the redoubtable virus of syphilis. I confess to belong entirely to the party of the *Dualists*: and I know of no very serious difficulty in the question of the initial lesion of syphilis which cannot, in the vast majority of cases, be solved in a satisfactory enough manner by aid of this theory, which is the result of the labours of Bassereau and the Parisian school of the Hôpital du Midi.

Syphilis, then, like variola, has an incubation period, after which there appears at the point inoculated a slight, and frequently insignificant, ulcer, seated on a hard or parchment-like base, whilst the neighbouring lymphatic glands become hard, and very rarely suppurate.

I further believe, convinced by the experience of Mr. Jonathan Hutchinson, Drs. Ricord, Fournier, Acton, and De Meric, &c., that when mercury is given on the very appearance of the initial lesion of syphilis, which is *usually* easy enough to diagnose (although this is by no means always true), the disease seems to be sometimes cut short, and nothing more is seen of it perhaps in any form—at any rate, the eruptive stage is absent; so that, in several cases of this description where I have lately been consulted, I have given small doses of mercury or of the green iodide of mercury in daily doses for some months to prevent the appearance of the exanthem. As a rule, however, I think it is comparatively rare for practitioners to be consulted for the primary lesion of syphilis until some other symptoms have arisen, such as roseola, sore-throat, or other secondary symptoms. Syphilis, in its secondary stage, has again many points of analogy with the exanthemata. Thus fever occasionally, though, it must be confessed, rather rarely, runs high. In several cases the thermometer shows a temperature of 102° F., or even higher, at the commencement of the eruptive period. I have seen some notable instances of this high temperature in ladies who have acquired syphilis from their husbands, for delicate women like these sometimes suffer terribly from secondary syphilis, far more, as a rule, than men do.

As to the treatment of the secondary stage, I for many years treated all my patients with large doses of iodide of potassium, and must observe that I found many of these cases extremely benefited by this remedy, a statement which has often been called in question, since it is a pretty generally received opinion that iodide of potassium, although confessedly among those I agree with an excellent remedy in the tertiary stage, is not suited to the secondary or eruptive period of syphilis in any case. I think this mistake has arisen from there having been so few persons sceptical enough to ascertain for themselves how secondary syphilis behaves when untreated by mercury.

The formidable revolt against the use of mercury in all diseases, headed in this country by Dr. Hughes Bennett and Dr. Habershon, during the last twenty years, and warmly espoused by Dr. Diday, of Lyons, in certain cases of true syphilis, joined to the experiments of the school of

Christiania, Paris, and, in a few instances, in England, has had its uses in converting the blind or blunderbuss use of mercury in all kinds of unsuitable cases into an arm of precision. Even Mr. Jonathan Hutchinson and Mr. James Lane were, it seems to me, to a certain extent influenced by and indebted to that sceptical movement for the present precision of their teachings with respect to the treatment of the disease, since Mr. Hutchinson mentioned to the Admiralty Commission in 1865 that he had for some length of time treated all cases of indurated sores he had met with at the Metropolitan Free Hospital without any mercury, thus obtaining a basis of comparison on which to place his actual definite views as to the autidotal properties of mercury in this stage enunciated by him last year in the Hunterian Society of London.

It is natural that, as I am making a confession of my recent return to a faith in mercury, I should endeavour to justify myself for my long departure from that prevalent faith, and I cannot do so better than by quoting the words of Mr. James Lane (*British Medical Journal*, Dec. 12th, 1874). Speaking therein about the mercurial treatment of syphilis, he there says: "Nevertheless, I have great doubts whether, in consequence of its flagrant abuses of former times, it has not, on the whole, done infinitely more harm than good: whether, in the treatment of syphilis, it has not been a curse, rather than a blessing, to the human race. I believe that even now we are only beginning to confine its administration within its proper limits; and even now the tendency is in many quarters in the direction of non-mercurial treatment. We are greatly indebted, in my opinion (Mr. James Lane goes on to say), to the anti-mercurialists, and especially to the army surgeons in the early part of this century, amongst whom the name of Mr. Rose should stand conspicuous, for demonstrating the fact that syphilis does not necessarily require mercury for its cure, but has, like most other diseases, a natural tendency towards recovery; that the old rule of action—more syphilis, more mercury—is a mischievous delusion, arising out of the idea that without it syphilis must necessarily go on from bad to worse." No better plea in favour of scepticism with regard to the mercurial treatment of syphilis could be adduced.

Without going into details, I may say that I feel now so convinced by the arguments of Fournier and others that the proper treatment of the secondary period of syphilis, including iritis, mucous tubercles, angina, alopecia, and psoriasis, is mercury, that I am now giving small doses of grey-powder or pills of the green iodide for a prolonged period in this phase of the disease, which lasts often some eighteen months to two years. It appears to me that very small doses (for I still retain a vivid recollection of the evils caused by over-doses of mercury, and which are alluded to by Sir James Paget in his evidence before the Admiralty Commission), of two or three grains of mercury and chalk daily, or one grain of the green iodide of mercury in the twenty-four hours, may be given safely enough for a month at a time, leaving intervals of intermission from the treatment as long as the secondary group of symptoms last; and this is the practice I have followed for the last twelve months, with the view of preventing the occurrence of the dreaded tertiary stage.

With these brief and very imperfect remarks about the earlier periods of syphilis, I at once pass on to the consideration of that epoch of the disease which constitutes the great and paramount importance of that modern pestilence which is doing so much to embitter the existence of our race. Until recently, tertiary syphilis was but ill understood; nor did John Hunter seem to be aware that the poison might cause these lesions of the brain, liver, kidneys, or nervous system which are now so patent to all of us as being sometimes consequences of syphilis. We find in the tertiary period all the great lesions of syphilis, those lesions which ulcerate the skin, and even attacking the viscera, lesions which put an end to life; and by the term tertiary syphilis I mean that group of manifestations which take place a long time after the primary lesion, which are

not hereditary, and are never contagious, like the lesions of the secondary stage.

Causation of Tertiary Syphilis.—As a general rule it may be said that syphilis tends to arrive at the tertiary period; but all cases of syphilis do not exhibit tertiaries. It would then be of the greatest importance if there could be laid down some prognosis as to what cases are likely to escape them. It has been asserted by Dr. Diday that when the secondary eruption is mild and the induration of the primary lesions slight, we may expect that tertiary lesions will not appear, or be benignant in character. "Tertiary syphilis (according to Diday) ought not to be considered as one of the periods of the disease. It is a pathological condition, distinct in itself, the treatment of which and its clinical characters differentiate it sufficiently from the secondary stage. Its appearance is not due to any excess in duration of the secondary period, for a given case of syphilis may persist for three or four years in the form of secondary lesions, without, on that account, passing into the tertiary stage."

As to Dr. Diday's remark, that cases where induration of the primary lesion was slight or the secondary eruption ill-marked are likely to have no tertiary stage, my own experience has taught me to regard this as a most misleading and faulty induction from experience. Some of the worst and most fatal cases of brain disease I have witnessed, or of ulceration of the soft parts, have supervened after extremely mild secondary eruptions. Indeed, so much is this the case, that some authors have been found to adopt the opposite belief, and to assert that it is precisely these cases of primary sore which are least well-marked, and scarcely followed by any visible secondary eruption, that give serious examples of tertiaries. This view, however, I can neither confirm or reject.

There are, however, some circumstances which I believe do render the prognosis of syphilis in its early periods more grave, as to the occurrence of the tertiary stage. Among these I would enumerate, first of all, old age, then scrofula or consumptive tendencies, then drunkenness, bad living, and other lowering agencies. Numerous examples of these being antecedents of tertiary syphilis occur to my mind; and the question of sex, also, is not by any means to be left out of account, since my experience shows me that women suffer much more from tertiary syphilis than men. And, yet, granting all these as predisposing causes, who is there who has not met with grave and even fatal cases of tertiary syphilis among persons whose constitutions and general health left nothing to be desired?

We cannot prevent scrofula; old age is beyond all remedy; and the evil effects already produced by alcoholic poisoning are beyond our control: but there is another point worthy of all consideration, in the question of the causation of tertiary syphilis—I refer to the treatment made use of in the earlier stages. I will narrow the matter still further, by putting the following categorical question: Does the administration or non-administration of courses of mercury have any effect on the non-appearance of the tertiary stage?

To this very important question the replies have been most different. Dr. Diday in his "Histoire Naturelle de la Syphilis," note v., p. 271, asks whether the appearance of tertiary lesions is due to the absence of specific treatment, and says: "No, again, independent observation teaches us that that tertiary syphilis comes on as frequently after the omission as after the employment of specifics during the secondary period."

Another opinion held with tenacity by the late illustrious Mr. Syme, and by Dr. Hughes Bennett, is, that the chief cause of the occurrence of tertiary lesions is the administration of large doses of mercury in persons already poisoned and weakened by the virus of syphilis; and I confess to have held this view in a modified form for some years, until convinced by experience that tertiary syphilis comes on when all mercury is abandoned, and that frequently enough.

I am not aware that any very distinct statement of the

third opinion has been made in this country of late years, although it used formerly to be held by many practitioners of experience. That opinion is, that the main cause of tertiary lesions appearing is the omission of courses of mercury from the earlier periods of the disease.

Dr. Theophilus Ricord, however, and his illustrious pupil, Dr. Alfred Fournier, have recently been very firm in the position they have assumed as champions of prolonged courses of mercury, in every case of true syphilis, whether mild or not, coming before them, commencing from the period of the indurated sore, as the grand means of warding off tertiary syphilis altogether.

M. Ricord, in his well-known address, delivered a few years ago at the request of Mr. Acton, in the summer meeting of the British Medical Association at Birmingham, said that he gives invariably a six-months' course of small daily doses of mercury to all his syphilitic patients, following this up by another six-months' course of the iodide of potassium. If his patients will not carry out this prescription in its entirety, he bids them seek another adviser.

Dr. Alfred Fournier asserts that "the true cause of the passage of syphilis into the tertiary stage is doubtless the absence or insufficiency of treatment. Whatever certain authors have affirmed, syphilis, when neglected, has every chance of arriving at the tertiary period; and, according to daily experience, the consequences of expectation applied to syphilis are truly disastrous." ("Lectures on Tertiary Syphilis," *La France Médicale*, May 23, 1874.)

In a former series of lectures I listened to in 1871, Dr. Fournier said: "The most simple prudence obliges us to keep ourselves on guard in all cases to advise a treatment sufficient to attenuate, if possible, the effects of the diathesis in the present and for the future. . . . My intelligence refuses obstinately to comprehend how a remedy can moderate all the effects of a poison and pursue this poison through all the organs where it pleases itself to hide, can cure even successive manifestations and discrete symptoms of the diathesis, without in any part finding itself in relation and in conflict with the principle of the diathesis, and with the organic cause of these symptoms. Ninety-five cases, in one hundred in my notes, show me that syphilis, when treated, is usually benignant. Among syphilitic patients treated by mercury, not five per cent. are rudely attacked. . . . When not treated, syphilis is most dangerous, and we have too often to remark on our patients the evil effects of expectation in syphilis." ("Leçons sur la Syphilis," p. 1035.)

According to Dr. Fournier, mercury cures iritis, syphilitic psoriasis, and neuralgia, and acts on the diathesis. He alleges that syphilitic patients, when untreated by mercury, may have complete alopecia, loss of vision, and loss of the palate; whereas in patients carefully treated for many months (and he recommends intermitted courses of six weeks at a time during two years, giving ten months of small doses of mercury to all syphilitic patients as a prophylactic against tertiaries) there are only observed some superficial symptoms and slight alopecia. Relapses are slight, too, and rarely indeed do severe accidents show themselves; so that, if we count, we shall find how many more severe cases there are when mercury is not used. This was in reply to the argument of Dr. Després, who, in 1867, brought before the Société de Chirurgie of Paris long statistics of cases of tertiary syphilis, all of which had been treated by courses of mercury for their early stages by the first authorities in Paris.

(To be continued.)

By telegram we learn that Professor Willis, Jacksonian Professor of Natural and Experimental Philosophy at Cambridge, died early on Monday morning. His state for some time past has been such as to create serious apprehensions, and the duties of the chair have been performed by deputy. The venerable professor was seventy-five years of age.

Hospital Reports.

THE LONDON HOSPITAL.

(Cases under the care of Mr. HUTCHINSON.)

THE following case is of interest on account of the very extensive disease of the kidney which had evidently existed for a long time, whilst the patient continued in the enjoyment of what he regarded as his usual health.

The man was acting as an able-bodied seaman at the time the accident occurred which brought about his death, and he had never suffered from any renal symptoms. His accident was a severe one—compound fracture of the leg, yet he bore up under it for some weeks in a manner which was remarkable, considering the fact that he had little or no renal tissue left. No doubt, in the end, his death was caused by his kidneys, yet until within a day or two of his death, when delirium occurred with tendency to coma, there was no reason to suspect their disease.

The case is not by any means without its parallels, indeed, we believe it is the rule in the curious malady known as "cystic disease of the kidney" for symptoms to be wholly absent until just before the fatal termination.

The causes of cystic disease are not understood, but it is generally acknowledged that dropsy seldom occurs during its course. Both kidneys are usually affected by it, and several cases are on record in which both were totally disorganised, and which, therefore, present close parallels to the one which we now record. Mr. Hutchinson, in some clinical remarks on the case, observed that occasionally in other forms of kidney disease the same abeyance of symptoms until within a very short period of the patient's death was observed. He said that the man's case had reminded him of one which came under his observation many years ago at the York County Hospital. A maid-servant was admitted for symptoms which were supposed by a very sagacious physician to be merely hysterical. She had kept her place and done her ordinary work up to the time of her admission. Her most remarkable symptom was the liability to pass into a state of coma, and to remain for several hours in a state from which she could not be roused, and then suddenly to wake up and walk about the ward. At length, in one of these attacks, she died, and at the post-mortem the kidneys were found extremely atrophied; all trace of cortical structure had disappeared, and one of them weighed only a few drachms. This patient had never had any form of dropsy, and had been considered to enjoy fair health until about ten days before her death.

It may add to the interest of the following narrative to state that an excellent wax cast of one kidney is preserved in the London Hospital museum. It shows the organ very greatly enlarged, and wholly converted into serous cysts, many of them as large as marbles.

Compound Fracture of the Leg—Cystic Disease of the Kidneys in very advanced stage—Death in sixth week.

Alexander King, æt. 41, a seaman, was admitted into the London Hospital, under the care of Mr. Hutchinson, March 16, 1870. Five weeks previously he had been injured severely by a wave breaking over him while steering his vessel. He sustained a compound fracture of the left leg. Splints were applied by the captain of the vessel, and a pad placed over the wound. Owing to severe weather they were detained at sea on short provisions till the time of his admission. The wound was only dressed once. On admission it was found that the bones had not united, the wound was not of large size, and the leg could be placed in a fairly straight position. The tibia, however, was bare and white for some two inches above and below the wound. It was a question as to

whether amputation should not be performed at once; but it was determined to wait a little while and see whether he would improve with good diet and attention to cleanliness. His temperature was 99°0', and his pulse 120, and feeble. His tongue was clean, but tremulous, and though he spoke with energy he did not seem in a favourable condition for any operation to be performed. In the evening his temperature was 102·7°, his pulse 148, and his respirations 18. He had had no rigor. During the next few days there was some improvement in the condition of the wound. The soft parts were becoming adherent to the bone, and the wound contracting. It seemed as if it were quite possible for the bone to necrose and separate. His temperature, however, remained high. On the 17th it was 100·4°. On the 18th, morning 99·7°, evening, 101·8°. 19th, evening 103·6°. 20th, evening 102·4°. 21st, morning 99·0°. 23rd, evening 101·3°. 27th, 101°. At this date he became delirious; every now and then he would begin to talk very incoherently and loudly about his voyage, his accident, &c. He did not actually attempt to get out of bed, but threatened to do so. His skin was sweating, and his tongue tremulous, but clean. He knew those of us whom he had seen take notice of him, and called us by name. On the 28th, in the evening, while much the same, chloral was given him, with the effect of quieting him at once, but only for a time. The doses were repeated, and his temperature sank from 100·4° to 98·4°. As he seemed weaker on the 29th however, though quiet, it was considered advisable not to continue the chloral. The delirium became of a muttering kind, his temperature rose from 98·4° while under the influence of the chloral to 101°, then 104°. Then 104·2° during the 29th, 30th, and 31st. On the 1st April he gradually became less sensible, even when spoken to, passed into a comatose condition, and died.

At the post-mortem examination, conducted by Dr. Hughlings Jackson, no changes of note occurred in any of the viscera save in the kidneys. These were in a condition of advanced cystic degeneration. The two kidneys looked exactly alike; the weight of one only was tested, it was two pounds all but an ounce. The ureters were of normal size, but contained a purulent-looking fluid. The bladder was quite healthy, and contained a quantity of moderately clear urine floating over a thicker purulent portion. On testing, a large quantity of albumen was found. The fluid in the cysts was also highly albuminous. The urethra was free from obstruction. The liver and spleen certainly contained no cysts apparent to the naked eye in section.

It is interesting to note that when the man was admitted, the question of how far his condition might be due to scurvy was discussed. His gums were somewhat spongy, and the granulations about the wound had a spongy, unhealthy look, and bled very easily. He had had no meat of any sort for a long time; since his accident he had neglected to take lemon-juice (of which there was a supply). The entire absence of any attempt at bony union was remarkable, and might have been explained on the hypothesis of his suffering from commencing scurvy. There were no extravasations. It is to be regretted that his intestinal canal was not examined after death.

When the delirium came on its nature was very doubtful, whether in connection with the accident at so remote a period (traumatic delirium), or whether due to cessation of the stimulus of rum, of which he had taken a great deal on board ship. He was, however, ordered brandy, as he preferred it, from the first. It is also worth noticing, that despite his evidently serious condition, he did eat meat, and the condition of the injured parts gave more promise of reparation. Suppuration was becoming of a more healthy character. There was no suppuration appreciable on admission. It was fully intended that amputation should be performed if his state warranted it. The very suspicion of scurvy in the first instance was a reason for delay.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, FEBRUARY 15.

VICTOR DE MERIC, Esq., F.R.C.S., President, in the Chair.

DR. HABERSHON read a paper on

OBSURE ABDOMINAL DISEASE.

The author related three cases which had been brought before his notice. The first was one of tuberculosis, ulceration of the cæcum, with perforation and an abscess passing upwards towards the ascending colon. The patient was a man aged fifty-four, who had suffered from double hernia. The disease was regarded at first as hepatic abscess. The man became rapidly emaciated, and died from exhaustion at Guy's Hospital. The post-mortem showed old pleuritic effusion and tuberculous patches in the small intestine; the cæcum was perforated near its base, corresponding with an abscess extending to the under surface of the liver; there were two old hydatid cysts in the liver, the outer walls of the cysts being calcareous; the mesenteric glands were enlarged, the kidneys fatty, and the spleen healthy. The second case was one of inflammation of the colon from the presence of cherry or plum stones, followed by perforation and ulceration. The patient was a man aged forty-nine, who complained of pain below the liver, in which situation a lobular swelling could be detected, separated with difficulty from the liver. The autopsy showed a large portion of the liver adherent to the abdominal wall, and a cavity in the peritoneum containing four plum stones and the kernel of another, which had evidently lodged years ago in the colon, gradually producing perforation. The cæcum was most firmly adherent at the under surface of the liver. The third was a well-marked case of leucocytæmia complicated with hydatid of the kidney, and subsequently with severe epistaxis. After death the sinuses of the dura mater were found to be filled with a green pus-like fluid, as also the veins of the choroid plexus and the tympanum; the lungs were healthy; the tissues in the posterior mediastinum were infiltrated with pus; the heart was not fatty, but full of clots; the liver weighed 97 ounces, and the spleen 102 ounces; the right kidney was enlarged, and the left contained the hydatid cyst; the left ureter contained a calculus, another being found in the bladder. Dr. Habershon remarked on the fatal epistaxis which took place in this case, which was followed by a vigorous and interesting discussion and Dr. Habershon's response.

Dr. C. R. DRYSDALE then read a paper on

THE ANTECEDENTS AND TREATMENT OF TERTIARY SYPHILIS, which will be found at page 179.

EARLY IRISH MEDICAL LITERATURE.

An interesting communication on this subject has recently appeared in the *Irish Builder*, which is well worthy of notice in our columns.

A knowledge of Greek and Roman practice in the healing art appears to have been known at a very early period in the history of this country. Though it may not be known to our English professional brethren or the general public, numerous MS. tracts are still in existence which prove that among the class of men who followed the healing art in Ireland, in early times, were men who could favourably compare with those of any other nation.

In 1794 Dr. Samuel Crumpe, M.D., of Limerick, a well-known popular medical practitioner, a member of the Royal Irish Academy, and an author of some note in his day, drew attention in the *Anthologia Hibernica* to "A manuscript copy of the 'Aphorisms of Hippocrates, and an Irish Commentary thereon.'" Dr. Crumpe said that his learned friend, Dr. Sylvester O'Halloran, author of a *History of Ireland* and other works, mentioned to

him that he was in possession of an Irish manuscript of the "Aphorisms" alluded to. Dr. Crumpe describes this MS. work as executed on thick vellum, and the manuscript containing two different performances, both imperfect, and each evidently written by a different hand. He describes one as composed of extracts from the *Coacæ Prænotiones* and *Prognostics* of Hippocrates, to each of which was annexed a long Irish commentary which he said he could find no person able to translate. The other consisted of some of the Aphorisms of the same author with a similar concomitant commentary.

The commentaries are described in general very long, and the one published by Dr. Crumpe in the *Anthologia* in Irish type is described to be an uncommonly short one. In his opinion the translation of the Greek was tame, and in some places ungrammatical, and in general as closely literal as the different idioms of the two languages would allow. With the Irish commentary Dr. Crumpe confessed that he was entirely unacquainted, and left it to others to determine the age and the probable author of the MS. work.

Shortly afterwards Mr. Theophilus O'Flanagan, of Trinity College—"a novice in medicine" at that time, but possessing an acquaintance with the Irish language—undertook to set Dr. Crumpe and the public right on the subject. In his communication to the *Anthologia* he begins first by giving a translation of the Irish Commentary, but, from "motives of delicacy," he gives it in Latin. It may be worth reproducing this translation now, not from its medical value, but from the historical interest attaching to it:—"Etenim quod hic indicatur, hoc est. Si Mulier, dum gravida, febre corripitur acuta, mortale erit. Hoc etiam de aliis in universum acutis morbis intelligitur, uti sunt morbi Tetanus et Apoplexia: Hi enim morbi existunt interdum sine febre, aliquando etiam febre comitante. Cum autem febris comitatur, melius est mitem adhibere diætam, uti febris requirit; si autem hoc factum sit fœtus occidetur, et etiam si diæta tunc temporis datur, febris causa quoque augebitur, et fœta et lætus occidentur. Et indicatur itidem quod, si fieri possit, bonum fuerit eorum alterutrum legitimis sanari diætis."

This is a very literal translation of the Irish into the Latin. On consulting some editions of the Aphorisms, Mr. O'Flanagan said he met no comment bearing an equal similarity to that in question with one of Heurnius, published in 1611.

There appear to have been many copies of comments on the works of Hippocrates, Galen, and others, and we believe that among the MSS. of Trinity College they will be still found with other long-unnoticed medical tracts.

Writing in 1794, Mr. O'Flanagan said that there was formerly in the hands of Dr. M'Mahon, of Tureen, in the County Clare (father of the once celebrated Thomas O'Brien M'Mahon), a very curious medical tract entitled "Lilium Medicinæ" (an "Irish book with a Latin title," as someone has expressed it), transcribed at Montpellier in the beginning of the eighteenth century. The first association of the faculty at Montpellier is claimed for a society of Irish physicians.

Mr. O'Flanagan had no doubt as to the genuine and direct originality of Dr. Crumpe's manuscript, or that it was by a practitioner; but as to whether an empiric monk or mere regular adept, he thinks it was the latter, as this country had physicians in abundance, and they formed a separate and distinct order of men in the State, as they do at the present day. The date of the work would answer any period from the seventh or eighth century down to the suppression of the Irish language by English acts, and the consequent neglect of native literature.

A perusal of "Cormac's Glossary," a translation of which has been given by the late Dr. O'Donovan, ought to convince any sceptic that the state of learning in Ireland long previous to the tenth century was very advanced indeed, and that the medical as well as legal knowledge of Irishmen was not only commendable, but remarkable.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 3, 1875.

THE DUBLIN HOSPITAL SUNDAY DISTRIBUTION.—III.

IN our two preceding articles on this subject we endeavoured to show that the system adopted for the distribution in '74, and re-enacted for this year, is partial and inequitable, and very far from being calculated to attain the largest result in the way of medical relief of the destitute poor which the donors of the Hospital Sunday Fund are entitled to receive. We sustained this proposition on the ground—*firstly*, that by the unfair advantage given to "subscription" hospitals, that class of institution had received and would receive an utterly disproportionate share of the Fund; *secondly*, that the Fund was not distributed to those hospitals which afforded the largest amount of medical relief to the poor, or apportioned in ratio of the amount of useful work done by each hospital, but was, on the contrary, lavished on hospitals which did little, to the neglect and injury of those institutions which bore "the burthen and heat of the day."

We called attention to the fact, as shown by the Council's Report, that though the City of Dublin Hospital got credit for no extern accidents at all, nor any extern midwifery cases, yet it received £408 for its "work done," while Mercer's, which presented a record of 2,182 extern accidents, received only £141, Steevens', with its 1,466 accidents and 105 extern midwifery cases, only £114, and Sir Patrick Dun's, with 624 accidents and 523 extern midwifery cases, only £88.

For their vast work amongst the extra-hospital poor

Mercer's only received credit for 2·18 beds, Steevens' 1·67 beds, and Sir Patrick Dun's 1·68 beds. In fact, as we have before said, as far as participation in the Fund goes, these hospitals would have been just as well without their extern departments.

We proceed now to establish—if we may do so to the satisfaction of our readers—that the system of distribution has failed to take cognisance of the question of the economic administration of the hospitals which are subsidised from the Sunday Fund. As we stated in the first instance, "our principal object in calling attention to the subject is, however, to protest against a system of distribution which takes little or no cognisance whether an hospital is administered with careful economy or with gross extravagance, which, in other words, takes no care that the Hospital Fund shall go to the sick poor rather than to unnecessary salaried officials. We maintain that the first duty of the Council is to see that the money shall produce the maximum amount of relief to the destitute sick themselves, and that the least proportion of it shall be applied to objects which afford them little or no benefit; when we tell our readers that in some of the hospitals which received a considerable share in the Fund more than three-fourths of the money goes in establishment expenses (the gain from which is hypothetical)."

This is a statement which, if true, is certainly deserving of the earnest attention, not only of those who distribute the Fund, but of everyone who contributes to it, and it touches so nearly the propriety of the entire Hospital Sunday movement that, if untrue, it ought to be immediately refuted. . . . That our readers may satisfy themselves as to our justification for it, we reprint here the statistical statement of the cost of various hospitals, furnished partly by the report of the Dublin Hospital Board to Parliament, and partly by the returns of the Hospital Fund Council. The following table gives the

AVERAGE COST PER BED FOR MAINTENANCE AND FOR ESTABLISHMENT.

NAME OF HOSPITAL.	Average daily number of Beds occupied throughout the year.	Average annual cost per Bed for Maintenance.		Average annual cost per Bed for Establishment, exclusive of buildings and furnishing such buildings.		Average annual cost per Bed for Maintenance and for Establishment exclusive of buildings and furnishing such buildings.	
		£	s. d.	£	s. d.	£	s. d.
Westmoreland Lock	56·71	12	1 6½	29	8 11½	41	10 6
Steevens's	125·81	23	0 7	17	16 7½	40	17 2½
Meath	90·07	21	15 9½	16	1 4½	37	17 2½
Cork Street	41·75	23	7 11	65	4 11½	88	12 10½
House of Industry	138·63	17	1 0½	34	15 11½	51	17 0
Rotundo Lying-in	43·20	22	0 10	46	9 3½	68	10 1½
Coombe do.	17·56	16	11 6½	49	10 4	66	1 10½
Incurables	152·08	20	13 11½	8	6 6½	29	0 6½
St. Mark's	16·43	18	3 0½	19	17 7	38	0 7½
UNSUBSIDISED HOSPITALS.		Average cost for both per bed.					
		£		s. d.			
Sir Patrick Dun's	43·01	70	0 0			—	
City of Dublin	53·04	46	9 2			—	
Mercer's	48·00	43	19 3			—	

* Maintenance comprises provisions, groceries, alcoholic stimulants, drugs, leeches, surgical instruments, medical appliances, and clothing of patients.
 † Establishment charges include salaries of officers, wages of servants, rations of officers and servants, clothing of servants, rent, taxes, insurance, soap, candles, fuel, gas-light, furniture, repairs, straw, bedding, utensils, buildings, and furnishing such buildings, stationery, printing, advertising, burials, coffins, pensions, incidentals, and laundry expenses.

What does this table teach us? It shows us beyond a doubt that, excluding the special institutions, such as the Lock, the Incurables, the Lying-in, and the Ophthalmic Hospitals, it costs nearly £90 in Cork Street Fever Hospital, and £70 in Sir Patrick Dun's, to do the same work which is done in the Meath for £37, in Steevens' for £40, in Mercer's for £44, and in the City of Dublin for £46. We ask, is this a comparison which should have been ignored by the Distribution Committee in the past year, and should be thought unworthy of notice in the coming allocation of the fund? It is by these statistics placed beyond dispute that the Hospital Fund can practically maintain two beds in the Meath, Steevens', Mercer's, or the City of Dublin, for one which it can keep up in Cork Street, or in Sir Patrick Dun's—in other words, that every £1 given to these latter institutions does as much work as £2 allocated to the more expensive hospitals.

But it has been said that to assess the share of the fund to each hospital in proportion to the economy of its working would be "to put a premium on the starvation of the patient." Let us see whether the foregoing table justifies such a statement. An appeal to its figures will satisfy us that there is no truth whatever in the insinuation that in the cheaper hospitals the patient is restricted either in the quality or quantity of his food, drink, or medical comforts. Let us remember that Cork Street, being a fever hospital, is supposed to be lavish in its expenditure upon wine, eggs, brandy, and the most expensive forms of nutriment; yet out of the £88 which the bed costs, only £23 is absorbed by the patient, while the Meath is able to afford to give him or her £21 out of £37, and Steevens' £23 out of £40. It is thus evident that the patient is just as well provided for in either of these hospitals as in Cork Street or Sir Patrick Dun's, although the actual maintenance of the bed is only one-half.

To establish this fact more perfectly we append the full diet scale of Cork Street and Mercer's Hospital, and we ask our readers to judge whether the patient does not fare quite as well in the bed which costs £43 as in that which costs £88.

FULL DIET SCALE.

		<i>Cork Street Hospital.</i>	
BREAKFAST...	{	Half-a-pound bread,	
		Three-quarters pint tea.	
DINNER ...	{	Half-a-pound bread,	
		Half-a-pound boiled beef without bone,	
		One pint broth.	
SUPPER ...	{	One pint flummery, or rice,	
		Two-thirds pint new milk.	
		<i>Mercer's Hospital.</i>	
BREAKFAST...	{	Half-a-pound bread,	
		Three-quarters pint tea.	
DINNER ...	{	Half-a-pound bread, or	
		One pound potatoes,	
		Half-a-pound boiled beef, with	
		Three-quarters pint broth.	
SUPPER ...	{	Quarter-pound bread,	
		Three-quarters pint tea.	
ON FRIDAY...	{	Six ounces bread,	
		Three-quarters pint gruel, instead of	
		potatoes, beef, &c.	

But if our readers be puzzled by these statistics, he has not far to look for where the balance of the £88 or the £70 goes.

The table we have printed above will show them that the "establishment" costs in Cork Street £65 per bed, and in the Coombe £50, while in Steevens' it costs £17, and in the Meath £16. The foot-note to the table explains what is meant by establishment; but as our readers can imperfectly comprehend the real causes of this monstrous extravagance of administration we reproduce another table, which gives the—

CHIEF HEADS OF EXPENDITURE OF EACH HOSPITAL.

NAME OF HOSPITAL.	MAINTENANCE.				ESTABLISHMENT.						
	Provisions.	Drugs and Leeches.	Surgical Instruments and other Medical and Surgical Appliances.	Total Maintenance.	Salaries of Officers.	Wages of Servants.	Rations and Clothing of Officers and Servants.	Rent, Taxes, and Insurance.	Buildings, and Furnishing such Buildings.	Total Establishment.	Total Expenditure.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£	£	£ s. d.	£ s. d.	£ s. d.	£	£
Westmoreland Lock.	462 9 6	89 12 7	14 19 8	684 17 6	826	214	98 16 6	24 14 9	78 8 9	1,746	*2,431
Steevens's.	1,901 1 4	456 2 11	114 18 10	2,897 5 10	623	449	—	8 1 10	374 12 7	2,618	5,515
Meath.	1,430 14 8	257 6 9	49 13 8	1,962 12 10	255	438	—	17 8 2	886 11 5	2,333	4,296
Cork Street.	522 5 3	121 14 0	31 15 4	975 15 5	682	442	397 16 0	116 8 11	—	2,724	3,700
House of Industry.	1,871 8 11	353 13 9	254 17 11	2,323 18 0	1,195	574	1,077 9 2	394 5 9	730 8 5	5,554	17,918
Rotunda Lying-in.	793 16 2	89 9 6	20 11 1	952 8 6	198	27	425 12 3	22 7 0	441 5 7	2,448	3,400
Coombe do.	175 15 2	63 19 1	32 7 4	291 1 9	392	219	—	40 8 8	1,412 8 7	2,221	2,872
Incurables.	2,328 16 10	116 14 7	—	3,147 17 8	353	234	—	59 18 5	100 15 2	1,367	4,515
St. Mark's.	208 5 9	60 15 11	0 17 0	298 4 3	100	69	—	21 15 5	—	526	624
UNSUBSIDISED HOSPITALS.				13,574 16 11					4,022 4 9	21,401	34,975
Sir Patrick Dun's.	1,168 16 4	266 12 11	50 12 6	1,461 19 0	300	310	—	148 18 0	115 1 4	1,466	3,128
City of Dublin.	818 18 5	124 12 1	64 13 0	1,089 11 11	292	203	—	69 19 5	294 6	1,374	2,464
Mercer's.	889 19 6	194 16 0	13 11 2	1,219 6 8	—	322	—	187 5 2	173 0	986	2,206

* There was, by balance, indebted to Treasurer, on the 31st March, 1873, £236 19s. 6d. The expenditure of £2,431 5s. 6d. includes £494 17s. 1d., properly belonging to year 1872-73, but paid out of income for 1873-74.

† In addition there was by balance indebted, on 31st March, 1873, £276 9s. 1d.

It will be observed that it costs in Cork Street over £650 for officers (exclusive of nurses) to distribute £976 amongst the patients, and to keep working 41 beds, and in the Coombe actually £400 to distribute £291 amongst 17.

beds, while Steevens' is able to administer 126 beds at a cost of nearly £3,000 a year at an expense for officers of £520.

Let our readers may need further information as to the relative amount of work done by these institutions, we append one more table of the

ACCOMMODATION OF EACH INSTITUTION WHICH RECEIVES GOVERNMENT GRANT.

NAME OF HOSPITAL.	NUMBER OF PATIENTS.				PRESENT BED ACCOMMODATION FOR								
	Total Patients under treatment in the year.	Average daily number of Beds occupied through the year.	Average number of Days spent in Hospital by each under treatment.	Mortality per cent. on the total treated to a termination.	Fever Patients.	Other Medical Patients.	Surgical Patients.	Syphilitic and Gonorrhoeal Patients.	Lying-in Hospital Patients.	Incurable Patients.	Ophthalmic Patients.	Total Bed accommodation.	
Westmoreland Lock	797	56·71	25·97	1·22	—	—	—	150	—	—	—	150	
Steevens' Meath :	2,239	125·81	20·50	2·38	20	54	140	15	—	—	—	230	
Infirmaries	1,299	90·07	25·31	6·71	36	30	51	—	—	—	—	117	
Fever.													
Cork Street Fever	874	41·75	17·43	7·98	120	—	—	—	—	—	—	120	
House of Industry :													
Hardwicks	719	36·19	18·37	13·61	120	—	—	—	—	—	—	120	
Whitworth.	711	43·46	22·31	10·17	—	82	—	—	—	—	—	82	
Richmond .	1,022	58·98	21·06	1·79	—	—	120	—	—	—	—	120	
Rotunda Lying-in :* Labour Wards	1,206	30·47	9·22	1·53	—	—	—	—	117	—	—	117	
Chronic do.	286	12·73	16·25	2·21	—	—	—	—	—	15	—	15	
Coombe Lying-in :* Labour Wards	366	10·05	9·01	1·38	—	—	—	—	30	—	—	30	
Chronic do.	51	7·51	53·75	7·14	—	—	—	—	—	9	—	9	
Incurables	206	152·08	269·46	80·00	—	—	—	—	—	160	—	160	
St. Mark's	433	16·43	13·85	0·24	—	—	—	—	—	—	36	36	
Total	10,209	682·24	—	—	296	166	312	165	147	24	160	36	1,306

* 137 patients from the Rotundo and 41 from the Coombe discharged not in labour.

Do the Distribution Committee or the public realise what these facts signify ?

Of every pound given by the Hospital Council, the establishment charges absorb (exclusive of buildings).

	s.	d.	s.	d.
In Cork Street, about	13	0,	and maintenance about	7 0
" Coombe Hosp. "	13	6, "	" " "	6 6
" Rotundo "	10	6, "	" " "	9 6
" Steevens' "	5	0, "	" " "	15 0
" Meath "	4	6, "	" " "	15 6

If we turn to the statistics furnished to the Hospital Council we derive information on this point in greater detail. We find a heading of "salaries and wages" in the column of expenses of maintenance, which we take to mean nurses' and servants' wages and matrons' salary, and that of the medical officers, in cases in which any of them are paid. In Cork Street Hospital this item absorbs £940 a year, with 41 beds and no extern department ; while the next highest expenditure for this department is at Steevens' (£438) with 126 beds, a large dispensary, and an extern maternity, and the City of Dublin, with its 53 beds, only costs £263 for "salaries and wages." But this £940 is far from representing the expenditure on officials in Cork Street. for we find under the column devoted to "Management" that £682 more goes to salaries in this hospital and the Coombe, which can only afford £185 to feed its patients and maintains only 17 beds, pays £388 to its officers, while Mercer's with its 48 beds, pays only £322

for all salaries and wages, whether connected with maintenance or management.

Is it unreasonable in us, speaking for the public and for those who are doing all that in them lies to apply their hospital income to the best advantage of the patient, to complain that the Hospital Council has blindly paid over its pounds to Cork Street, and other extravagantly managed hospitals, and has omitted to give any credit whatever for Economy of Administration ? That last phrase signifies more beds maintained, more patients relieved, and more good done with the grant, and the Council, in refusing to look to this side of the question, have to some extent vitiated the results which the benevolent had hoped to attain.

Having felt ourselves called upon to condemn in strong terms the system of distribution, and to declare that it is neither equitable nor efficient, we trust we shall not be understood as desiring either to discourage the Hospital Sunday movement or to disparage the benevolent services of those gentlemen who have devoted so much energy to carrying it into effect. When the suggestion for such an effort was made some years ago by Dr. Henry Eames, we were glad to lend every influence in our power in its favour, and we have always regretted that so noble a movement should have been impeded as it has been. We trust that what we have said will be accepted not as a declaration of hostility, but as warning to the Council not

to be led by the voice of anyone, but to investigate for themselves the truth of our statements, and, if our complaints seem reasonable, to act upon our suggestions. Nothing will tend to establish the movement on a firm basis, or to stimulate the public charity so much as the knowledge that every shilling given to the Fund produces the utmost value to the sick poor which it can possibly be expected to yield.

THE WORKHOUSE AS A SCHOOL OF MORALITY.

It is nothing new to social science inquirers to be made aware that our workhouse system, though a necessary and important means of relief to the destitute, is in some respects the subject of gross abuses and the mother of great evils. Not the least amongst these evils is the maintenance in idleness of the worst class of women, who not only prey in large numbers upon the State charity, but are the means of polluting the minds of those whom destitution may drive to seek shelter in the union. We have, in a recent report of the Enniscorthy Police Sessions, an evidence of the depth of degradation to which such wretches may fall, for we find them prosecuted for robbing their own children of the too scanty nourishment which the workhouse affords them. Four women were summoned by the guardians "for that they, at Enniscorthy workhouse, having the care and custody of their children, under the ages of four years, did then wilfully, maliciously, and unlawfully refuse and neglect to give their children necessary food, to wit, sweet milk, found and proved by the complainants, and entrusted to the defendants for the nourishment, maintenance, and support of their children, whereby the health of the children was injured; and on a second charge, for stealing the milk of complainants."

It was sworn by one of the witnesses that eighteen days ago she saw the three last-named defendants with a bottle containing the milk which was supplied to them for the use of the children, and they churning it by shaking it until butter came on it; that they then took it off and used it, giving some also to their children.

The medical officer gave evidence to the effect that for some time past he observed the children of the Enniscorthy workhouse not having the healthy appearance that the food supplied to them would lead him to expect, and he now attributed their delicate appearance to the practice of their mothers churning the milk supplied for their own use, and depriving the children of their natural food.

The four women were sent for trial, and we trust will meet with the retribution which their selfish barbarity entitles them to.

MR. CROSS'S BILL.

THERE is at present arising throughout England a most laudable persuasion on the part of the richer and better-educated section of the community, that the lot of the labouring classes in our large hives of industry is very far from being satisfactory. Pauperism is excessively common, and drunkenness lamentably frequent. England, too, is, in comparison with Ireland, in a most perilous position with respect to the way in which the poor laws are administered; there being in England a complete oblivion of the fact that out-door relief is the very best way to break down all independent feeling among the working classes, since it frequently makes the lot of the idle vagabond superior to that of the toiler, who is obliged to be continually looking about for work, whilst the lazy recipient of out-door relief sees himself and his family supported, in far too many instances, without the slightest trouble or anxiety. They do these things better in Ireland.

Mr. Cross, in introducing the Artisans' Dwellings Bill, has shown that he has taken considerable pains to make himself acquainted with the home-life of the poorest classes in our overgrown manufacturing towns. In introducing the measure, the mover of the Bill observed that, although much has been done by private enterprise to ameliorate the dwellings of the working population, accommodation has only been provided for some 30,000 persons, whilst the population in London has been increasing at the rate of 40,000 a year. He argued that the State has a bounden duty to see that the health of the community should be as high as possible, since it is not only the present generation which suffers by the miserable physical conditions in which poor people live, but unborn generations are rendered diseased and puny on account of the wretched dwellings of their parents in the present.

Mr. Cross puts it before the House of Commons that where the death-rate varies from 22½ to 24 per 1,000 in a healthy town district, to 38, 67, and even 70 in overcrowded courts and alleys of large cities, something is evidently very far wrong; and this is abundantly clear. The only question is, can any Government do much to make men live healthier lives? It was shown that in the parish of St. Giles's there were no fewer than seventy streets without any open central road, and where the houses were so constructed that dirt and disease were constantly present, so that the only way to make a change for the better in many cases would be to pull down the tenements, many of which stand on damp ground, whence arise foul air and miasmata.

Liverpool, Glasgow, and Edinburgh are all most unhealthy towns, in the crowded districts inhabited by the poorer classes, and improvements have been made in these cities of late years by driving wide streets through some of the worst quarters. But the houses which have been erected along these streets are reported to be far from being so good as they ought to be; so that, it is urged, when houses are allowed to be pulled down, care should be taken to prevent worthless and ill-built tenements taking their place.

The purpose of Mr. Cross's Bill is to make the City authorities responsible in London proper, the Board

British Army Medical Service.—List of Candidates who competed successfully for appointments in Her Majesty's British Medical Service at the Examination held at the University of London on the 15th February, 1875.

	No. of Marks.		No. of Marks.
Le Motté, G. H.	... 1,989	Mapleton, E. A.	... 1,895
Dorman, J. C.	... 1,985	O'Sullivan, D.	... 1,840
Kellaall, E. W.	... 1,980	Charlesworth, H.	... 1,805
Chester, W. L.	... 1,979	Sharpe, C. E.	... 1,615

Works for the metropolis in general, and the respective town councils of each large town responsible for carrying these schemes into effect. Not that it is intended to give these town authorities the right of imitating the *Préfet de la Seine* in making showy streets when they please; but the working of the Act is to be entrusted to the medical officer of the district, who is to be bound to report concerning any street which is deemed unhealthy. This is a great mark of confidence in the honour and prudence of the medical men of this country; and this has been nobly earned by the conduct of the members of that self-sacrificing and enlightened profession during the past twenty years.

The local authorities, on receipt of the report of the medical officer, are to satisfy themselves as to its correctness, and find out some remedy, by purchasing the ground and providing for as many of the poor inhabitants as are removed by the improvements carried out in the locality.

This is all admirable, and it will at once put a stop to the iniquitous abuses of the rights of property, which have enabled railway companies and other owners of land in cities in the past to throw out thousands of families into the streets, only to crowd into localities already far over-peopled. In future, it will evidently be necessary for any railway company to erect at least as many new houses as it intends to pull down; and thus an immense deal of unnecessary suffering to the working classes will be prevented.

In London, the scheme for compulsory purchase of the land must be submitted for the Home Secretary's approval before it is carried out. He is to pass the measure through the House of Commons, and thus the expense of a private bill will be saved. In boroughs a similar plan is to be adopted by the President of the Local Government Board, and the value of the property taken is to be determined by the English Lands Clauses Act, except where parties agree to be bound by arbitration, whilst the owner is to have the right of appeal to law when he thinks himself unfairly handled by the town councils. The town councils are to have powers granted to them to deal with the land thus acquired, and to borrow money when they need it, but the buildings are to be erected by private enterprise.

Such are the main features of Mr. Cross's Bill, and there is a great deal indeed to be said in its favour, although there are many obvious enough objections that can be at once taken to it. In the first place, it must be noted that the medical officers spoken of are elected by the vestries, and the vestrymen are often owners of property in the parish, so that the medical man will have to report to the men to whom he owes his appointment, who frequently enough will be glad to use all sort of underhand influence to make him leave out of his report tenements in which they are pecuniarily interested. It is to be feared that in many parishes such medical men who evince any great zeal in sanitary reform would generally fail to be elected to the post of medical officer of health, although, of course, some power of appeal might be granted to public medical men when worried by vestrymen with sinister interests.

Another objection to the bill is that, like many other similar bills, it may often do harm instead of good.

It is not impossible that town councils in their zeal for improvement may occasionally prevent cheap enough buildings being created, and thus drive the very poorest classes into still further over-crowding. It must always be remembered that there is a stratum of society at present in all our large towns the members of which would be very frequently compelled to sleep in the streets if the regulations laid down by some of the Health Acts passed of late years were rigorously carried out. It is in such cases questionable whether even the very high death-rates spoken of by Mr. Cross might not be raised, instead of lowered, by sudden municipal interference.

After all, alas! it must be confessed with a sigh, that the power of governments or town councils over the condition of the working classes must ever be very limited in its scope. Governments and town councils cannot make men and women industrious, or sober, or, above all, prudent; and if the working classes cannot be made less fond of alcoholic stimulants, and more prudent with regard to the size of their families, we ask, what bill is there that will ever prevent them from being over-crowded and over-worked?

At the same time, we confess that it is with a feeling of the greatest satisfaction that we observe that public attention is now pointing steadily in the direction of improving the dwellings of the poor in cities.

The condition of the poorest working classes in Liverpool, Glasgow, Edinburgh, &c., is not a whit more desirable than that of the uncivilised inhabitants of some of the most backward nations in the world. Ignorance, misery of all sorts, and disease, are constantly endemic in the wretched courts and alleys of all our manufacturing cities; and we can think of no subject so full of promise as that which discusses the causes and remedies for such frightful phenomena as these. The *religio medici* of this century has long been the turning of all resources of science towards the grand aim of lessening the sufferings and increasing the pleasures of the poor and the weak.

Notes on Current Topics.

A Homœopathic Novel.

AN anonymous author has attempted to seduce careless readers into a consideration of homœopathic principles by presenting these in the framework of a very slight novel. "We should," says the *Chemist and Druggist*, "have welcomed such an innovation with the most sincere joy, and would have swallowed the principles recklessly, if only the tale had been more artistically constructed. The notion of a man losing his sweetheart because he had embraced homœopathic doctrines is too ludicrous even to be worked into a romance, and yet it forms the skeleton of 'Dr. Lowe's Sacrifice.'" In order to make the book look like a novel a certain lot of characters are introduced, all of whom, men and women, discuss the relative merits of allopathy and homœopathy. The advocates of the former symptom of course utter the most stupid ideas, and betray a most shameful lack of

honour, both in their arguments and in their conduct. The homœopathists, on the contrary, are invariably calm, dignified, logical, and successful. In practice the system works wonders. By its aid the hero of the tale is able to cure the most hopeless diseases, to win fame and wealth, and at last to secure the heart of his once faithless *fiancée*. His foes at the same time are dispersed and confounded, and he and homœopathy triumph over all the slanders which have been circulated concerning them.

Quinine Frauds.

In a recent issue we published an extract from the *North China Herald* reporting the seizure of 80 bottles of spurious quinine which had been imported into Shanghai. From the same paper of a subsequent date the following is quoted into the *Chemist and Druggist*:—

"Another instance of importing spurious quinine came under the notice of the Customs authorities lately, the quantity being 100 one-ounce bottles, for a Chinese firm we believe. The shipment was detained on the score of false declaration, and a bottle submitted for analysis. It was at first suspected that the substance would prove to be salicine, which is a frequent adulterant and substitute for quinine, but the application of the usual test failed to indicate any trace of salicine in the sample. Quinine itself, or any of its salts, was equally undistinguishable, and subsequent examinations proved the substance to be composed entirely of muriate of cinchonine, a product of cinchona bark, the market value of which is one-fourth that of quinine, while it possesses remedial qualities analogous but less in degree to those of the valuable medicine for which it is attempted to pass it off."

Adulteration.

"MILK OF SULPHUR" has been the subject of the latest prosecutions in England, the article sold under that name being found by analysis not to be sulphur at all, but half sulphur and half plaster of Paris. The defence, as stated by a member of a wholesale drug firm, was that, during his twenty years' experience, milk of sulphur was known in the trade as an article prepared by mixing together lime, flour, sulphur, and water, and precipitated with sulphuric acid. He had never known milk of sulphur without the presence of sulphate of lime. Under the term "milk of sulphur," sulphur would not be sold without sulphate of lime in it. Precipitated sulphur was known in the trade as a distinct thing, the difference being that it was pure sulphur, and milk of sulphur was not pure sulphur. In other words, it was pleaded that if the customer asked for "precipitated" sulphur he would get the pure, but if he asked for "milk of sulphur" he would get plaster of Paris. But even this defence did not suit another chemist, who had been asked for precipitated sulphur, and, nevertheless, sold sulphate of lime. He said, in defence, that neither the borough analyst nor the court had yet recognised what was an undoubted fact, viz., that there were in commercial circles two kinds of precipitated sulphur—one of the new style and the other of the old style. He trusted that the analyst would himself admit that adulteration meant the act of corruption by admixture with a foreign article, and that being so, it would not be alleged that there had been any admixture in the present instance either by himself or by

the persons from whom he had bought the article. It was, indeed, only just to Messrs. Goodall and Backhouse for him to say that he was supplied with precisely the same article as he asked for. They inquired if he wanted the precipitated sulphur of the British Pharmacopœia of 1867, or what was ordinarily known in the trade as lac sulphuris (milk of sulphur). He of course said he wanted the latter. The terms precipitated sulphur, lac sulphuris, milk of sulphur, and milk of brimstone were synonymous under the old style, i. e., the Pharmacopœia of 1837; but the precipitated sulphur of the British Pharmacopœia of 1867 was another preparation, and was not synonymous with milk of sulphur. He then quoted from Rennie's "Supplement to the Pharmacopœia of 1837," and from Hooper's "Medical Dictionary," to show that lac sulphuris and sulphur precipitatum were then regarded as synonymous terms. He had in his shop the precipitated sulphur of the Pharmacopœia of 1867, but he should never think of supplying it when precipitated sulphur was asked for, unless the customer knew the difference between it and what commonly went by that name.

This culprit was allowed an adjournment to enable him to prove by oral evidence that when asked for precipitated sulphur in 1875 he was justified in selling the preparation which passed by that name in 1837.

The most astonishing aspect of this controversy is that in all the recriminations the unfortunate consumer is totally forgotten. We have abundant evidence that "the trade" know what they mean and what they are likely to get when they ask for milk of sulphur. Probably they have a thorough appreciation of the fact that they are buying 53 per cent. of *pounded* gypsum, but what has that got to say to the consumer, who should be supposed—in common honesty—to get what he pays for. Does he know that milk of sulphur is one half lime, or that "old style" precipitated sulphur is a different thing from "new style"? Not at all! When he asks for sulphur he means to get sulphur, and if he knew he was getting anything else he would demand the return of his money and leave the shop. However the transaction may be obscured by sophistries of the sort we have quoted, it is, intrinsically, a gross fraud perpetrated for the purpose of making money illegitimately, and it is humiliating to see the organs which represent honourable pharmacy trying to wriggle out of the necessity of looking at the matter in an honest, common-sense light.

Manual Dilatation of the Os Uteri.

DR. SINCLAIR (*Boston Med. and Surg. Journ.*, No. 5, 1875) says that from time to time various means have been resorted to in order sufficiently to dilate the uterine orifice to admit the hand into the interior of the uterus. Chief among these have been the sponge tents and the dilators of Keiller and Barnes. To the use of these instruments obstetric medicine has been and will be greatly indebted, particularly in the operation of inducing premature labour. It is evident, however, that the hand of the obstetrician as a uterine dilator may be made a more efficient means, and has claims upon our attention. The hand is always available; it can be easily governed. Whenever a sponge-tent or rubber-bag can be inserted, the finger may be introduced. The hand and the brain

of the operator being in constant sympathy, giving him the precise idea of the condition of the parts, he is enabled to regulate the force necessary to obtain dilatation. Artificial dilators frequently require manual aid to keep them *in situ*. As the skilled surgeon, in the process of certain operations, finds greater safety in the use of his fingers than of the knife, so may the obstetrician substitute his hand for artificial means as often as practicable.

He gives the case of a primipara who, on the 18th of January, 1870, being seven months pregnant, had been seized with frequent and severe convulsions for ten hours, the severity of the seizures having been alleviated by chloroform, but the attack having returned with unabated violence on leaving off the anæsthetic. She had passed no urine for twenty-four hours, and that obtained from the bladder was very albuminous. The lower extremities were much swollen, and the case was looked on as one of great danger. The induction of premature labour was advised, as it offered the greatest safety to the patient. The patient was chloroformed. The hand being oiled, a finger was passed into the orifice of the vagina, which was small, but after a time it yielded to gentle pressure, so as to admit the whole hand. In the same manner entrance to the os uteri was effected. Although the opening was at first so small as not to admit the point of the index finger, the exertion of gentle force effected an entrance. He waited until the cervix relaxed, and passed another finger, and, lastly, all the fingers, shaped like a cone. Lastly, the whole hand could be introduced into the uterus. The child was turned, and is now living. The operation took an hour and a half. The patient made a good recovery.

Male Sterility caused by Syphilis.

DR. LAROYENNE (*Lyon Méd.*, Jan. 24, 1875) says that, besides malposition of the testes, gonorrhœal orchitis, and neoplasms due to syphilis and tuberculosis, we are scarcely acquainted with, in the male, any other causes of sterility which are unaccompanied with impotence. He thinks that syphilis is another cause, syphilis without any lesion of the testes or cord, clearly to be seen at the bedside. He does not contest the frequency of abortions or of congenital syphilis arising from the father. This assuredly testifies to the persistence of the power of fecundation in the greatest number of patients who formerly were infected. But whilst taking this into account, a close observation of syphilitic fathers shows that their union is often sterile, more frequently, all things considered, than in those who have not had the disease. He speaks of tertiary syphilitic patients. The evolution of the diathesis has been manifested in them in spite of treatment or because of its insufficiency. Having had to examine, on account of their sterility, the wives of a certain number of syphilitic patients, he found five of these in whom the condition of the uterine organs was apparently quite normal. One of these ladies had been married three years, the others six, seven, twelve, and thirteen years. The epoch of the disease dated from four to ten years previous to the marriage. All the husbands had had tertiary symptoms. The examination of the semen, which is always troublesome to have brought to the practitioner, will furnish, he is convinced (why did he not try?) the direct proof of

this sterility. He would give iodide of potassium as soon as the hard chancre appears.

In the debate which followed this paper, Dr. Mollière said that Liégois had ascertained the persistence of spermatozooids in the most advanced period of cachectic diseases. Dr. Coutange mentioned a case of a young man with tertiary syphilis and one epididymis hard, and who had no children, but the semen was not examined. Dr. Jullien knew certain facts which showed that men who had children before having syphilis became sterile after infection. Dr. Laure mentioned the case of a man with cerebro-spinal syphilis who had no children.

The Adulteration Act.

THE President of the Local Government Board has issued a sealed order approving of the election of Dr. James Edmunds as Public Analyst for St. James's. The clause in the recent Adulteration Act, by which persons are only elected as public analysts subject to the approval of the Government, constitutes a most beneficial proviso, and one which is the more valuable, as officers thus approved of cannot afterwards be dismissed except with the concurrence of the central authorities. The Act says that the person chosen must be one "possessing competent medical, chemical, and microscopical knowledge," and his duties are to act "as analyst of all articles of food, drink, and drugs purchased within his district." Before the elected officer is approved of, evidence on each of these points is called for. Registerable medical and surgical diplomas seem to be accepted as evidence of the possession of competent "medical knowledge;" but it is now the practice of the Board to call for "further evidence" on each of the other points, and, in particular, for "explicit evidence" as to the candidate's knowledge of chemical science and his previous experience in laboratory work. These very stringent but obviously quite proper requirements have not always been anticipated, and several candidates have recently suffered some humiliation by their failure to meet the requirements of the Government after having been returned by a public election in their own neighbourhood. It is obvious that many very able medical men might feel this to be a difficulty, but, on the other hand, mere professional analysts would be still more at a loss to find evidence as to the possession of "competent medical knowledge." We cannot but think that the office of public analyst is a very proper appendage to the larger and more important one of medical officer of health, and we should be glad to see generally adopted the judicious resolution of the St. James's Vestry to elect only an officer competent to hold both offices jointly, though, of course, there will be many districts, not having the same choice of highly-qualified candidates, where this may not be practicable. It ought to be more generally realised by the public that there is now in every district of London a publicly paid officer who, on payment by the applicant of a nominal fee to the vestry, is bound to analyse and certify upon any sample of food, drink, and drugs that may have been purchased within his district. The Adulteration Act has done immense public service by its mere deterrent effect, while it has also been useful in punishing some of the people who not only cheat, but poison their customers. Were it necessary, however, to prove in every prosecution

that the retailer sold his adulterated goods *knowing them to be adulterated* the Act would be nullified. The sale of cocoa mixtures, of coffee mixed with chicory, of mixed mustard, and of other things which are really a convenience to the public, should be allowed on the simple condition that a label is affixed to each packet stating the ingredients and their proportions. If only purchasers know what they are buying the rule *caveat emptor* may safely be adopted.

Method for Inducing Premature Labour.

DR. BRAUN (*Phil. Times*, Jan. 23, 1875) says the plan he pursues he has found to give the best of all results. It is nothing more than the practice of the original method, consisting in the employment of a pointed quill, or, what will answer the same purpose, a steel pen. This method, besides having the advantage of simplicity, is always applicable, as the instrument is ever at hand. The point of the quill is placed upon the palmar surface of the index-finger, which is then passed up to or through the cervix and the membrane punctured. An improvement on this plan consists in making an opening in the side of the quill, through which a sound can be introduced. The point of the quill is then brought into close apposition with the body of the sound. The latter is then passed through the cervix, the quill being kept in position, and when the desired distance is reached the sound is withdrawn, leaving the quill behind, and the puncture can be made. In this manner we overcome the difficulty of passing the projecting angle of the posterior wall of the cervix.

By this method no damage can result, and a long narrow cervix can readily be passed. As the amniotic fluid drains away, pains are induced, the head passes down, and in twelve hours, delivery can generally be accomplished.

Dr. C. Belluzzi (*Bull. d. Sc. Méd.*, Dec., 1874) thinks the method dangerous to the life of the fœtus. He has used laminaria tents in some cases with advantage, as also sponge tents.

In 1870, Dr. A. Monteverdi, of Cremona, praised quinine as a means of producing premature labour. Dr. Belluzzi has not found this method successful. Sucking of the breasts, recommended by Scanzoni, was found also of no use. The use of electricity also did not prove successful in his hands.

Insanity from Sexual Causes.

THE late Dr. Skae (*Edin. Med. Journ.*) classifies some varieties of insanity as from sexual causes. The *insanity of pubescence* in boys is characterised by a first stage of restlessness, excitement, braggadocio, and pugnacity, followed by one of hysterical depression, with a tendency to exaggerate every petty bodily affection into some dreadful disease. It may assume a religious or cataleptic phase, and may be complicated with or end in *insanity of masturbation*, of which the symptoms are much the same as those described in quack advertisements headed "nervous debility," with the addition of dislike of female society, inability to look you straight in the face, and fear of suicide. This may end in suicidal or homicidal mania, or in a form of dementia, with silly self-satisfaction and vanity.

In girls, hysteric insanity seems to be the counterpart of this *insanity of pubescence*. It is frequently complicated with masturbation, or arises out of it. It is characterised by great excitement, talkativeness, and sleeplessness, and sometimes by fits of screaming and efforts to escape from the house. All these symptoms have an erotic tinge, the patient sometimes imagining that there is something wrong with her uterus, or that she has retention of urine; sometimes, that someone is in love with her, &c. Dr. Skae quotes a very characteristic letter from a young lady in such a condition. Satyriasis and nymphomania are diseases closely connected with the above by *origin*, Dr. Skae thinks, in the nervous centres, not in the generative organs.

Dr. Blandford remarks on the close connection between the various forms of sexual insanity. In the erotic temperament, pubescence leads to masturbation, that to hysteria, and that to amenorrhœa. Dr. Skae gives a case of amenorrhœal insanity in a young married woman in whom it was due to masturbation, originating after child-birth. Insanity arising from masturbation, with amenorrhœa, is frequently suicidal or homicidal.

Lady Doctors.

WE hear that sixteen or eighteen ladies are busy at dissection in London, under the able supervision of Mr. Norton and Mr. Reeves.

Dr. Mary Putnam-Jacobi has been elected delegate to the New York State Society from one of the local societies, and it is intended to send her as a delegate to the next meeting of the American Medical Association.

Mrs. J. G. Brown, M.D., of the Illinois Women's Hospital (*Med. Examiner*) recommends as an effectual remedy for obstinate pruritus vulvæ a solution of sulpho-carbolate of zinc, 30 grains to the ounce of water. After washing with warm water, the solution is applied and left to dry. The application may be made twice a day, to begin with, afterwards once a day, or two or three times a week.

Luxation of the Penis.

DR. MOLDENHAUER (*Berlin Klin. Wochensch.*, No. 45, 1874) remarks that luxation of the penis, on account of a loose connection between the skin and the corpora cavernosa, is an accident which may occur, although not often met with. One case is reported by Nélaton. The patient was a boy who was injured by the falling in of an embankment, the skin around the penis being torn from its attachments, thus allowing that organ to slip under the skin of the scrotum. The displaced organ was restored by slipping a forceps introduced into the preputial opening.

A strongly-built farmer, æt. 57, was injured in October 25, 1867, by falling from his wagon. The horse forced him against a tree, and the hind wheel passing close to the front of his body hurting him grievously. It was found that the symphysis, scrotum, and penis were covered with blood. The penis was much injured, hanging soft and flaccid, as if it had been completely crushed, but not painful. A catheter would not pass the symphysis. There was extravasation of urine into the scrotum. On the 6th November an abscess formed in the abdominal

walls, on a level with the spine of the ilium, which was opened next day and discharged pus very freely, having a fistula whence urine issued. On the 10th November the idea arose that the urethra might be found in the upper inguinal region. A catheter was introduced into the superior opening, which passed down to the opening under the symphysis; and on the 12th an incision was made in the inguinal region, and the penis, deprived of its skin, but in other respects uninjured, was found lying imbedded in the fat and connective tissues covering the muscles of the abdomen. The entire penis had therefore been torn from its cutaneous sheath, and had been slipped up into the inguinal region beneath a portion of the layers composing the walls of the abdomen. The urethra was uninjured: a catheter could be passed from the meatus through the organ, which had formed adhesions to the abdominal muscles up to the symphysis, where its further progress was arrested. The glans and prepuce were dissected off, but, at the request of the patient, who stated that he only wished the penis for the function of micturition, no further attempt was made to restore the organ to its normal state.

Inspection of Hospitals.

THE quarterly court of the Radcliffe Infirmary has decided *nemine contradicente* upon the following resolution:—"That the Government be memorialised to the effect that it is expedient, in the interests of the efficient management of hospitals and infirmaries, to make it within the competence of the managing committee of any such institution, to avail themselves of the services and advice of the sanitary inspectors appointed to act from the Local Government Board, when they judge it to be necessary to do so.

Death of Dr. Thornhill, of the Kilmainham Prison.

WE learn with regret of the sudden death of Dr. William Thornhill, Surgeon to the County Dublin Gaol at Kilmainham. Dr. Thornhill had been summoned to Nenagh as a witness in a criminal case, and was suddenly attacked with something like apoplexy, which terminated his life in a few hours. He is much regretted by the profession in Dublin, having been most estimable in all his relations with them.

By his death the office which he held becomes vacant, and the names of many candidates are already mentioned. We understand that the following gentlemen will probably offer themselves for the appointment:—Dr. J. Hawtrey Benson, of the City of Dublin Hospital, Mr. Stokes, Dr. William Carte, Dr. Wheeler, and Mr. Josiah Smyly. The appointment lies in the hands of the Board of Superintendence, a body of twelve gentlemen of the county, most of them Conservatives, and the salary is £150 a year.

The Regius Professorship of Surgery in the University of Dublin.

THE election to this office, which was vacated by the death of Mr. Adams, and may be regarded as the highest surgical position in Ireland, will take place to-day

(March 3rd). The choice will lie with the newly-elected Academic Council, and the candidates are Mr. Porter, Surgeon to the Queen in Ireland, and Senior Surgeon of the Meath Hospital; Mr. Colles, Surgeon to Stevens' Hospital; Mr. Tufnell, President of the Royal College of Surgeons, and lately Senior Surgeon of the City of Dublin Hospital; and Mr. Wharton, Surgeon to the Meath Hospital, Lecturer on Surgery in the Ledwich School, and Examiner in Surgery in the University.

Compression in Hydrarthrosis of the Knee-joint.

DR. GUYON (*France Médicale*, Dec. 4) says that compression of the knee-joint which has fluid in it is generally made by a thick pad of wadding enveloping the joint, and vigorously compressed by turns of a linen or flannel bandage. This is, on the whole, a rather defective method, on account of the readiness with which the bandage becomes loose. With an india-rubber bandage the same result was to be found, but it is accompanied by the inconvenience of imposing on the patient a circular compression, rapidly becoming painful, on account of the elasticity of the india-rubber. Struck by these difficulties, M. Guyon conceived the idea of substituting for the circular compression of the knee the application of a padded compressive apparatus upon a trough, leaving only the anterior part of the joint uncovered. He proceeds as follows: The limb being placed in the trough, rectangular layers of cotton wadding are applied to the knee, and form, one superimposed on the other, a padding of great thickness. It is upon the trough that the circular bandage is unrolled from which it is evident that the compression affects only the anterior portion of the knee, the posterior and lateral portions being protected by the trough. Thus is avoided the inconvenience and pain so often experienced by the patient from energetic circular constriction, and the compression may be carried much further.

Case 1.—A young man, æt. 19, entered hospital on August 8th with voluminous hydrarthrosis of left knee, which had commenced on the 1st of August. On the 10th the compressing apparatus was applied on the limb, placed in a trough, as above described. On the 20th, the apparatus, which the patient had supported without the least inconvenience, was removed, and hardly any fluid remained. On the 24th, there was no fluid; and on the 25th the patient left hospital cured.

Case 2.—A young man, æt. 32, was admitted on September 29 for abundant effusion into the right knee-joint, of rheumatic origin, and dating back fifty days. On Oct. 4th a blister was applied, which gave no appreciable result. On the 10th the compressive apparatus was applied, and remained on twenty-three days, when, on November 3rd, there was no effusion found.

DR. ASHE, Resident Medical Superintendent of the Londonderry District Asylum, has been awarded the Ryan Prize, value £100, offered about two years since by the Board of Trinity College for the essay that would produce from the Bible the best argument for the truth or Divine origin of Christianity. Dr. Ashe obtained the second Carmichael prize, value £100, in 1868; and the first Carmichael prize, value £200, in 1873.

IODINE CAUSTIC (*Canada Lancet*) is prepared by dissolving 4 grammes of iodine in 8 grammes of glycerine. It is used in lupus by applying it once every other day, and covering the parts with gutta-percha, which treatment is continued for several weeks.

WE notice an excellent review in *Guy's Hospital Gazette*, headed "Some Thoughts on Syphilitic Monomania," wherein the writer shows how exaggerated are the views of Professor Gross and others on the effects of syphilis.

THE late Miss H. Berwick, a niece of the late Judge Berwick, of the Irish Bench, has recently bequeathed a sum of £2,000 to the following charitable institutions, regardless of sectarian differences, viz.:—£700 to the Convalescent Home, Stillorgan (on condition that it is conducted on non-sectarian principles); £750 to the Incurable Hospital; £200 to the Claremont Institution for the Deaf and Dumb; £100 to the Molyneux Asylum for the Blind; £200 to St. Vincent's Hospital; £50 to St. Mary's Asylum for the Blind, at Merrion.

THE evening meeting of the London Pharmaceutical Society will be held to-day. The chair will be taken at half-past eight precisely. The following papers will be read:—On "Lead Plaster," by Mr. C. Umney; on "The Estimation of Fat in Milk," by Mr. E. L. Cleaver.

THE Surgical Society of Ireland will meet on Friday next, at half-past eight o'clock, at the Royal College of Surgeons, when the following communications are set down for reading:—Dr. B. F. McDowel, on "Strangulated Hernia." Dr. Wheeler, on "Pharyngotomy." Dr. C. Fitzgerald, on "Some Peculiar Symptoms connected with Obstructions of Lachrymal Puncta, Canaliculi, and Nasal Canals."

At a meeting of the Council of the Royal College of Surgeons of England on Thursday last, Mr. John Hilton, F.R.S., late President of the College, resigned his seat as a member of the Court of Examiners, to which he was elected in 1865.

THE full-length portrait of Sir William Fergusson, which was painted by Mr. Rudolf Lehmann, and recently exhibited at the Royal Academy, has been presented by the subscribers to the Royal College of Surgeons of England.

THE Chair of Natural History in St. Andrew's University, vacant by the death of Professor Macdonald, has been filled up by the appointment of Professor H. Alleyne Nicholson, F.R.C.S., of the Science College, Newcastle-on-Tyne.

THE Registrar-General reports during the week ending last Saturday 5,573 births and 4,432 deaths in 21 large cities and towns of the United Kingdom. The average rate of mortality in these towns was 29 per 1000.

Literature.

A TREATISE ON CUTANEOUS MEDICINE AND DISEASES OF THE SKIN. (a)

DR. PURDON's multifarious contributions to the medical journals on skin diseases are quite sufficient to constitute him a trustworthy guide on the treatment of these affections. In our judgment he has done well and wisely in collecting his papers and lectures into a handy little volume, arranged for easy reference by the student and busy practitioner.

The author, however, while collecting his own lectures for publication, has not been unmindful of the important labours of others; he has therefore embodied in his treatise the latest views of Hebra, Erasmus Wilson, McCall Anderson, Damon, Neumann (Dr. Pullar's translation), and numerous other well-known authorities on cutaneous medicine. Dr. Purdon has divided his subject for ready reference into twenty-three chapters. Commencing with an historical sketch of dermatology of some interest, he proceeds to treat of the various attempts at classification, the pathological relations of the skin, &c. In the treatment of skin diseases he gives the result of his own experience at the Belfast Skin Hospital, a rising institution for the cure of these affections.

A useful, although too short a chapter, is devoted to the consideration of the pigmentation of the skin in Addison's disease; and that remarkable condition recognised as a neuralgic affection of the skin, and its association with what is termed, for want of a better name, hysteria, is clearly explained and at some length. Dr. Purdon, however, like other practitioners in this branch of the profession, finds neuralgic affections of the skin most intractable to treatment. Of all therapeutic agents tried, he places more reliance on the hypodermic injection of morphia, with the internal administration of bromide of potassium.

With regard to parasitic diseases, Dr. Purdon says: "The part played by fungi in causing diseases is daily becoming more clearly recognised. Few now deny the vegetable nature of many cutaneous affections, but, as may be expected, there are still very various and conflicting opinions expressed regarding them in our modern school of dermatology. No less than four dogmas are held to be indisputable by their various supporters. . . . We must look, however, for an explanation of the differences between the varieties of tinea, not so much in differences of fungus, as of soil and seat upon which they grow. Anyone engaged in a large cutaneous practice must have observed, especially on the body, the occasional recurrence of tinea circinata and favus. I have met with five such cases during the past four years."

With regard to the supposed identity of the vegetable parasites and their relation to a common mould, conflicting opinions also prevail. The attempts made by some dermatologists to split up the fungus into varieties and species for no better reason than that of some trifling difference in the size and form of the spores or the mycelium, scarcely admits of serious discussion. A small and unimportant section of our American brethren cling tenaciously to the identity of the fungus and its specific individuality. We all know, however, that favus is a far more common affection in damp countries and among the badly-fed and ill-nourished than it is in brisk, dry, and temperate places and the well-to-do classes of communities.

In Holland, where it is particularly damp from its numerous canals, in Norway, the north of Ireland, and the west coast of Britain, a comparative frequency of favus has been observed. Only three cases of favus in 10,000 in London is recorded by Erasmus Wilson, and, as Dr. Purdon remarks, "it is perfectly evident that this

(a) "A Treatise on Cutaneous Medicine and Diseases of the Skin." By H. J. Purdon, M.D., Physician to the Hospital for Skin Diseases, Belfast, &c., &c. London: Baillière, Tindall, and Cox. 1875. Pp. 272.

affection is much more common in wet and rainy cities than in those of a drier atmosphere. We also know that low forms of fungoid growths appear with rapidity on preserves, cheese, bread, &c., when placed in damp localities."

Another fact that bears out this view is, the disease is only to be cured by constitutional treatment, plenty of good air, sea-side air if possible, with nourishing food, iron, cod-liver oil, &c.

Dr. Purdon may be congratulated on having produced a useful manual on Cutaneous Medicine.

PHILOSOPHY OF VOICE.

WE need not say very much about this little work, inasmuch as it is reprinted from our own pages. Our readers, therefore, have been able already to form their opinion on Mr. Lunn's views, and enjoy his somewhat pungent criticism. He has very strong opinions on the subject which he has so profoundly studied, and he is desirous that voice culture should be recognised as a branch of the medical rather than of the musical art. We go a long way with him in this respect, but we may inform him that some medical men have paid attention to this subject. In his preface he remarks on the common assumption that the majority of people are created with defective voice, and need a music-master to supplement nature. With characteristic enthusiasm he exclaims, "Monstrous, incredible, and impious assertion! This, on the contrary, is the truth: all error and weakness, and all defect in tone, each and all of these are induced, and can therefore be removed."

Mr. Lunn looks forward to a time when every university will have a professor of voice-production. It is impossible to say if such a measure would prove a remedy for the evils which Mr. Lunn deplures. We regret as deeply as he can the follies of many speakers and singers, who ruin their voices, set up absolute disease in their throats, and give pain rather than pleasure to all cultivated listeners by their unnatural use of the voice.

They come under medical treatment for restoration; but how seldom can they be brought to consider the propriety of prevention?

Mr. Lunn's proposal to hand over voice-culture to the medical profession will undoubtedly lead to much good.

It is not necessary to enter into Mr. Lunn's masterly criticisms of Madame Seiler, Dr. Wyllie, Mr. Curwen, and others; our readers can refer to them at their leisure, and they will find that Mr. Lunn is a formidable antagonist.

As he hits so hard, he ought to be particularly careful in his quotations. We make this remark, because on pages 68 and 69 he holds Dr. Prosser James responsible for some observations which that authority quoted from a foreign writer in his "Reports on Diseases of the Throat" in this journal. As Dr. James repudiated soon after this attempt to make him endorse the opinions he quoted, we think Mr. Lunn, in reprinting his articles, should have corrected his error, which is the more surprising as the profession he thus criticises is well known to have paid much attention to the subject of voice-culture, and might therefore expect to be better understood by a writer of Mr. Lunn's wide information. We have read Mr. Lunn's work with great pleasure, and cordially commend it to the medical and musical professions.

THE MAINTENANCE OF HEALTH. (a)

DR. MILNER FOTHERGILL is favourably known to the profession by an essay which gained the Hastings prize of the British Medical Association. He writes with facility, and clearly. His style is easy, and his work most readable. We doubt not then that this popular work on hygiene will

(a) "The Maintenance of Health: a Medical Work for Lay Readers." By J. Milner Fothergill, M.D., M.R.C.P.L. London: Smith, Elder, and Co. 1874. Pp. 399.

have many readers out of the profession. It is not written, of course, for medical men. The work is divided into thirteen chapters. In the first chapter we have a *résumé* of some of the doctrines concerning the circulation of the blood, and acting and vital force held by modern physiologists. This is a very well written chapter, and it shows that the author has paid much attention to the important subject of physiology, which is the most abstruse part of medical philosophy.

Chapter II. treats of youth—the period of growth; and there are some remarks upon puberty, that dangerous time of life for the male, and even for the female sex, which are worth reading, although Dr. Fothergill, in common with all English writers on sex, is rather conventional in his treatment of this difficult point in hygiene. He does not, for instance, give any indication of being aware of the researches of Bertillon as to the dangers of marriage before twenty in either sex; and, on the other hand, of the great dangers of celibacy or widowerhood after the age of manhood, or about twenty-three. He speaks of masturbation, but is hardly clear enough in his warnings as to the dangers of this very common error, or explicit enough as to what remedy he proposes for the terrible cravings of the *nisus generativus* in early manhood and womanhood.

In Chapter III. Dr. Fothergill speaks of the age of maturity, and we are glad to see that in the case of nursing mothers he acknowledges that "the use of porter and ale in order to increase the secretion of milk is of highly questionable value, and in most cases had best be avoided." Dr. Fothergill agrees with Quetelet in his opinion that the violence of the passion between the sexes seems to have considerable influence in shortening the duration of life. Hence he concludes that the marriage service should not open the way to ungoverned licence. So serious are the effects upon both sexes of excessive indulgence, he remarks that this should be pointed out. We are not quite so certain whether this common-place of British medical moralists is quite true. For one case of evil seen from excessive indulgence in married life, surely we see a hundred resulting from the abuse of alcohol or tobacco, or from celibacy and malpractices. Besides which, Dr. Fothergill must surely have found that excesses among married people are rare after the first year. Satiety and want of desire are alas! too often caused by the constant cohabitation of husband and wife. We have known of many instances where such has been the unfortunate issue of ill-assorted unions.

Chapter IV. treats of advanced life—or the period of decay, and some practical remarks are made on the sleeplessness of old age; although the prescription of a dose of alcohol at bedtime is not, we think, a good one in a work on hygiene. With regard to the superior longevity of women, we agree with Dr. Fothergill that their abstinence from alcohol is a chief cause of it. Old women are neither so fond of the bottle nor the table as old men.

Chapter V. is on food and clothes, and is a very well written *résumé* of what is known regarding human diet; we have nothing of note to say about this chapter.

Chapter VI. treats of stimulants and tobacco, and Dr. Fothergill at once admits that alcohol is a food. "It contains," he says, "no nitrogen, but it is a respiratory food. If it be not food, then neither is sugar a food, nor starch, nor any of those manifold substances employed by man which do not enter into the composition of his tissues. He who eats little and drinks alcohol in moderation retains as much in his blood and tissues as he who eats more and drinks no alcohol. In Germany it is the rule to charge the water-drinker so much more for his repast than is the tariff for the beer or wine-drinker. It is well-known that he will eat so much more."

These last sentences are enigmatical. It is clear that wines form a great portion of the profit of innkeepers; and hence they should naturally charge more for a dinner when they cannot get the silent profits which are obtained from guests drinking wine; but it is no very enticing picture of the value of beer and wine to say that they destroy the appetite of the votary. In short, alcohol is scarcely surely

a food in the sense that albumen, sugar, water, and starch are foods. We appeal to Dr. Fothergill to reflect whether the lower animals or human infants would be improved by his respiratory food. We ask him to reflect, because the unfortunate public is but too prone to accept any excuse for running to the bottle for a solace from the many sorrows of life, and doctors have, alas! sent many a person to an untimely grave by thoughtless writings of this kind. Alcoholic fluids are, like ether and chloroform, narcotics, and not at all of the nature of foods, which nourish without exciting the pulse.

Again, Dr. Fothergill says of tobacco, that, used in moderation, it exercises no injurious effect. Such kinds of observations are, to say the least of it, most unsatisfactory, and Dr. Fothergill cannot have failed to see in his life numerous instances of suffering caused by the use of tobacco. Moderation to one person is excess to another; and surely tobacco is not a food; otherwise women would be much less long-lived than men, and they do not smoke at all. Blindness, nervous prostration, and other maladies have been traced to poisoning through tobacco smoke; so that we really think it unbecoming in a writer for the outside world to take "the side of the devil" in this matter. It would seem as if some of our younger physicians were inclined to condone all evil habits, and say that everything is for the best in this best of all possible worlds. A little more sternness and a little less flattering of the *real vices* of mankind, of which drink and tobacco are surely among the chief, would seem more scientific and be vastly more useful.

The chapters which follow, on the effects of inheritance, on the election of a pursuit in life, on overwork and physiological bankruptcy, on mental strain, on hygiene, &c., are excellent, and can be read with benefit and profit by all. We have spoken freely of the chapters we disagreed with in order that the author may see that many persons will not follow him in them. We have only to add that the book is very pleasant reading, and very instructive, and we hope it will meet with a kindly reception among the public for whom it was written.

ADULTERATION OF FOOD AND DRUGS BILL.

THE Bill to repeal the Adulteration of Food Acts was brought into the House of Commons on Friday, Feb. 12, by Mr. Selater-Booth. The second reading was passed on Friday, Feb. 19.

Whereas, &c., it is

Be it therefore enacted, &c.,

1. From the commencement of this Act the 23 & 24 Vict. c. 84, 31 & 32 Vict. c. 121, s. 24, and the 35 & 36 Vict. c. 74, shall be repealed, except in regard to any appointment made under them.

2. This Act shall not apply to Scotland or Ireland except as herein provided.

Description of Offences.

4. No person shall knowingly mix, colour, stain, or powder any article of food with any ingredient or material of a nature injurious to health, with intent that the same may be sold in that state, and no person shall knowingly sell any such article so mixed, coloured, stained, or powdered, under a penalty in each case of fifty pounds for the first offence; for every subsequent offence the person shall be imprisoned for six months with hard labour.

5. No person shall knowingly, except for the purpose of compounding as hereinafter described, mix, colour, stain, or powder any drug with any other ingredient or material of a nature injurious to health, with intent that the same may be sold in that state, and no person shall knowingly sell any drug so mixed under the same penalty.

6. No person shall knowingly sell any article of food or

any drug which is not of the nature, substance, and quality of the article demanded by the purchaser, under a penalty of twenty pounds, except as herein provided; except—

Where any matter is mixed therewith for the purpose of rendering it portable, or of preserving it;

Where a harmless ingredient is mixed with it for the purpose of rendering it palatable or of improving its appearance;

Where according to the usage of trade it is sold in a mixed state;

Where it is the subject of a patent in force, and is supplied in the state required by the specification of the patent;

Where British, colonial, or foreign spirits are reduced from their ordinary strength by persons licensed and paying duties under the excise;

Where a drug is compounded either in conformity with a prescription of a registered medical practitioner or otherwise, according to the usage of trade;

Where the article is unavoidably mixed with some extraneous matter.

7. No person shall sell any article mixed for any of the purposes mentioned in the exceptions above set forth, if the matter mixed be more than is ordinarily required for the purpose, under a penalty of ten pounds.

No person shall sell any article of food which by the usage of trade is sold in a mixed state, unless the ingredients shall be mixed in the proportions required by such usage, and no person shall sell any compounded drugs, except the same shall be compounded according to the prescription in writing submitted for that purpose, or in accordance with the regulations prescribed by the British Pharmacopœia.

8. Provided that no person shall be guilty of an offence in respect of the sale of an article mixed with any ingredient not injurious to health, whether the case may or may not fall within any of the above-mentioned exceptions, if at the time of delivering such article he shall supply to the person receiving the same a notice to the effect that the article is mixed, by a label written or printed on or with the article.

9. No person shall knowingly, and with the intent that the same may be sold in its altered state without notice, abstract from an article of food any part of it so as to affect injuriously its quality, substance, or nature, and no person shall knowingly sell any article so altered without making disclosure of the alteration, under a penalty in each case of ten pounds.

Appointment and Duties of Analysts, and Proceedings to obtain Analysis.

10. Local authorities shall, for their respective city, districts, counties, or boroughs, appoint one or more persons possessing competent knowledge, skill, and experience as analysts; but such appointments and removals shall at all times be subject to the approval of the Local Government Board, who may require satisfactory proof of competency to be supplied to them, and may give their approval absolutely or with modifications as to the period of the appointment and removal, or otherwise.

12. Any purchaser of any article of food in any district, where there is any analyst, shall be entitled, on payment of a sum not more than ten shillings and sixpence, as shall be agreed upon between such person and the analyst, to have such article analysed, and to receive from him a certificate of the result.

13. Any medical officer of health, inspector of nuisances, &c., or any police constable under the direction of the local authority, may procure any sample of food or drugs, and if he suspect the same to have been sold to him contrary to any provision of this Act, shall submit the same to be analysed by the analyst of the district.

14. The person purchasing any article with the intention of submitting the same to analysis shall, after the purchase shall have been completed, notify to the seller his intention to have the same analysed by the public

analyst, and shall offer to divide the article into three parts to be then and there separated, and each part to be marked and sealed, or fastened up in such manner as its nature will permit, and shall, if required to do so, deliver one of the parts to the seller or his agent.

He shall afterwards retain one of the said parts for future comparison, and submit the third part, if he deems it right to have the article analysed, to the analyst.

16. If the analyst do not reside within two miles, such article may be forwarded to the analyst through the post office as a registered letter.

17. If any such officer shall apply to purchase any article, and shall tender the price for the quantity which he shall require for the purpose of analysis, and the person exposing the same for sale shall refuse to sell the same to such officer, such person shall be liable to a penalty of five pounds.

Proceedings against Offenders.

21. At the hearing of the information in such proceeding the production of the certificate of the analyst shall be sufficient evidence of the facts therein stated, unless the defendant shall require that the analyst shall be called as a witness.

22. The justices may, upon the request of either party, in their discretion cause any article of food or drug to be examined and analysed by the analyst of an adjoining district.

25. If the defendant in any prosecution under this Act, prove to the satisfaction of the justices or court that he sold the article in the same state as when he himself purchased it, and that he bought it, as the same article in nature, substance, and quality as that demanded of him, and with a warranty in writing to that effect, he shall be discharged from the prosecution.

26. Every penalty imposed and recovered under this Act shall be paid to the prosecutor, and shall be by such prosecutor paid to the authority for whom he acts, and be applied towards the expenses of executing this Act.

Special provision as to Tea.

30. All tea imported shall be subject to examination by persons to be appointed by the commissioners of customs for the inspection and analysis thereof, for which purpose samples may, when deemed necessary by such inspectors, be taken and with all convenient speed be examined by the analyst to be so appointed; and if upon such analysis the same shall be found to be unwholesome, mixed with other substances or exhausted tea, the same shall not be delivered unless with the sanction of the said commissioners, and on such terms and conditions as they shall see fit to direct, either for home consumption or for use as ships stores or for exportation; but if on such inspection and analysis, it shall appear that such tea is in the opinion of the analyst unfit for human food, the same shall be forfeited and destroyed or otherwise disposed of in such manner as the said commissioners may direct.

MANGOZONE; DR. MITCHELL'S PREPARED PERMANGANATE FOR INSTANTANEOUS SOLUTION.

Of all disinfectants, Condyl's fluid appears to be the one which has obtained the greatest amount of popularity. This is no doubt mainly due to the remarkable properties of the permanganate salt of which it is an aqueous solution, and the many useful applications that have been found for them by the public. Condyl's fluid has, however, a serious drawback, which prevents it coming still more into use—it is costly to purchase, being double the price of other disinfectants. This costliness has more than once been commented on by the Medical Press, and pointed out to be a mistake on the part of the makers, the late Dr. Anstie, in the *Practitioner*, having strongly urged them to diminish their prices and rely for remuneration on extended consumption rather than on an extravagant scale of profits.

What the manufacturers of Condyl's fluid did not see their

way to do has just been accomplished by the introduction of a disinfectant called by the somewhat fanciful name of Mangozone, which is stated and appears to be permanganate in a fine state of division, specially adapted for rapid solution. In the latter respect the ordinary crystallised permanganate of potash is defective, not being sufficiently soluble for extemporising a dilute disinfecting solution for immediate use. On trying the new product we have been struck with the rapid, cleanly, and even elegant manner in which a few grains thrown into water produced the beautiful pink solution with which, no doubt, all are familiar. The procedure is so simple that the wonder is it has not been brought forward long ago.

Mangozone is thus a sort of essence of Condyl's fluid, in the dry state. Besides remarkable solubility, the advantages claimed for it are—reduction of weight and bulk to 1-30th of those of disinfecting fluids in general, freedom from risk of breakage and leakage, great saving in cost of carriage, and economy in price, to the extent of 300 per cent., as compared with Condyl's Fluid. To prepare 50 gallons of dilute disinfecting solution requires, as it seems, one quart of the latter, costing four shillings, whereas a shilling tin of Mangozone gives the same result.

By those who are favourable to oxygenating disinfectants, as contra-distinguished from antiseptics, this cheap form of the best of them will be certain to be duly appreciated. We would strongly recommend its substitution for the high-priced permanganate solution now in use. Every experienced medical man must know what an important part is played by disinfectants in the treatment of many of the more serious and tedious diseases, such as the continued and exanthematous fevers, and how much high prices, among people of limited means, prevent their unrestricted use. It is hardly creditable to pharmaceutical industry that the permanganates, the manufacture of which chemistry has succeeded in cheapening so greatly, should so long have continued to be sold at prices that debar a large portion of the public from using them. We would even venture to hail as a real benefaction to suffering humanity the present attempt to render them accessible to all. It may not be out of place to state that the introduction of the new preparation is due to a medical confrère, Dr. J. B. Mitchell, who has long occupied himself with sanitary matters and practical pharmacy.

Medical News.

Royal College of Surgeons of England.—On Thursday last, at a meeting of the Council, Edward Lawford, M.D., Aberd., of Leighton Buzzard, was admitted a Fellow of the College, diploma of membership dating July 1, 1842; and Alfred George Roper, L.S.A., North End, Croydon, and Peter Broome Giles, L.S.A., Staunton-on-Wye, Hereford, were elected Fellows, their diplomas of membership bearing date respectively August 9 and December 14, 1840.

Indian Medical Service.—List of Candidates for Her Majesty's Indian Medical Service who were successful at the Competitive Examination held at Burlington House on the 15th February, 1875. Forty Candidates competed for twenty appointments. All were reported qualified.

	No. of Marks.		No. of Marks
Murray, R. D.	... 2,590	Simmonds, W. A.	... 2,130
Ranking, G. S. A.	... 2,477	Macrae, R.	... 2,090
Comins, D. W. D.	... 2,339	Adams, A.	... 2,070
Moran, J.	... 2,271	Borah, Shihram	... 2,058
O'Connor, P. F.	... 2,250	Sturmer, A. J.	... 1,995
Smith, H. H.	... 2,180	Dane, A. H. C.	... 1,960
Thomas, G. T.	... 2,174	Greany, J. P.	... 1,930
Beatson, W.	... 2,173	Ferguson, J. C. }	... 1,£20
Bate, T. E. L.	... 2,165	Williams, B. H. }	
Warburton, G. A.	... 2,145	McCloghry, J.	... 1,905

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d. Subscriptions in advance for 1875, at the reduced tariff of 21s. per annum, post free, are now due, and also will be thankfully received by the Publishers in London, Dublin, and Edinburg.

SCARCE NUMBERS FOR 1874.—The Publisher will be glad to purchase clean copies of May 30, June 3, November 18, or to exchange any other numbers for them.

DOCTORING IN WASHINGTON TERRITORY.—A tale is told in one of our American contemporaries of the wife of an Indian chief, in Washington Territory, who lately told her noble husband that she didn't think that she should ever feel any better unless he killed her doctor. The doctor was duly killed; and upon being tried for his murder, the chief was acquitted on the ground that he acted in defence of his wife's life! This is a novel and startling view of medical matters.

MILK.—A correspondent with this signature will find Dr. Routh's work, "On Infant Feeding," fully up to his requirements.

INDIAN CORRESPONDENCE.—The letter of our Indian Correspondent arrived too late for insertion in the present number. It will appear in our next.

SANITAR.—Prof. Pettenkofer's new work referred to by us is the English translation by Dr. Hime, of Sheffield, which we understand has been revised by Dr. Pettenkofer, and may therefore be taken as the results of his latest researches. We are highly pleased with the work in every way.

DR. HARRIS.—The subject was referred to in our last and on several previous occasions: we cannot again revert to it.

THE PREJUDICE OF SAVAGES AGAINST TWINS.—Dr. Robert Brown, in his new work on "The Races of Mankind," now publishing in parts by Messrs. Cassell and Co., mentions that in Africa twins are allowed to live, but the house in which this sad freak of Nature occurs is a marked dwelling. No one, except the children and their parents, is allowed to enter the hut. The children themselves are not allowed to play with other children, and even the utensils of the hut cannot be used by any one else. The mother is not allowed to talk to any one not belonging to her own family, but is kept in the absolute seclusion consistent with the performance of her necessary household duties. If the children both survive until the end of the sixth year, it is supposed that Nature has accommodated herself to the existence of the twins; and the mother and children are released from confinement, and allowed to mingle with their species. At daybreak proclamation is made, and the mother, accompanied by a female friend, marches down the street beating a drum, and singing a song appropriate to the occasion. After which the mother and children have no restrictions thrown upon their intercourse with others. A dislike of twins is a widespread superstition. In the Island of Bali, near Java, a woman who is unfortunate enough to have twins is obliged, along with her husband, to betake herself to the sea-shore or the tombs, and there for the space of a month to live, until she gets purified, and, after making a suitable sacrifice, can return to the village. The Khasias of Hindostan consider that to have twins assimilates the mother to the lower animals, and accordingly one of them is frequently killed. An exactly similar custom, coupled with the same idea regarding the disgrace of having twins, prevails among some of the Vancouver Island tribes. Among the Ainoo—aborigines of the islands north of Japan—one of twins is always killed; but in Arebo, in Guinea, both they and the mother are killed. The same idea prevails among various other barbarian or savage tribes.

COMMUNICATIONS, ENCLOSURES, &c. have been received from—Dr. Abrath, Sunderland. Dr. Handal Griffiths, Dublin. The Registrar of the Royal College of Physicians. Mr. D'Orsey, Bayswater. Dr. Letheby, London. Dr. Lane, Douglas. Mr. Lunn, Edgbaston. Dr. Clare, Leeds. Dr. Blake, Bloomsbury. Mr. Fowler, Greenwich. Mr. F. H. Holland, St. Pancras. Mr. Turney, London. Mr. Rowland Tilton, Stonehouse. Mr. F. P. Hoblyn, Batu. "Milk," co. Down. Dr. Guyon, Paris. The Director-General, Indian Medical Department. The Director-General, Army Medical Department. Dr. Alex. Harvey, Aberdeen. Mr. F. P. Cockshott, King's Cross. Mr. J. Hand, Hammersmith. Dr. Loutit, Greenwich. Dr. Cameron, Dublin. Mr. Carroll, Trim. Our Indian Correspondent. Mr. Abbott, London. Dr. Harris, Sanitas. Mr. Murdoch, Shrewsbury. Mr. Barnard Holt, Dorset. Dr. Heagerty, Frudhoe-on-Tyne. Dr. Hawkins, Registrar of the Medical Council. Dr. Ormsby, Dublin. Mr. Hutchinson, London. Dr. Laffan, Cashel. Dr. Smith, Manchester. Mr. Sotheman, York, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Cheerful Words: being Twenty-six Short Addresses for Delivery in Hospitals, Asylums, &c. Vol. II. Edited by W. Hyslop. London: Bellière, Tindall, and Cox.

Will-Ability, or Mental Volition. By Joseph Hande, M.R.C.S. London: J. Burns.

A Manual of Veterinary Sanitary Science and Police, in 2 vols. By George Fleming, F.R.G.S. London: Chapman and Hall.

Earth to Earth. By F. S. Haden, F.R.C.S. London: Macmillan and Co.

Consumption and Tuberculosis. By J. F. Churchill, M.D. London: Longmans, Green, and Co.

Lectures on Diseases of the Skin. By E. D. Mapother, M.D. Dublin: Fannin and Co.

Transactions of the American Ophthalmological Association.

New York Medical Journal. Food and Fuel R-former. Science

Gosp. Nature. Boston Medical Journal. Students' Journal. La France Médicale. Guy's Hospital Gazette. Le Progrès Médical. Journal de Thérapeutique. The Journal of Materia Medica. Indian Medical Gazette. Monthly Microscopical Journal.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, March 3rd.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."

ROYAL COLLEGE OF PHYSICIANS.—5 p.m. Dr. Greenhow, "On Addison's Disease."

ANATOMICAL SOCIETY.—8 p.m. Dr. Oswald, "Notes of a Case of Suppurating Tumour of the Left Ovary" with Specimen. Dr. Lieberman (of Trieste), "Clinical Notes on the Early Course of Cancer of the Cervix Uteri." Dr. Savory, "On a Case of Epithelioma of the Cervix Uteri complicated with Pregnancy; removal of Diseased Portion; subsequent Delivery of a Healthy Child; recurring Pregnancy." Dr. G. ... "On Prolapse of the Funis during Labour." And other communications.

Thursday, March 5th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."

ROYAL COLLEGE OF PHYSICIANS, 5 p.m. Dr. Greenhow, "On Addison's Disease."

ROYAL INSTITUTION.—8 p.m. Weekly Evening Meeting. 9 p.m. Lord Rayleigh, "On the Dissipation of Energy."

MEDICAL SOCIETY.—8 p.m. Monthly Council Meeting.

SATURDAY, March 6th.—Royal Institution, 3 p.m. Prof. W. K. Clifford, "On the General Features of the History of Science."

MONDAY, March 8th.—Medical Society, 8 p.m. Anniversary.

TUESDAY, March 9th.—Royal Medico-Chirurgical, 8½ p.m. Ordinary Meeting.

VACANCIES.

Coventry Hospital. House Surgeon. Salary, £100, with board and residence. Applications to the Secretary.

Chorley Union. Medical Officer of Health. Salary, £150 per annum. Full particulars of the Secretary.

Dorset County Hospital. House Surgeon and Secretary. Salary, £80, with board and residence. Applications, under cover, to the Chairman.

St. Bartholomew's Hospital. Two Casualty Physicians. Applications to be left at the Clerk's Office.

Clinical Hospital for Children, Manchester. House Surgeon. Salary, £80, with board and residence. Address the Chairman of the Medical Board.

University College. Curator of the Museum of Anatomy. Salary, £200 per annum. Testimonials to be sent to Mr. Robson, B.A., at the College, Gower Street, London.

St. Thomas's Hospital. Assistant Obstetric Physician. Applications, with testimonials, to be sent to the Treasurer, at the Hospital.

Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 63 Market Street, Bradford.

Newmarket Union. Medical Officer. Salary, £45, exclusive of fees. Forms of application may be obtained of the Clerk to the Guardians.

Southport Infirmary. House Surgeon. Salary, £100, with board. Applications to the Secretary, endorsed "House Surgeon."

Leominster Union. Medical Officer. Salary, £90, with fees extra. Apply to the Clerk to the Guardians.

APPOINTMENTS.

BALLENDEY, JOHN M'NAB, M.D., St. And., L.F.P.S. Glasg., Medical Officer of Health for the Upper Sedgeley Urban Sanitary District.

BARRETT, C., F.R.C.S.E., Medical Officer and Public Vaccinator for the Shrivenshead District of the Farringdon Union.

CHEESEWRIGHT, J. F., M.R.C.S.E., L.R.C.P. Ed., Medical Officer of Health for Greasbrough, Yorkshire.

DRAPER, M. R., L.S.A. L., Medical Officer to the Redditch and District Medical Association.

GRIFFITHS, J., M.R.C.S.E., a Junior House Surgeon to the Royal Free Hospital, London.

HALLOWES, A. H. B., M.R.C.S.E., a Surgeon to the West Kent General Hospital, Maidstone.

HEWAT, P. G., F.R.C.S.E., a Consulting Surgeon to St. George's Hospital, on resigning as Surgeon.

JEFFERIES, W. R. S., M.D., C.M., Medical Officer and Public Vaccinator for the Parish of Lochaben, Dumfriesshire.

LAWRENCE, A. E. A., M.D., Physician-Accoucheur to the Bristol General Hospital.

MACAULAY, J. C., M.R.C.S.E., Medical Officer for No. 3A District of the Hinton Union, Devon.

M'BRIDE, C., M.D., Medical Officer (*pro tem.*) to the County Prison, Wigtown.

M'GREGOR, J., M.B., C.M., Medical Officer and Public Vaccinator for the Parish of Morven, Argyleshire.

PARSONS, F. J., L.R.C.P. Ed., M.R.C.S.E., L.M., Medical Officer of Health for the Portland Park Sanitary District.

PINK, T., F.R.C.S., a Junior House Surgeon to the Royal Free Hospital, London.

ROBERTS-LUDLEY, F. J., M.R.C.S.E., Medical Officer for No. 3 District of the Ashton-under-Lyne Union.

ROUSE, J., F.R.C.S.E., a Surgeon to St. George's Hospital.

SHACKELFORD, S., M.R.C.S.E., Medical Officer and Public Vaccinator for No. 3 District of the Market-Harborough Union, Leicestershire.

SMITH, J. G., L.R.C.S. Ed., Certifying Factory Surgeon for Thurso.

SWAYNE, J. G., M.D., Consulting Physician-Accoucheur to the Bristol General Hospital.

SPENSER, L. W., L.R.C.P. Ed., M.R.C.S.E., Medical Officer of Health for the Preston Rural Sanitary District.

WIMPENY, J., M.R.C.S.E., Medical Officer of Health for the Astonley, Cartworth, Fulstone, Hepworth, Holme, Honley, Netherthong, Scholes, Uppethong, and Woldale Urban Sanitary Districts.

Deaths.

CARROLL.—On the 10th Feb., at Trim, co. Meath, Raymond Harvey Carroll, Staff Surgeon R.N., aged 46.

COLLISON.—On the 29th Feb., at Sandgate, A. C. Collinson, M.R.C.S., aged 25.

CRABB.—On the 17th Feb., Alfred Crabb, M.D., of Poole, aged 61.

HALLEY.—On the 25th Feb., at his residence, 16 Harley Street, London, Alexander Halley, M.D., F.G.S., aged 61.

HUGHES.—On the 13th Feb., at Rothersey House, Pittville, Cheltenham, David Hughes, Surgeon, late of Rainhill, and formerly of Liangollen, aged 62.

MARTIN.—On the 10th Feb., at Cambridge Street, Edinburgh, James Martin, M.D., of Leadhills, Lanarkshire, late of the 6th Fusiliers, aged 55.

SWAIN.—On the 23rd Feb., at Brindley Ford, Congleton, J. H. Swain, M.D., aged 36.

TUCKEY.—On the 18th Feb., at Bantry, co. Cork, Abraham John Tuckey, M.D., M.R.C.S.

THOMSON.—On the 17th Feb., at Kew Terrace, Glasgow, Robert Thomson, Surgeon.

WOOLMER.—On the 21st Feb., Joseph Benson Woolmer, M.R.C.S.E., of Warwick Square, Fimlico.

SURGICAL INSTRUMENTS FOR SALE.—A full Case of Surgical Instruments, by Weiss and Co. London, never used. Also FOR SALE, the several Volumes and Plates of the OLD and NEW SYDENHAM SOCIETY.—Apply to R. S., 23 Ely Place, Dublin.

TO INVALIDS AND OTHERS.—TO LET, in the House of a married Medical Gentleman without children, TWO NICE ROOMS, furnished, overlooking a superb Park. Attendance and medical care if required. Any communications, no matter of what nature, will be confidentially answered.—Address PHYSICIAN, Post-Office, Broadway, Deptford, S.E.

SURGICAL SOCIETY OF IRELAND.—The NEXT MEETING of the SOCIETY will take place on FRIDAY EVENING, 6th MARCH, 1875. Chair will be taken at half-past eight o'clock precisely. B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
HUMPHREY MINCHIN, F.R.C.S.I., }
Royal College of Surgeons, Dublin,
3rd day of March, 1875.

SOCIETY for RELIEF of WIDOWS and ORPHANS of MEDICAL MEN.—Founded 1788.—Incorporated by Royal Charter 1864.—The MEMBERS are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 14th of APRIL, 1875. Candidates for admission into the Society desirous of being balloted for at the Meetings must send their forms of proposal to the Secretary on or before March 23rd. The forms of proposal may be obtained of the Secretary. The benefits of the Society are restituted to the families of deceased Members of not less than two years' standing. The Secretary attends at the office every Wednesday and Friday, from 4 to 5 o'clock.

J. B. BLACKETT, Secretary.

53 Berners Street, W., March 2nd, 1875.

LECTURES ON HOMOEOPATHY, instituted by the British Homoeopathic Society.—Course of Lectures on MATERIA MEDICA by Dr. RICHARD HUGHES.—The next Lecture will be delivered at the London Homoeopathic Hospital, Great Ormond Street, Russell Square, W.C., on Thursday next, March 4th, at 5 p.m. Subject: ACIDUM NITRICUM, PHOSPHORICUM SULFURICUM; and on ACONITUM.

Members of the Medical Profession will be admitted on presentation of their address cards. Medical Students can obtain admission on application to Dr. Bayes (Hon. Sec. to Lectures Committee), 28 Brook Street, W.

LOCUM TENENS.—A trebly-qualified Gentleman, in his twenty-eighth year (son of a Clergyman), wants an engagement as above. Has acted as such before, and has held a Union Appointment. An Assistency with ultimate succession preferred if in Ireland.—State particulars to A. M., office of this paper, 23 Ely Place, Dublin.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £25 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of five Guineas gives the donor a life-vote. Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

M^r. I. SANDHEIM,

Dentist,

16 SUFFOLK STREET,

DUBLIN.

N.B. — A Vacancy for a Pupil.

BUTLER'S MEDICAL HALL,

53 & 54 LOWER SACKVILLE STREET,
DUBLIN.

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PRACTICES AND PARTNERSHIPS NOW OPEN for Negotiation (in addition to those advertised in Dr. Langley's List, which is sent post free on application).

Z 120. BRANCH PRACTICE, wholly transferable. Present receipts £250 a year, with scope for increase to £600. Population 4000. No opposition. Co-operation of the Principal as long as desired. Easy terms.

Z 119. SOUTH WALES. Small PRACTICE for Sale. Actual receipts, £350 a year. Appointments, £108. District agricultural. All expenses small. Considerable scope for increase.

Z 118. DEATH VACANCY. Unopposed PRACTICE in a pleasant country town, within 60 miles of Town. Receipts about £600 a year, with good appointments, but could be increased to £1000, at which they originally stood before the illness of the late Incumbent. Patients good class. An efficient introduction can be given.

Z 117. On the SOUTH COAST, an OPEN SURGERY and RETAIL for sale. Prescribing business yields about £350 a year, but the income could be doubled by Outdoor Practice, which has been declined. Premium, £300.

Z 121. FAMILY PRACTICE in a small Midland town. Receipts upwards of £1000 a year. Appointments, £155. The residence is large and convenient, with stabling, paddocks, garden, &c. The Incumbent retires in consequence of ill-health, but a good introduction can be given.

Z 116. Within fifty miles of London. A TRANSFERABLE PRACTICE, yielding upwards of £460 a year. The Incumbent retires in consequence of advancing age, but can give an introduction as long as desired. An active gentleman would make £600 a year. Appointments produce £230 a year. The work is light. The house contains ten rooms, and can be taken with or without land. Midwifery fees, £1 ls. and upwards. No opposition within four miles.

Z 115. In the suburbs of a large town, where there is unlimited scope for increase, a good GENERAL PRACTICE for transfer. Receipts, £500 a year. Appointments, £200. One horse does the work. Partnership introduction if desired.

Z 110. In a wealthy suburb of a large town, a good FAMILY PRACTICE, yielding £600 a year. The locality is rapidly improving, and the residents are of the best class. Midwifery £1 ls. and upwards. Good modern house, with stabling, &c. Rent £60. A very efficient introduction would be given, and the whole connection could be transferred to a suitable gentleman. The scope for increase is undeniable.

Z 103. YORKSHIRE, in a large town. Excellent NUCLEUS, producing £450 a year, and affording a good introduction to a very large practice. Pleasant house, with garden, &c. Rent £35. Premium £350, part of which may be left on security.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 10, 1875.

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THE CANTOR LECTURES AT THE SOCIETY OF ARTS FOR 1875.

ON ALCOHOL

By B. W. RICHARDSON, M.D., F.R.S.

[These lectures, endowed originally by Dr. Cantor, are delivered annually at the Society of Arts. This year Dr. Richardson was the lecturer, his subject Alcohol. He treated it as fully as possible in a course of six lectures. The first was confined to the history of the subject, and the second to its chemistry. In the third lecture the primary physiological action of alcohol was considered. In the fourth Dr. Richardson discussed the question "Is alcohol food?" To this he replied with a decided negative. The fifth lecture detailed the secondary physiological action of alcohol, and entered on a consideration of the injury to tissues caused by excessive use of that substance. The sixth followed up the last point, and entered on others strictly medical. This last will be found so interesting that we have much pleasure in printing it almost entire.]

The parts which suffer most, at first, from alcohol, are those expansions in the animal body which the anatomists call the membranes. The membranes are colloidal structures, and every organ is enveloped in them. The skin is a membranous envelope; through the whole of the alimentary surface, from the lips downwards, and through the bronchial passages to their minutest ramifications, extends the mucous membrane; the lungs, the heart, the liver, the kidney, are folded in delicate membranes, which you can strip easily from these parts. If you take a portion of bone you will find it easy to strip off from it a membranous sheath or covering; if you open and examine a joint you

will find both the head and the socket lined with membrane.

The whole of the intestines are enveloped in fine membrane, called peritoneum. All the muscles are enveloped in membranes, and the fasciculi or bundles and fibres of muscles, have their sheathing. The brain and spinal cord are enveloped in these membranes; one nearest to themselves, a pure vascular structure, a network of blood-vessels; another, a thin serous structure; a third, a strong fibrous structure. The eyeball is a membrane of colloidal humours and membranes, and of nothing else. To complete the construction, the minute structures of the vital organs are enrolled in membranous matter.

It was held by the old anatomists that this membranous arrangement of the body is mainly mechanical. The parts and organs, according to their view, are supported and held in position by these membranous sheaths and pouches and coverings. Doubtless this is a portion of their usefulness, for in fact they do hold all the structures together in the most perfect order. But this is only a small part of their duties. The membranes are the filters of the body. In their absence there could be no building of structure, no solidification of tissue, no organic mechanism. Passive themselves, they nevertheless separate all structures into their respective positions and adaptations.

The animal receives from the vegetable world and from the earth the food and drink it requires for its sustenance and motion. It receives colloidal food for its muscles; combustible food for its motion; water for the solution of its various parts; and salts for constructive and other physical purposes. They have all to be arranged in the body, and they are arranged by means of the membranous envelopes. Through these membranes nothing can pass that is not for the time in a state of aqueous solution like to water or soluble salt. Water passes freely through them, salt passes freely through them, but the constructive matter of the active parts that is colloidal does not pass; it is retained in them until it is chemically decomposed into the soluble type of matter. When we take for our food a portion of animal flesh, it is first resolved in digestion into a soluble fluid before it can be absorbed; in the blood it is resolved into the fluid colloidal condition; in

the solids it is laid down within the membranes into new structure, and when it has played its part it is digested again, if I may so say, into a crystalloidal soluble substance ready to be carried away and replaced by addition of new matter, then it is dialysed or passed through the membranes into the blood, and is disposed of in the secretions.

See, then, what an all-important part these membranous structures play in the animal life. Upon their integrity all the silent work of the building up of the body progresses. If these membranes are rendered too porous, and let out the colloidal fluids of the blood—the albumen for example—the body so circumstanced dies; dies as if it were slowly bled to death. If, on the contrary, they become condensed and thickened, or loaded with foreign material, then they fail to allow the natural fluids to pass through them. They fail to dialyse, and the result is either an accumulation of the fluid in a circumscribed cavity or contraction of the substance enclosed within the membrane, or a dryness of membrane in surfaces that ought to be freely lubricated and kept apart. In old age we see the effects of modification of membrane naturally induced; we see the fixed joint, the shrunken and feeble muscle, the dimmed eye, the deaf ear, the enfeebled nervous function.

It may possibly seem to some of you, at first sight, that I am leading away from the subject of the secondary action of alcohol. Not so. I am leading directly to it. Upon all these membranous structures alcohol exerts a direct perverting power of action. It produces in them a thickening, a shrinking, and an inactivity that reduces their functional power. That they may work rapidly and equally they require to be at all times charged with water to saturation. If into contact with them any agent is brought that deprives them of water, then is their work interfered with; they cease to separate the saline constituents properly, and if the evil that is thus started be allowed to continue, they contract upon their contained matter in whatever organ it may be situated, and condense it.

In brief, under the prolonged influence of alcohol those changes which take place from it in the blood-corpuscles, and which have already been described, extend to the other organic parts, involving them in structural deteriorations, which are always dangerous, and which are often ultimately fatal.

Preliminary effects on the vital functions.—I remarked at last lecture that the slow or chronic effects of alcoholic drink upon the body was to induce a series of stages analogous in all respects, except in period of duration, to the process of acute poisoning by the same agent. In the first prolonged stage there occur phenomena of disease which are as characteristic of the agency when it is known as they are deceptive when the agency is not known.

The ultimate changes that follow the use of alcohol by those who indulge in it, in what is too often considered a temperate degree, are actual local changes within one or other of the vital organs. But before such actual deterioration obtains, there are usually other phenomena, transitory in character, yet unequivocal. I pointed out certain of these at the last lecture, but I did not specify them all.

In addition to that irritation of mind and suffering, "of wounds without cause," to which I then drew attention, an extreme emotional derangement is often produced. The afflicted man—and I fear I must say woman also, for women are sometimes afflicted—the afflicted man, under this primary prolonged influence of alcohol, becomes nervous and excitable, ready at any moment to cry or to laugh, without valid reasons for either act. The emotional centres are alternately raised and depressed in function by the poison, but after a time the depression overcomes the exhilaration, and the impulse is to a maudlin sentimentality extending even to tears. The slightest anxieties are then exaggerated, and there is experienced at the same time an indecision and deficiency of self-confidence which is doubly perplexing. When an act is done, when a letter, for instance, or other piece of business has been

finished and despatched, an uneasy feeling of distrust is felt that perhaps some mistake has been made, which distrust passes rapidly into a sentiment that the thing cannot be helped; it is bad luck, but it must take its chance. In various other directions this distrust shows itself, and the worst of all is that the very doubt prompts the desire for another application for relief to the evil that is the cause of the burthen. A small drachm more of the stimulant, not an overpowering draught that will cause quick and sure insensibility, but just a mouthful, that is the remedy, and that is the certain promoter of the sorrow.

We know now as surely as if we could see within the body, what is the condition of the organs of the person afflicted in the manner thus defined. We are conscious that the vessels of the brain, of the lungs, of the liver, of the kidneys, of the stomach, are paralysed, and are injected to full distension with blood. Some of these parts have actually been seen under this state, and the fact of the red injected condition directly demonstrated.

Alcoholic dyspepsia.—Of all the systems of organs that suffer under this sustained excitement and paralysis, two are injured most determinately, viz, the digestive and the nervous. The stomach, unable to produce in proper quantity the natural digestive fluid, and also unable to absorb the food which it may imperfectly digest, is in constant anxiety and irritation. It is oppressed with the sense of nausea; it is oppressed with the sense of emptiness and prostration; it is oppressed with a sense of distension; it is oppressed with a loathing for food; and it is teased with a craving for more drink. Thus there is engendered a permanent disorder, which, for politeness' sake, is called a dyspepsia, and for which different remedies are often sought, but never found. Antibilious pills—whatever they may mean—Seidlitz powders, effervescing waters, and all that pharmacopoeia of aids to further indigestion in which the afflicted who nurse their own diseases so liberally and innocently indulge, are tried in vain. I do not strain a syllable when I state that the worst forms of confirmed indigestion originate in the practice that is here explained. By this practice all the functions are vitiated, the skin at one moment is flushed and perspiring, at the next is pale, cold, and clammy, and every other secreting structure is equally decomposed.

Nervous derangements.—The nervous structures follow the stomach in the order of derangement, or it may be precede it. We have not yet traced out with sufficient care the conditions of the centres of the organic chain of nerves, but we know that they are reduced in power; and, in regard to those higher and reasoning centres, the brain and its subsidiary parts, the spinal cord and voluntary nerves, we are aware that they are supplied with blood through vessels weakened, and in a condition either of undue tension or undue relaxation. Moreover, the delicate membrane which envelopes and immediately surrounds the nervous cords is acted upon more readily by the alcohol than the coarser membranous textures of other parts, and thus a combined arrangement of evils affects the nervous matter. The perverted condition of the nervous centres gives rise to many striking phenomena, extending from them to the nervous cords and to the organs of sense. The irregular supply of blood to the retina causes temporary disturbances of vision, with appearances before the eyes of those specks and small rounded semi-transparent discs, which are called by the learned *musca volitantes*. From the imperfect tension of the arteries, the blood which rushes through causes dilatation of them, and in the bony canals of the skull an impingement is made upon the bony structure. Vibrations which extend to the neighbouring organ of hearing are thus produced, giving rise to sounds of a murmuring, ringing, or humming character, according to the modification of the arterial tension.

The perverted condition of the membranous covering of the nerves gives rise to pressure within the sheath of the nerve, and to pain as a consequence. To the pain thus excited the term neuralgia is commonly applied, or tic; or if the large nerve running down the thigh be the

seat of the pain, "sciatica." Sometimes this pain is developed as a toothache. It is pain in nearly every instance, commencing at some point where a nerve is enclosed in bony cavity, or where pressure is easily excited, as the lower jawbone, near the centre of the chin, or at about the opening in front of the lower part of the ear, or at the opening over the eyeball, in the frontal bone.

Alcoholic insomnia, or sleeplessness.—Lastly, on this head the perverted state of the vessels of the brain itself, the unnatural tension to which they are subjected from the stroke of the heart, which they are so incompetent to resist, sets up in the end one telling, and of all I have yet named the most serious phenomenon, I mean *insomnia*, inability to partake of natural sleep. There is a theory held by some physiologists that sleep is induced by the natural contraction of the minute vessels of the brain, and by the extrusion, through that contraction, of the blood from the brain. I am myself inclined, from reasons I need not wait to specify now, to consider this theory incorrect; but it is nevertheless true that during natural sleep the brain is receiving a reduced supply of blood; that when the vessels are filled with blood without extreme distension the brain remains awake, and that when the vessels are engorged and over distended there is induced an insensibility which is not natural sleep, but which partakes rather of an apoplexy. This sleep is attended with long and embarrassed breathing, blowing expirations, deep snoring inspirations, and uneasy movements of the body, with even convulsive motion, from which the apparent sleeper wakes unrefreshed and unready for the labours of the day. The effect of alcohol, then, on the brain is to maintain the relaxation of vessel, to keep the brain charged with blood, and so to hold back the natural repose. Under such form of divergence from the natural life, the sleepless man lies struggling with unruly and unconnected trains of thought. He tries to force sleep by suppressing with a great effort all thought, but in an instant wakes again. At last the more he tries the less he succeeds, until the morning dawns. By that long time the spirit that kept his cerebral vessels disabled and his heart in wild unrest, having become eliminated, he is set free, and the coveted sleep follows. Or perhaps wearied of waiting for the normal results, he rises, and with an additional dose of the great disturber, or with some other tempting narcotic drug of kindred nature, such as chloral, he so intensifies the vascular paralysis, as to plunge himself into the oblivion of congestion, with those attendant apoplectic phenomena, which he himself hears not, but which, to those who do hear, are alarming in what they forbode, when their full meaning is appreciated. Connected with this sleep there is engendered in some persons a form of true epilepsy, which all the skill of physic is hopeless to cure, until the cause is revealed and removed.

And now I think I have said everything that I have time to say respecting the general phenomena incident to this primary stage of slow alcoholic intoxication in those who in the world's eye, as well as in their own, are temperate individuals—individuals who enjoy the choice things of this life heartily; who understand a glass of wine, and who can take a good many glasses, or a good many little goes of spirit if that be all, but who are never known by friend or foe to be worse for anything they take; who grow mellow as an apple under the mellowing cheer, but never fall, nor lose their power of taking less guarded companions safely home.

Organic deteriorations.—The continuance of the effects of alcohol into a more advanced stage leads to direct disorganisation of vital structures. When once this stage has been reached not one organ of the body escapes the ravage. According to the build or the hereditary construction of the individual, however, or according sometimes to what may be considered a local accident, some particular organ undergoes a change which gives a specific character to the whole of the phenomena that are afterwards presented. We then say of the person in whom such change occurs that he is afflicted with such a particular disease, letting the general sink into the local manifes-

tation. Many purely local modifications of structures and parts are in this manner induced in the blood; in the minute structure of the moving organs—the muscles; in the fixed vital organs, such as the brain, the lungs, the liver, the heart, the kidney. In the blood the influence is exerted upon the plastic fibrine and upon the corpuscles; in the brain, on the membranes at first, and afterwards on the nervous matter they enclose; in the lungs, on the elastic, spongy, connective tissue, which is, strictly speaking, also membranous; in the heart, on its muscular elements and membranes; in the liver primarily on its membranes; in the kidney, on its connective tissue, tubules, and membranes.

Special structural deteriorations.—The organ of the body that perhaps the most frequently undergoes structural changes from alcohol is the *liver*. The capacity of this organ for holding active substances in its cellular parts is one of its marked physiological distinctions. In instances of poisoning by arsenic, antimony, strychnine, and other poisonous compounds, we turn to the liver in conducting our analysis, as if it were the central depot of the foreign matter. It is, practically, the same in alcohol. The liver of the confirmed alcoholic is probably never free from the influence of the poison; it is too often saturated with it.

The effect of the alcohol upon the liver is upon the minute membranes or capsular structure of the organ upon which it acts to prevent the proper dialysis and free secretion. The organ at first becomes large from the distension of its vessels, the surcharge of fluid matter and the thickening of tissue. After a time there follows contraction of membrane, and slow shrinking of the whole mass of the organ in its cellular parts. Then the shrunken, hardened, roughened mass is said to be "hob-nailed"—a common but expressive term. By the time this change occurs the body of him in whom it is developed is usually dropsical in its lower parts, owing to the obstruction offered to the returning blood by the veins, and his fate is sealed.

Now and then, in the progress to this extreme change and deterioration of tissue, there are intermediate changes. From the blood, rendered preternaturally fluid by the alcohol, there may transude, through the investing membrane, plastic matter which may remain interfering with natural function, if not creating active mischief. Again, under an increase of fatty substance in the body, the structure of the liver may be charged with fatty cells, and undergo what is technically designated fatty degeneration. I touch with the lightest hand upon these deteriorations, and I omit many others. My object is gained if I but impress you with the serious nature of the changes that, in this one organ alone, follow an excessive use of alcohol.

In the course of the early stages of deterioration of function of the liver from organic change of structure, another phenomenon leading speedily to a fatal termination is sometimes induced. This new malady is called diabetes, and consists in the formation in enormous quantity within the body of glucose, or grape-sugar, which substance has to be eliminated by dialysis, through the kidney—a fatal elimination. The injury causing this disease through the action of alcohol may possibly be traced back to an infliction upon the nervous matter; but the appearance of the phenomenon is coincident with the derangement of the liver, and I therefore refer to it in this place.

The *kidney*, in like manner with the liver, suffers deterioration of structure from the continued influence of alcoholic spirits. Its minute structure undergoes fatty modifications; its vessels lose their due elasticity and power of contraction; or its membranes permit to pass through them that colloidal part of the blood which is known as albumen. This condition reached, the body loses in power as if it were being gradually drained even of its blood. For this colloidal albumen is the primitively dissolved fluid out of which all the other tissues are by dialytical processes to be elaborated. In its natural

destination it has to pass into and constitute every colloidal part.

The *lungs* do not escape the evil influence that follows the persistent use of alcohol. They, indeed, probably suffer more than we at present know from the acute evils imposed by this agent. The vessels of the lungs are easily relaxed by alcohol; and as they, of all parts, are most exposed to vicissitudes of heat and cold, they are readily congested when, paralysed by the spirit, they are subjected to the effects of a sudden fall of atmospheric temperature. Thus the suddenly fatal congestions of lungs which so readily befall the confirmed alcoholic during severe winter seasons.

(To be continued.)

ON THE ANTECEDENTS AND TREATMENT OF TERTIARY SYPHILIS. (a)

By C. R. DRYSDALE, M.D., M.R.C.P. Lond., F.R.C.S.E.,
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ACCORDING to Dr. Fournier, mercury, in general, cures syphilis, but not always, any more than quinine always cures ague. He scarcely ever uses corrosive sublimate, which is greatly disliked at the Lourcine Hospital by the female patients, who style the drug *casse poitrine*. It is curious that I hear that perchloride of mercury is not given out by the heads of the Naval Department for use by the medical officers in the United Kingdom.

I have already said that I have become a convert to the use of mercury chiefly by these arguments of Dr. Fournier and by conversations with him, as also by Mr. Hutchinson's papers of 1874. My own prolonged experience of the treatment of syphilis without mercury soon led me to see clearly two or three points. First of all, I learnt that tertiary symptoms may arise quite without any mercury. This is now so well made out that I think it may be said to be believed by almost every practitioner in Europe, with the exception, perhaps, of Dr. Hernmann, of Vienna. But I also learnt before I abandoned mercury that persons treated carelessly by salivation and over-doses of mercury had sometimes extremely severe tertiary symptoms.

One gentleman, in 1863, came to me with innumerable cicatrices over all parts of his body, caused by tertiary syphilis. He had taken long and severe courses of mercury for many, many years during his unfortunate career. A poor woman, who has haunted me for many years past, with one of the worst tertiary throats I have ever seen, had been frequently and severely salivated about the year 1860. Time after time was she cured by large doses of iodide of potassium, and I attributed the gravity of her case mainly to the salivations she formerly underwent.

I have, furthermore, seen a great number of cases of secondary syphilis treated by doses of the iodide of potassium get quite well, and no tertiaries arrive after ten or eleven years. Thus, an elderly gentleman consulted me in 1863 for syphilitic roseola and mucous patches, and was treated with iodide of potassium, and quite without mercury. The result was, that he remained quite well until 1873, when he again called on me, this time affected with a totally different disease—gonorrhœa, which, being in what Dr. Bertillon has so well shown to be the dangerous condition of widowerhood, he had contracted at the age of sixty-seven. He had had no more secondary symptoms since 1863, and not the slightest tertiary. Such cases are common enough in treatment without mercury. I have had many cases which might well justify the saying of Dr. Lancereaux, that "clinical syphilis is a mild disease." Yet, on listening to the lecture of my friend Dr. Fournier in 1871, I

could not help feeling that, as he put it, this was a matter of counting; and, as I had found syphilitic sarcocele, tertiary sore-throat, ozena, and ulcers of the skin, occur frequently enough in my own non-mercurial treatment, I resolved to give the mercurial treatment a fair trial, and see whether it would prevent the dreaded tertiary stage.

I now come to the second point, and that is, the *Treatment of Tertiary Syphilis*.

Will it be believed? There has of late arisen quite an outcry against the value of iodide of potassium in the treatment of tertiary syphilis! Now, I should at once like to lay it down as a rule of practice, that, in this phase of syphilis, iodide of potassium is the remedy. Tertiary accidents, I may remark, may occur under all methods of treatment, and our patients should be informed of this, since it may be of the greatest importance for them to know it, when in ten, twenty, thirty, or forty years they may perchance be struck with some obscure symptom, possibly caused by syphilis. Tertiary accidents are continually misunderstood, and the great remedy for them is iodide of potassium.

There are, it is true, certain lesions which may be ranged either in the late secondary, or in the early tertiary period, such as rupia, sarcocele, and ecthyma, and in these cases mercury is alleged by Mr. Hutchinson occasionally to be of signal service; but these accidents may be called secundo-tertiaries. True tertiary syphilis rarely occurs before the second year; but after that may arise at any subsequent period of the patient's life. Patients usually seem in perfect health when the tertiary lesion appears. Tertiary lesions come on insidiously, and are often quite silent in evolving themselves, so much so that perforation of the soft palate often occurs quite suddenly, without the patient having paid much attention to the disease, which has been going on quietly for some time.

Tertiary syphilis attacks the parenchyma of the tissues. The whole body is its domain, and belongs to it from head to foot. Its two pathological characteristics are gummy products and hardening of the tissues. Syphilis, as it grows older, loses its aspect as a venereal affection, and, as M. Ricord quaintly expresses himself, "it has an honest look;" so much so that, under certain surroundings, the practitioner scarcely dares venture to suspect the existence of the disease. In such cases it is that the old adage is of service, "In dubio, suspice Venerem."

Tertiary syphilis is always a grave disease, and is frequently the cause of death, far more frequently, I think, than is generally supposed. Fortunately, it obeys therapeutic remedies far more readily than primary or secondary lesions do, and iodide of potassium is the remedy *par excellence* of this stage. Indeed, that drug enjoys such curative powers in the vast majority of cases that it is quite a marvellous and incomparable remedy. Some day or other, perhaps, the citizens of Dublin may be induced to erect a statue to Wallace, the discoverer of this priceless boon to syphilitic patients.

Now, before I advert to the other side of the case, let me just remind persons of experience of the lesions in which proper doses of iodide of potassium act so splendidly. First of all, then, in all cases of periostitis and nodes, whether in the long bones, on the skull or face, it is the only truly efficient remedy, and is most rapid in its action. Then, again, in ozena, large doses of the iodide of potassium very often cure the disease in a week or two. In that dangerous lesion of the throat dependent on old syphilis the wary practitioner will shun all paltering with mercury, and at once, without a moment's delay, pour in large quantities of iodide of potassium, thus saving his patient's powers of deglutition and phonation. To give mercury in such cases is, in my experience, a grave error in practice. In sarcocele, too, the iodide of potassium rapidly melts down the gummy deposits, leaving the testis free.

However, let it be remembered, that the iodide of potassium, even aided by mercury, in obstinate cases, is not all-powerful or infallible against tertiary symptoms. Like other great remedies of our Pharmacopœia, it has its failures and reverses. From one cause or another, tertiary lesions

(a) A paper read at the Medical Society of London on the 15th February, 1875, Mr. Victor de Meric, President of the Society, in the chair.

may become unamenable to any treatment, whether it be that the remedy have arrived too late, or common inflammation exists around the syphilitic lesion, such as is found in syphilis of the brain. Certain cases seem beyond the reach of art, especially in the case of diseases of the nervous system. Palsies of syphilitic origin are but too often incurable. There are, too, cases where grave relapses take place, where we are always curing the patient without ever effecting a complete cure—desperate cases of syphilis, where the life of the patient is one long tragedy.

It has been said lately by an author of experience in this country that, putting aside cases of injury, hemiplegia and paraplegia occurring in a person between the ages of twenty and forty, not associated with albuminuria and embolism, are in nineteen cases out of twenty the results of syphilis (Buzzard on "Syphilitic Nervous Affections"). Hence the importance of trying iodide of potassium and even mercury in all cases of palsy occurring insidiously among young adults.

I have said that, of late years, there has been quite a wide-spread tendency, especially in Germany, headed by Dr. Virchow, to detract from the fame of the iodide of potassium in the treatment of tertiary syphilis, and to put forward mercury as the grand treatment for syphilis in all its periods. That very thoughtful and distinguished practitioner, Dr. Hardy, of Paris, for instance, in his work "Sur les Maladies de la Peau," p. 208, admits that tertiary symptoms are pretty rapidly ameliorated by iodide of potassium, and that this drug is used by all practitioners; but, whereas the majority prescribe it alone, he thinks it preferable to administer mercury with it, and, therefore, orders one or two mercurial pills at night, and fifteen to twenty grains of iodide of potassium in the day, in the majority of cases of deep syphilitic ulcerations that he sees. In a lecture delivered last year by my friend, Mr. Balmanno Squire, I could observe the same idea, as to the unsufficiency of the iodide of potassium, pervading all that was said as to the treatment of tertiary lesions.

Aix-la-Chapelle has lately gained quite a renown for the treatment of syphilis, and there again I find the most popular practitioners speaking, as I think, far too slightingly of the value of the iodide of potassium. Dr. Ziemssen, of Aix, spoke very disparagingly of the curative effects of the drug in the debate which took place last year in the Hunterian Society of London, and Dr. Schuster, of Aix, has put forward recently (*Deutsche Zeit. für Pract. Heilk.*, 1874) the following axioms, from which I greatly dissent: "Mercury has its best indications against the secondary and tertiary appearances of syphilis, such as the exanthems, gummy tumours, diseases of the bones, &c., although contra-indicated in diseases of the liver and kidney."

It would seem as if the proximity of Germany and of Aix-la-Chapelle had of late years influenced the opinions of Belgian practitioners of eminence on this point, for I find Dr. Thiry, of Brussels (*Presse Médicale Belge*, Nos. 37 and 38, 1874), going so far as to express himself as follows:

"Iodide of potassium does not possess any influence on a patient whilst under the influence of syphilis, and it is only when the syphilis has disappeared that we can destroy the poisonous effects of the mercury by the iodide of potassium, if mercury have been abused. Do not forget this (he adds), that iodide of potassium is of no effect in true syphilis, and if it is generally regarded as efficacious in the tertiary period of syphilis, it is because these accidents called tertiaries frequently have nothing to do with syphilis, and have been already treated unavailingly with mercury."

These quotations show well how strong an opposition is at present being made to the administration of iodide of potassium, even in the period when it is, as I hold, the most splendid of all the therapeutic agents we possess at this day.

M. Thiry seems to base his continuity of treatment by mercury in all periods of syphilis on the idea that

tertiary syphilis is still syphilis; and he cannot understand, he says, how a remedy which is useful at one time of the disease can prove of no service at another. But, it must be noticed, that when the tertiary period arrives, the disease has generally assumed a very different aspect from the one presented during the secondary period. Tertiary lesions are not contagious like secondary ones, and whilst a mother affected with roseola or syphilitic psoriasis, if pregnant, is almost certain to give birth to a diseased infant, we see continually women affected with tertiary disease of the throat, bones, &c., having perfectly healthy infants; for transmission to the offspring rarely, if ever, occurs in the true tertiary stage of the disease.

Nor is it allowable in these days to account for the utility of the iodide of potassium in tertiary syphilis by saying that when it does good it is because syphilis has been over-mercurialised. In this country, at least of late years, over-mercurialisation has been rare, and yet the value of the iodide of potassium is well-known among the foremost writers on syphilis in the United Kingdom.

No doubt, in former days, the abuse of mercury did, as I have witnessed, greatly aggravate the ensuing tertiary symptoms: but tertiaries arise without any mercury, and are curable when they thus arise just as rapidly by the iodide of potassium as when mercury has been previously used. This fact, indeed, led M.M. Perrin and Dolbeau, in the debate in the Société de Chirurgie in Paris, in 1867, to say that mercury could easily be discarded from the treatment of syphilis, since these gentlemen urged that tertiary symptoms, when they do appear, are so readily amenable to iodide of potassium, that we need not much dread them.

For my part, I hold that mercury is very injurious, as a rule, in all cases of true tertiary syphilis, which are diseases of debility, and require analeptics, not antidotes, as secondary symptoms do. Kupia is, for the most part, successfully treated by the iodide of potassium, whilst gummy tumours and nodes quickly improve under its use. When relapses take place we can only say that the remedy must again and again be used, and that for many years, if the disease prove obstinate and require it. Mercury often, in my experience, greatly aggravates tertiary symptoms. It is important especially to beware of it in tertiary sore-throat, or we shall let the patient sometimes lose his voice and powers of deglutition.

With regard to the dose of iodide of potassium, five grains, given thrice daily, are usually sufficient, except in cases of urgency, as in sloughing of the soft palate. In such cases, I give 15 or 20 grains, five or six times daily, in plenty of water; and I cannot say I remember to have had many disagreeable effects from such doses. I hear, however, of complete wasting of the testes occurring in one case cited by a Parisian author recently. Such effects are rarities. It seems to me that, at present, we can give no satisfactory reason why the iodide of potassium is curative in tertiary syphilis; but who is there who has any theory why quinine cures ague, or colchicum the pains of gout? It is precisely in such cases of specific action that we have most reason to be astonished at the miraculous and unexpected results; and whilst admiring ourselves, we should teach our juniors the art of medicine.

Summing up the results of this short discussion as to the antecedents and best treatment of tertiary syphilis, I would say that the evidence I have adduced seems to me to prove that tertiary syphilis is oftener seen in old persons and in persons of scrofulous or consumptive family history than in those who have sound constitutions and who are well fed and temperate.

From the late evidence of Drs. Ricord and Fournier, I have been led to adopt the conclusion that the administration of protracted courses of mercury in the early stages of the disease tends to ward off very materially the chances of tertiariism. I have, therefore, after a severe struggle with my former long-cherished beliefs, begun to imitate these gentlemen in giving several months of small doses of grey powder, or the green iodide of mercury (two or three grains of the former, or one grain of the latter in

the twenty-four hours) when my patients will take my advice. But what I desire to learn more about from the distinguished auditory around me is, whether the drug should be given for six months at a time, or, as Fournier advises, in an intermitted manner, for two years, giving ten mouths with, and fourteen months without it, or for how long? I confess that I am too much of a tyro in the matter of mercurial courses to offer an opinion on this point, and hence seek for further light from my respected brethren in this country. Of late their utterances in this matter have been, it seems to me, rather wanting in precision.

Should a patient with true tertiary syphilis come before me, I give large doses of iodide of potassium, either diluted largely with plain water, or contained in the decoction of sarsaparilla; and I obtain in the great majority of cases most admirable results. The only cases in which I admit that mercury may be useful, before the iodide has been tried, are those of the secundo-tertiary group, such as rupia and pustulo-crustaceous eruptions. In all other cases of tertiary syphilis, I strongly contend that mercury is, as a rule, injurious, and that it should not be used except as a last resource, when iodide of potassium has been tried and failed. Such are my present beliefs, held until greater knowledge and experience may qualify them.

Mr. President, I have to thank yourself and the Fellows of the Society for the kind way in which you have listened to my paper, and to express myself as having been greatly honoured in reading on the treatment of syphilis before such an eminent authority as yourself.

CLINICAL MEMORANDA.

Reported by JOHN W. MARTIN, M.D.,
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Pneumonia—Recovery by Lysas.

AUGUST 7th, 1874, I was asked to see M— P—, set. 17, by occupation a housemaid, two days ill; commenced with rigors, pain in the back and limbs, prostration, and sore-throat. When seen, face flushed, eyes suffused, tongue loaded, anorexia, constipation of the bowels, pungent heat of skin, and rapid respiration. Pulse 120. Ordered her into hospital.

Evening visit—found her complaining of a severe pain in the right side, preventing a full inspiration, and accelerating respiration. Affected part, dull, respiration tubular, and bronchophony. Much troubled with a short hard cough, attended with the characteristic rusty sputa of pneumonia. Tongue was cleaner, and the general febrile condition improved.

Treatment consisted of milk diet, turpentine stupe and hot poultices to the affected side, and the followins mixture:—

R. Bicarbonate of potash, } aa ʒij;
Citric acid, }
Liq. ammoniæ acetatis, ʒi;
Tr. aconitæ, ℥90;
Syrupi, ʒi;
Aqua ad ʒviij. M.

Two tablespoonfuls to be taken every fourth hour.

August 8th.—Passed a sleepless night; general symptoms, however, improved. Pulse 108; respiration 32; temperature 103°. Sputa not so deeply tinged with blood. Bowels moved, and the pain in the side diminished.

August 9th.—Slept well, and feels better. Had five motions since last visit. Pulse 104; respiration 34; temperature 103°. Heat of skin still very pungent. Treatment continued.

August 10th.—She was very delirious during the night. Got out of bed several times and walked about the floor, with difficulty being induced to go back again. About

6 a.m. she fell into a sound sleep, which continued up to the hour of visit, at 11 o'clock, when I found her lying on her back, the respiration tranquil, 24 per minute, pulse 60, and the temperature 95°. Skin quite cool; pain in the side gone. The well-marked dulness of the affected part unchanged. She had had no expectoration since the previous day. The tongue was clean and the bowels regular. Altogether she felt decidedly better.

August 11th.—A return of the expectoration, which was slightly tinged with blood. Pulse 76; respiration 24; temperature 98°.

August 12th.—Rusty sputa continued. Slight return of resonance and respiratory murmur in the seat of dulness. Had no cough or other unpleasant symptom. Pulse 72; respiration 22; temperature 98°. Directed a piece of Brown's blistering tissue to be applied to the side and left on for eight hours.

August 14th.—Blister acted nicely. Convalescent. Gave quinine in mixture and good nourishment.

The subsequent history of the case was one of steady convalescence, with a complete return of resonance and respiratory murmur to the portion of lung which had been consolidated. The rapid subsidence of all the symptoms upon August the 10th, the fifth day of illness, is worthy of remark.

INDIAN MEDICAL NOTES.—No. XXXII.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, January, 1875.

DOGMATIC.

THE month of January is here particularly cold in the early mornings, down to 26 in a tent, and at the Hills down to 12, wonderfully bracing to some constitutions, equally trying to weak hearts, lungs, livers, kidneys, or to those poisoned by syphilis, which, under the name of rheumatism or neuralgia, may torture terribly. Toothache, earache, irritation of the bladder, tendency to dropsy, to paralysis agitans, indeed, paralysis of any description, to Bright's disease, hæmaturia, diabetes *inter alia* may be induced or provoked by cold; so may tetanus. A woman, after the removal of a benignant mammary tumour the other day, was doing very well until one cold night a chill started tetanus, and although chloral for a time proved very valuable, she died. A half-caste woman, set. 45, with a history of cholera, epilepsy, uterine hæmorrhage provoked by polypi, with a sad story of years' ill-treatment, blows on the head and poor living, one cold night, a fortnight ago, found her jaw rigid, so that now with the greatest difficulty is she fed. The wish is to enter into this interesting case when completed. Every afternoon spasms come on, the silly, puffy, grinning face becomes more ghastly, a convulsion induces spasm of the diaphragm, both arms work up from the elbows, the legs are quiet yet rigid, she suffers great pain, the pulse feeble, the temperature often high, yet capricious, the body bathed in perspiration, the bowels constipated, the bladder irritable, yet neither opisthotonos nor emprosthotonos. The convulsion lasts but a short time, leaving the patient very enfeebled, moaning and sobbing during sleep. The tongue, of course, cannot be seen; for more than fourteen days the jaws are locked, just allowing liquids to trickle in. Kept very warm, fed on milk, beef-juce, beef-tea, eggs. She has large doses of iodide of potassium during the day, chloral at night; blisters are applied to neck and temples, the bowels relieved by turpentine, the spine rubbed with sedative liniments; neither chloroform nor henbane did any good; the wish was to try Calabar bean—not procurable. The intellect remains marvellously clear, the speech is guttural, yet by signs her replies are intelligible. Probably, tape-worms have added to the causes inducing chronic idiopathic tetanus, the prognosis most unfavourable; change of life, too, must be considered. Mark my words, she will die, and the post-

mortem will throw no direct light. Tetanus occurs in India after delivery occasionally, and at quickening in England; but I must not drift into this extensive subject, for infantile trismus is a familiar disease easy to describe. This poor woman somehow reminded me of a case of hydrophobia, treated years ago, in certain respects, so it did of chorea, and the clear intellect characteristic of that pitiable, terrible condition termed locomotor ataxy, when we can give no hope to the patient, who, to the uninitiated, appears only to be temporarily ill. Rheumatism is another disease which tries the natives badly fed, the poorly clad, who, exposed to the sun by day, have scanty bedding on cold wet ground at night. As a medical student it was my bad fortune to have two attacks of rheumatic fever of severe type, yet during several years of professional life in England, Ireland, besides the extremes of temperature of Canadian cold and Indian heat, the pains never recur; yet the damp cold or the damp heat of Northern India racks certain constitutions irretrievably. When under canvas the sword and spurs are wet with dew, and the air pierces the very marrow-bones; then do the old toppers or the syphilitised complain of the pains. Under the head of rheumatism, 26,155 cases were treated in 10 years in Bengal, of whom 28 died, 1,870 were invalided. Of rheumatic fever I have treated two genuine cases here, and ahoals at home—trusting to alkalies, colchicum, sedatives, wrapping up the joints, anticipating pericarditis, plenty of blankets, no sheets, splendid nursing, &c. As a rule, the disease is a safe one, yet very wearing to patient, nurse and practitioner; it must run allotted course, all abortive measures mischievous. The greatest sufferers are suckling women inclined to hæmorrhages. Dry heat and cold are very tolerable, provided due precaution be adopted. If you lurch severely, then go about with a skimpy helmet—look out for sunstroke in May; if careless about warm clothing, diet, and abdominal protection in January, do not blame India, or crab climate, when colic, dysentery, or rheumatism supervene. Some men grow very fat in the cold season—sleek-headed men, such as sleep at night, sleep at meals, after meals, at all hours: thus fatty degeneration goes on—the minute cerebral vessels become weaker, perhaps give way; so to avoid death, paralysis, or brain softening, exercise and dietetics must be enforced. Fever, in the month of February, still runs on in its puzzling way; for those who go in for subsoil theories are reminded of Mean Meer, where, with scanty rainfall and the water at a great depth, the fever may be as virulent as ever. In the last Blue Book is reiterated the statement, this time by Dr. Munro, C.B., that no such poison as malaria exists. Certain conditions of electrical character, induced by heat and moisture, act on the sympathetic nervous system, causing fever by paralysis. Intermittent, remittent, jungle, yellow fever, cholera, heat apoplexy are different degrees of such paralysis, which at the onset may be controlled by quinine. Doctors differ. With Uriah Heep humility, many of us, knowing nothing, say nothing, for speech is as silver and silence as gold. Let us see what the divine William writes:

My wind cooling my broth would blow me to an ague;
Here let them lie till famine and the ague eat them up,
As dim and meagre as an ague's fit.
Home without boots in foul weather, how 'scapes he ague.
Worse than the sun in March, this praise doth nourish ague,
Ague which hath made you lean;
And danger like an ague subtly taints even then
When we sit idly in the sun.

With Bryden's Tables and Shakespeare many a pleasant hour may be spent by those curious about certain matters, for the medical chronicles of England wonderfully harmonise with Indian diseases of to-day. There are certain remedies very valuable in intermittent fever—for instance, emetics, also podophyllin, turpentine, chloride of ammonia, iron, arsenic, quinine, the frequent administration of powders containing one-eighth of a grain of tartar emetic combined with five grains of nitrate of potash, not forgetting opium, paregoric, chlorodyne, and chloral. The last 30 cases of diarrhoea all had the same, an ounce

of castor-oil, a drachm of turpentine, ten minims of laudanum, horizontal position, no food. Should diarrhoea continue, then ipecacuanha, commencing with five-grain doses. Very satisfactory results, after years tried of every treatment. A day or two ago, examining the ilium of a case termed enteric, certain medical men were not content, the lesions not sufficiently characteristic; it is so difficult to discriminate between remittent and enteric. A man comes in with headache, lassitude, muscular pain, epistaxis, gurgling, yet no diarrhoea, the abdominal tension very trifling; yet he dies of enteric, and his evacuations are dangerous when inhaled by one man, who develops enteric, yet other persons, young and weakly, escape. This subject is ever on my mind. I believe the same poison excites suppurative inflammation of the liver, besides dysentery. One colleague states that enteric burst out in the bush in New Zealand. Another insists on the germ introduction into constitutions, there to flourish or die, according to the soil, congenial or otherwise. At certain seasons, in certain places, the poison, encouraged by heat, moisture, and faulty sanitation, is there looking out for those susceptible; so the fire kindles, to go out when atmospheric conditions change. From one case the disease runs on to the next person, after an incubation of three weeks, possibly longer; but here head symptoms are very prominent, not so the eruption, which may or may not appear. Nor do we require, or gain, or learn anything by the eruption when the other points are as plain as a pikestaff. Enteric confers no immunity from ague. Conversely, some men appear to pick up wonderfully, to look stronger. This letter, written hastily to catch the post, reads unsatisfactorily, somewhat suggestive of the lines, "I am Sir Oracle, and when I open my lips, let no dog bark."

CASE OF DOUBLE AMPUTATION OF THE THIGH IN COUNTRY PRACTICE.

By ROBERT MORTON, M.B., F.R.C.S.I.,
Castleblayney, Co. Monaghan.

I HAVE allowed some time to elapse since this case occurred, because I did not think any great interest attached to it more than the severity of the accident, unless it be in a statistical point of view.

While medical officer of Bellaghy Dispensary, Co. Derry, I was hurriedly sent for on the 21st January, 1867, to see an engine-driver who had been hurt in Castledawson Mill. The mill was worked by water-pure, but that not being sufficient, steam was added, and the shaft connecting the steam machinery with the mill passed through a small house built to protect the shaft itself and to allow nothing to approach it. This shaft required to be oiled occasionally, and means for doing so through the roof were provided; but this unfortunate man, having on an outside coat, unlocked the door and went into this small chamber with his oil-can. He was caught by the shaft and whirled round, revolving from twenty to thirty times a minute; as he was caught near the shoulder and behind it, his legs struck the clay floor and one brick wall in each revolution. From the time his position was seen (the noise of machinery drowning his cries) to the time of his release must have been from seven to ten minutes; but he, poor fellow, was positive that he was in two hours. When I reached him, 4 p.m., he had been removed a short distance to his own house and lay there cold and pulseless, hardly sensible—his hands were a little battered and his body safe, but on cutting off his trousers both knee-joints lay open, worn open, one patella turned down on the leg and the other standing straight out from the joint, both separated from the extensors; the tibia and femur were exposed, and sand ground into their worn surfaces. Though the knees were equally bad, the left leg was most injured, but both were scraped and bruised, the toes and nails much shattered. I sponged quantities of clay and sand out of the joints, and

put up each leg on a splint with foot-board, like fractured patella, with warm water dressing, hot brandy, blankets, &c.

9 p.m.—Slight reaction, with thirst and vomiting, intense pain, described as if his legs were in the fire.

Jan. 22.—Still semi-collapse; vomiting incessant; passed the night in a sort of stupor.

I was now joined by the late Dr. Vesey, of Magherafelt, who heard of the accident and came unasked to my assistance, and was indefatigable in his kindness through the entire case. I had thus the help of that bold and successful operator, excellent surgeon, and sincere friend.

Twenty-four hours after the receipt of the injury reaction was not sufficiently established to do anything; but as soon as we could we decided on amputating one or both thighs together, as the only chance of saving his life; and as the patient was young, about twenty years old, strong, healthy, and temperate, a better-developed specimen of a man than is usually seen, we hoped for the best. Besides, he himself was anxious that anything should be done to ease his intense pain and plenty of friends would assist him in case he survived.

23rd.—He seemed able, and was willing, to risk amputation of the left thigh, this was the most painful. The joint was full of fetid pus and blood, the leg swollen, dark and glazed, while his pulse had risen to 120.

Dr. McMullen kindly gave chloroform, and assisted by the late Dr. Vesey and the present Dr. Vesey, then a student, I amputated by circular method about the centre of the femur. This being as far as I could go from the trunk and secure a flap even by this operation, the tissues about the joint showing a much greater extent of injury on this than the preceding day, but two arteries required ligature. He showed no symptoms of shock, but got great relief from pain on that side, and on the evening of this day was better than any time since the accident.

24th.—Much the same way as on the morning of the 23rd. Is now anxious to have the other limb off. Pus welling up in the joint and escaping through the bed, while below the knee the leg was discoloured and swollen, like the left leg the day before. Accordingly, with the same valuable and friendly assistance I removed the right thigh in the same situation as the left by the same operation. Six arteries required ligature.

At 3 p.m. he was wonderfully recovered, and pain relieved; at 9 p.m. still more so. Drank freely beef-tea and some brandy, though the stomach sometimes rejected it.

25th.—Bowels acted freely; urine passed naturally; pulse 111, and as strong as at any time since the accident; his spirits actually cheerful.

26th.—Dressed left stump with Dr. Vesey, and examined the right; both looked first-rate, and no bad symptoms of any kind.

27th.—Had a bad night, but seemed better; pulse 102, weak. This day congestion of the left lung seemed imminent, but disappeared towards evening.

28th.—Dressed both stumps; they appeared to be all that could be desired; while he was stronger, more cheerful and hopeful than before; pulse 105.

29th.—Restless, no sleep; pulse 111.

8 p.m.—Pulse 120; delirious, complaining bitterly of the weight of right stump, bandages not tight, and no pain on pressure.

30th, 9 a.m.—Delirious all night, and still so; pulse 120, and weak; right stump still painful, so bandages were opened, as thigh seemed swollen, and there was for the first time pain on pressure along inside of thigh and groin; veins hard and knotty.

1 p.m.—With Dr. Vesey dressed both stumps; the right had swelled so rapidly since 9 o'clock that the bandages were tight again; the edges of the wound were so swollen that we cut the sutures, when the flaps fell open, showing one mass of slough, with the femoral artery pulsating dangerously. As a bandage could not be borne, we merely put on a large carrot and linseed-meal poultice, which gave great ease. Nothing unusual about the left stump. He remained delirious till 5 p.m. next day.

31st.—He was quite calm, though sinking, and died at 6.30 p.m. with the composure and bravery of a Christian.

The extent of the injury in this case left us nothing to hope for—present pain intense and death in the future. Whatever idea might be entertained of removing the injured ends of femur and tibia of either or both limbs without resorting to amputation was destroyed by the extent of damage shown by the soft parts on the second day. The constitution, courage, and strength of the poor fellow could not be surpassed; his agony was severe, and his prospects of livelihood if he survived promised well. Up to the fifth day from the last, and the sixth from the first operation, he went on most satisfactorily. The fact of two ligatures being required for the first and six for the second operation is, I think, explained by the change caused in the circulation by the first amputation, or a difference in the point of division of the arteries, the section being in the same place for both limbs.

After the 29th, delirium, rapid weak pulse, œdema of right stump extending over abdomen and scrotum, tympanitis, pain on pressure over a knotty femoral vein, with sloughing stumps full of unhealthy pus, that seemed to burrow into the intercellular tissue between the muscles of the thigh, and could be squeezed out, with rapid and laborious breathing, made the final cause of death appear to be phlebitis and pyæmia, so rapidly fatal to a vitality already prostrated that no time was given for other symptoms to become developed. He never had a rigor or coated tongue, and urine was well secreted all the time. For the last two days the distressing complication of secondary hæmorrhage was never absent from my mind, and if he had lived much longer would probably have happened. The hygienic state of the patient was not bad, though not all that could be desired; we had great difficulty in keeping an even temperature, on account of the severe winter weather just at that time.

Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. RIVINGTON.)

Punctured Wound of Chest Penetrating the Lung—Pleuro-pneumonia—Recovery.

JOHN BOLETO, 23, a Greek sailor, was admitted March 15th, 1872. In a quarrel with a shipmate he was stabbed in the chest with the blade of a clasp-knife. On admission, at 1 a.m., he was found to have received a punctured wound three-quarters of an inch long, close to the right nipple. He had lost a great deal of blood, was very weak and pale, and there was external emphysema. Pulse 84, feeble; respiration rather laboured, 32; temperature 99.4°. The skin was moist and cool, neither cold nor clammy.

1.15 a.m. Sent to bed, an extra nurse ordered, and an injection of ergotine, gr. iij., administered; ice applied to the chest. Everything he drank was ordered to be iced. He fell asleep soon after he was sent to bed.

4 a.m. Temperature 101.0°; pulse 108; respiration 40; breathing heavy and laboured; pulse feeble; skin hot and dry; feet warm; pain in the right loin; constrictive feelings in the chest. He could not speak more than a few words of English, and could only express his wants by signs. He evidently wished the bandage removed from his chest, and tried to explain his sense of its inutilty. Kept on saying, "Me dead by-and-by."

10 a.m. Pulse stronger and fuller; skin very hot; troublesome cough, but no expectoration; tongue rather brown; not so much pain. As he had passed no water since admission, the bladder was emptied with the catheter. Urine high coloured, sp. gr. 1.025, no albumen.

The stethoscope revealed crepitation at the seat of injury; dulness on percussion.

9 p.m. Pulse feeble; hot skin; profuse perspiration;

temperature 101.5°; no vomiting; patient took a little milk and beef-tea, but disliked the ice. Wound redressed.

March 16th, 3 A.M. Patient was asleep, and had been asleep two hours and a half, but previously had been extremely restless. He had passed a large quantity of urine; skin cooler and moister; pulse feeble; respiration quicker. Poultice applied to the chest.

10 A.M. Wound redressed. Still complaining of the pain in his side; just above the middle of the right iliac crest, and still objecting to the bandage round his chest. Temperature 100.6°; skin hot and dry; dulness on percussion; tubular breathing at the back of the chest; crepitation and friction sound in front. Anxious aspect.

17th. Less anxiety of expression; tongue moist; skin cool; pulse fuller, less feeble, and frequent, 90; perspiration free; bowels freely opened by house medicine; local symptoms the same as before.

18th. Restless night; more anxiety; tongue brown and dry; no cough; pulse, respiration, and temperature had all gone down nearly to the normal standard, and he was free from pain; food taken fairly; perspiration less.

7.30 P.M. Improvement confirmed.

19th. Passed a good night. Abnormal sounds in chest fast disappearing; tongue cleaner; condition greatly improved.

20th, 21st. Convalescence established.

22nd. Allowed to get up.

24th. As he complained of some pain in the right side of his chest, he was directed to remain in bed; otherwise he continued well, and took his food with appetite and relish.

He remained under observation for another month, and was discharged cured on April 20th.

It is probable that the injury caused some effusion of blood into the pleura, with a little local inflammation, quickly ending in absorption and resolution.

Deep Punctured Wound in Left Supra-clavicular Region and Incised Wound of Right Arm—Recovery.

Wm. McIntyre, lighterman, æt. 28, was admitted on September 1st, 1872, about 2 a.m., suffering from wounds which he had received in a quarrel with his brother. He was not intoxicated, but had been drinking freely. There was a wound in the skin an inch in length, running from before backwards directly above the middle of the upper margin of the left scapula, and extending to a depth of two inches. Both arterial and venous blood oozed from the wound, and it was thought by the house-surgeon that a branch of artery and vein (possibly the transverse cervical) had been divided. Another wound was situated on the right arm, over the middle of the biceps, and extended transversely through the skin and fascia for two inches. The patient appeared to be suffering from loss of blood.

The wound in the neck was closed with a single wire suture, and a graduated compress was applied to arrest the bleeding. The wound in the arm was also closed.

Sept. 2nd. Compress and sutures removed from both wounds, which had healed partially by first intention. Wet lint applied to incised wound, and punctured wound closed with lint and collodion. The patient complained of slight pain in the neck and upper part and left side of the chest, increased on taking a deep inspiration. After the application of the collodion the pain in the chest and neck gradually disappeared. The temperature continued normal throughout. In a few days he left the hospital, cured.

Punctured Wound of Abdomen—Protrusion of Omentum—Removal of Part and Return of the rest of the Omentum into the Abdomen—Recovery.

Henry Walker, 26, a healthy man, was admitted on Sept. 29th, 1872. He was fighting with his brother and was stabbed by him. On admission there was a skin-wound an inch and a half long in the lumbar region, with a direction obliquely downwards and inwards. The knife entered the abdominal cavity about an inch below the puncture in the skin. A piece of omentum, slightly torn,

protruded for nearly two inches, and could not be reduced. Mr. Cooke, the house-surgeon, placed a catgut ligature round it, cut off the protruding portion, enlarged the wound, returned the stump into the abdominal cavity, and closed the opening with lint and collodion, and applied a pad and bandage. Tinct. opii ℞v., every four hours.

Sept. 30. Temperature 100.6°; pulse 88; respiration 22.

Oct. 1st. Temperature, morning, 100°; evening, 100.4°; pulse 70; respiration 20.

Through the restlessness of the patient the dressings were shifted, and the collodion covering came off. The wound was washed with warm water, stitches were removed, narrow strips of strapping were applied, and a pad and bandage adjusted over all.

Oct. 2. Temperature 100.6°; pulse 78; respiration 26. Redressed.

Oct. 3. Temperature 101.2°; pulse 76; respiration 25. Redressed.

Oct. 4. Temperature 99.2°; pulse 80; respiration 20.

Tinct. opii stopped. Castor-oil enema given.

Below the wound a collection of pus had formed under the skin, and was evacuated. No symptoms of peritonitis. 5th. Temperature 98.4°; pulse 66; respiration 20.

6th. Temperature 99°; pulse 78; respiration 18.

Some pus discharged for several days from the wound. The progress was altogether satisfactory; the temperature, pulse, and breathing remaining quite natural.

By the 15th only a small opening remained, quite of a superficial character. Soon afterwards the patient was discharged cured.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 23RD, 1875.

C. J. B. WILLIAMS, M.D., F.R.S., President, in the Chair.

CONTRIBUTIONS TO THE HISTORY OF LARYNGEAL PHTHISIS.

By WILLIAM MARCET, M.D., F.R.S.

DR. MARCET divided his paper into two parts; the first being a short account of the history of laryngeal phthisis, and the second a record of his own observations on the subject. The second part began with a remark that laryngeal phthisis is both a symptom and an extension of a pre-existing disease. It is a symptom, because, when its existence is clearly established by laryngoscopic examination, there is no doubt that the lungs either are or will shortly become tubercular, if not obviously so at the time; it is an extension of a disease, because, as a rule (he did not say invariably, although it may be so), the pulmonary tissue first becomes the seat of tubercular growth, mischief appearing subsequently in the larynx. The author's former connection with the Hospital for Consumption and Diseases of the Chest at Brompton had given him a wide field for the investigation of laryngeal phthisis, of which he had availed himself; and he reported in a tabular form 70 cases of disease of the larynx in phthisis, in which both the physical signs of the chest and laryngoscopic appearances were faithfully recorded. This formed the groundwork of his communication. The author inquired into the main predisposing cause of laryngeal phthisis; and, after examining the various trades and employments recorded in 57 cases, came to the conclusion that excessive use of the vocal organ is hardly, if at all, a predisposing cause of that affection. Out of the 57 cases, 30, or a proportion of about 53 per cent., were employed on indoors or sedentary and home work; while, of 309 cases of phthisis attended by the author at the hospital in 1869, all of which were free from laryngeal disease, about 80 were employed on indoor and sedentary work, giving a proportion of 26 per cent. It would therefore appear that sedentary and indoor work has a marked influence as a predisposing cause of laryngeal phthisis. A case was recorded, however, where the disease broke out in a butcher's assistant, whose business it was to call out the weights of the meat on

the scale. This appears to be a very laborious work for the vocal organ. It was remarkable that there was not a single hawk on the list of cases of laryngeal phthisis. Deficient out-of-door exercise and want of pure air together, it might safely be added, with neglect of the rules of hygiene and mental anxiety, are the main predisposing causes of laryngeal phthisis. The disease, therefore, appeared to be a low form of consumption, and requires as much attention to be paid to the general state of health as to the local mischief, if not more. The author next alluded to a state of weakness of the muscles of the vocal cords occasionally met with in consumption, without there being any organic change in the larynx; and observed that in these cases the tensor muscles of the cords appear more often affected than the adductors, while in hysteria the latter set of muscles are more commonly at fault. Cases were given illustrating both kinds of affections. He afterwards described the appearance of the larynx in laryngeal phthisis, and insisted on the presence of a whitey milky, probably purulent, mucous fluid in the laryngeal cavity as a means of diagnosis of phthisis. The prognosis, where organic disease is detected in the larynx, in cases of consumption, is not favourable; still, much can be done towards relieving the pain and distress in the throat. The author then stated that there is nothing contagious in laryngeal phthisis, although the expired air from the chest of a person suffering from the disease may be peculiarly irritating to the throat of another in good health. He thought that this irritating property of inspired air equally applies to phthisis, without any affection of the larynx; indeed, he found the air expired by a healthy individual often irritating to the larynx of another person. He cited his own experience on the subject, and remarked that his throat frequently suffered from irritation in consequence of his being called upon to breathe near the mouths of his patients while using the laryngoscope in a succession of cases. Some remarks followed as to the unhealthy character of expired air in other respects; and the author then described the treatment. The application to the larynx of a solution of iodine in olive-oil, or of bromide of potassium in glycerine and gum-water, relieved the pain; and scarifications, when the larynx was much swollen, proved beneficial. Inhalations of iodine were also sometimes used with advantage. When the laryngeal mucous membrane was neither ulcerated nor much swollen, faradisation of the muscles of the larynx often succeeded in improving the voice. A few remarks were here introduced on climate. The author believed that, wherever those who suffer from consumption in an acute form may be living, except, perhaps, if residing high up in the mountains, they will, as a rule, derive benefit from removing to a place higher up, although, perhaps, not distant from their residence, and possibly not more than from one hundred to three hundred feet above it. The post-mortem changes in the larynx were shortly noticed, and then the author considered the cases he had brought forward. He related the history of two patients with laryngeal affections, who both recovered; one of them exhibited rather suspicious symptoms of phthisis, while the other case was one of acute laryngitis, with aphonia accompanying pulmonary congestion. The conclusions derived from the consideration of the table of 70 cases of diseased larynx in phthisis, in all of which the physical signs of the chest were reported, were as follows: 1. More men than women were affected, in the proportion of about two of the former to one of the latter. 2. The ages recorded in 55 instances appeared to show that most cases of laryngeal phthisis are met with between the ages of 20 and 30 years, or at that of 30 and above 20. Dr. J. E. Pollock states ("Elements of Prognosis in Consumption") that there is a large preponderance of cases of phthisis between those ages; and therefore, as far as age is concerned, the predisposition appears to apply equally to consumption, whether the throat be affected or not. 3. Out of 70 cases of phthisis, in which the larynx was affected, eight of them exhibited no visible organic change, with the exception of slight redness with congestion in two of the eight cases; tension of the vocal cords was deficient in five; in the three other cases, adduction of the cords was deficient in two, and abnormal in one. 4. In 31 cases out of the 70 the epiglottis was affected (a statement of the nature of the change in every case was given). 5. Only 13 cases were recorded of positive ulceration of the larynx out of the 70—this proportion appearing rather smaller than might have been anticipated. Patients with laryngeal ulcerations are, as a rule, older than those whose larynx, although affected, is not ulcerated. The mean age of the patients suffering from ulcerations in the larynx was 38 years,

while the mean age of those whose larynx was free from ulceration was 29·7 years; the author concluding that want of nutrition due to age appears to act as a predisposing cause of laryngeal ulceration. 6. Dysphagia, or difficulty in swallowing, was noted in 14 cases; but this symptom may, perhaps, have existed in others, although not recorded. As a rule, there is pain and dysphagia whenever the epiglottis is affected; although, where that organ is merely congested and streaked (without being indurated) by the presence of enlarged vessels, the discomfort may be very slight indeed, and hardly noticed by the patient. 7. Aphonia, or some alteration of the voice, was reported in 59 out of the 70 cases. Of the other 11, it was concluded from the state of the larynx that the voice was probably weak or otherwise affected in 9.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 10, 1875.

ANIMALCULES IN PUS.

THE great and ever interesting question of spontaneous generation has just been revived by a communication of recent date, addressed to the Academy of Sciences of Paris. M. Albert Bergeron, awakened by the report of Dr. Gosselin upon cotton-wool dressings of wounds and the place to be assigned to animalcules in the production of septicæmia, has had the lucky thought of making a microscopic examination of the pus from all kinds of abscesses met with by him for some time past, and with the following results:

In a certain number of cases of abscess he has ascertained the presence of microscopic animalcules (vibrios, or other species), whilst he has found none in others. The pus containing microscopic organisms belonged exclusively to abscesses in adults or old persons. Other abscesses, noticed in children, contained none. And, besides these, vibrios were not met with in cold abscesses, either in the adult or in infants. Such are the facts as observed.

The conclusions seem clear enough, and are, firstly, that in an organic liquid, when the diseased cavities are hermetically sealed, and quite away from the influence of the air and the germs it contains, inferior germs may appear; and secondly, that this only occurs at certain times of life, or in peculiar organic conditions.

M. Pasteur has been much excited by this curious discovery, as may well be imagined. This eminent chemist, thinking that the Academy of Sciences might have had enough of the question of spontaneous generation, took the subject to the Academy of Medicine, and there de-

manded that a committee should be appointed to examine the question, and ascertain how far M. Bergeron was correct in his facts. But the constitution of the Academy of Medicine does not permit such a committee, it appears, to be appointed.

Dra. Legros and Onimus, it seems, in 1873, presented to the Academy of Sciences the *résumé* of some experiments tending to demonstrate the spontaneous generation of beer-wort. The fundamental experiment of these gentlemen consisted in plunging, in a vessel containing sugar and water and wort, an egg previously deprived of its calcareous envelope, whilst the other membrane was left intact. Some days subsequently the beer-yeast was found in the interior of the egg. M. Pasteur repeated the experiment, and denied that the asserted fact was true.

M. Pasteur has made a great step in the science of fermentation by carefully circumscribing it and rigorously defining what is to be meant by the word fermentation. In his eyes there is no fermentation without ferments—i.e., without the intervention of the germs of living organisms which may be seen in the microscope. These microscopic organisms are proper organised bodies, and not only organised matters, like those albuminoid substances the presence of which, according to Trécul and Frémy, alone suffices to provoke fermentation. It is a great question to determine, indeed, if all fermentation, and especially putrid or septic fermentation, which most interests practitioners of medicine, is the product of a special living organism, the germ of which comes from without, or whether the substances which have been gifted with life carry within themselves the germ of their decomposition.

Dr. Gosselin remarks that Pasteur, whilst developing excellent thoughts about the difficulty of well observing the results of experience, and pointing out the errors committed by some of his opponents, may have left an impression on his hearers that his criticisms were made against the facts discovered by M. Bergeron. But, says M. Gosselin, that which Bergeron has said, he has seen; and what he has seen is that there are bacteria and vibrios in "hot abscesses" which have just been opened. These are observations easily made, and not delicate experiments like these referred to by Pasteur.

It suffices to have some tubes well washed with hypsulphite of soda, and heated with carefully distilled water and plates of glass, a power of 500 or 600 diameters, and a certain habit of using such instruments. One fact remains ascertained, and that is that the pus from hot abscesses sometimes (not always) contains vibrios and bacteria, showing a first degree of putrid alteration. This is not a question of spontaneous generation at all, says Dr. Gosselin, but simply one of pathological physiology and of clinical observation.

For many years past surgeons have been preoccupied with the thought that the great fevers which complicate wounds are infectious, and that they are caused by the products resulting from the decomposition of organic liquids, especially of pus. Thinking thus, they have more and more studied this liquid. We have for some time known how it is very putrescible in air, and that in the commonest form of its decomposition it gives rise to products of bad odour, sulphuretted hydrogen, sulphide of

ammonium, &c. When microscopic observations were invoked, it was found in addition to this, that pus, when it became putrid in the air, became filled with vibrios and bacteria; and it was for a moment hoped that in this there had been discovered a means of appreciating the evil effects of pus. Dressings have been invented, some having the property of preventing the formation of vibrios, and others of destroying them when formed.

Facts have, to a certain extent, responded to expectation; for the therapeutic remedies suggested by recent experiment have given good results. But this was not by preventing vibrios, or making them disappear, says Dr. Gosselin, but rather by preventing the ulterior and graver decompositions, the possibility of which was indicated by the vibrios to a certain extent. In the actual state of our knowledge, in a word, these microscopic animalcules are not the dangerous agents against which we have to fight; they are the forerunners which authorise us to be on our guard against the poison of the latter; and in this point of view it is not uninteresting to study them. It is from such ideas that M.M. Bergeron and Gosselin wished to find perchance pus in certain persons was not putrescible before the abscess was opened and contained bacteria. Gosselin was led to this research by the recollection of having seen hot abscesses, foetid, and filled with gas, far advanced in putrid alteration, which, nevertheless, had no communication with the air. It seems that bacteria are also sometimes found in the urine, whether acid or ammoniacal, of persons who had never been sounded, or sounded long ago. Dr. Gosselin, on this account, does not admit the spontaneous generation of such organisms in the liquids referred to. He would prefer, he adds, perhaps, to give no opinion on the subject; but, if obliged to pronounce himself, he would say that, carried away by the very beautiful demonstrations given by Pasteur in the case of other ferments, and, above all by the preventive deductions of such utility derived from these, he would ask whether there may not be an indirect way through which the germs capable of exciting fermentation may enter into the cavities of hot abscesses not directly communicating with the air. The answer, he thinks, is not very difficult. Why may such ferments not enter through the digestive organs, or lungs? Are they not inhaled with the air at each inspiration? Then invisible and intangible as they are, may they not with the oxygen pass through the thin walls of the pulmonary vesicles and their vessels and enter the blood. It must, in short, be admitted that our body is surrounded with ferments. Why should there be none of these inside? So long as these do not find a medium appropriate to their evolution, they remain inactive and infensively; but let this medium appear, like pus formed at the expense of the blood, in acute inflammation, may not these ferments then commence their action in decomposing the blood and forming vibrios and bacteria?

It is to be hoped that Pasteur and other able experimenters will try to unravel this difficult point. According to Gosselin's discovery, it seems that the use of carbolic dressing cannot be so important as supposed, since the very abscesses and wounds it has been so much employed for are the ones which contain vibrios of themselves, not derived necessarily from the air.

THE FRAUDULENT TRADING PROTECTION BILL.

WE are gratified to observe that the leading journals of the United Kingdom—lay and professional—have taken sides with the victimised consumer against Mr. Sclater-Booth's Bill to enable manufacturers and traders to cheat under the protection of the law, and we see with much pleasure that the condemnation of this proposal by the *MEDICAL PRESS AND CIRCULAR* has served as the text for warm protests by the *Pall Mall Gazette*, the *York Herald*, and other leading metropolitan and provincial journals. The outcry on the part of the public against this Bill is, in fact, unanimous, and the defence of it by the trade journals, though vehement, yet weak and inconclusive. The measure is truly one of the most audacious bills for Parliamentary sanction for trade malpractices that has ever come before the House, and the confidence of the shopkeeping interest in their own legislative strength is manifested by the fact that they have boldly demanded such protection as the bill gives them. We repeat, without fear of contradiction by any person who is conversant with the working of the present law, that the clauses of Mr. Sclater-Booth's Bill would render impossible any successful prosecution of any adulteration, however gross, except in the case of a manifestly poisonous admixture, and even in that case a conviction would be almost unattainable. The analyst of the county of Devon writes in corroboration of our view in the *National Food Reformer*, as follows:—

"The 4th, 5th, and 6th clauses each contain the word *knowingly*. I recommend this word to honest tradesmen, and point out that if it passes in the present state it will be to their manifest advantage to dispense their *mixtures* by the hands of some unintelligent assistant who does not nor will not know anything. I would also point out to *honest* tradesmen that the 8th clause contains no less than five loopholes, or I should say large, convenient, and airy openings through which they may walk out of court with head erect and character unstained.

"Mr. Wine Merchant, I hold in my hand an analysis showing your sherry is brandied and plastered, and therefore vilely adulterated.' 'Excuse me, Sir, it is mixed therewith for the purpose of preserving it' (sect. 6).

"My milk is watered; my tea is sanded; my vinegar is acidulated with mineral acid. The milkman, the grocer, the distiller, reply to my vehement accusation in indignant chorus—

"The usages of trade, Sir! the usages of trade, sir!' (section 6). But the most amusing part of the 6th section is what I may call its postscript, except where the article is unavoidably mixed with extraneous matter. Now there are few impurities which an ingenious advocate could not show were entirely unavoidable."

We cannot justify the presence of such provisions in the measure on any charitable ground, and can only look upon them as deliberately framed to enable traders and manufacturers to make dishonest profits by making and selling articles which are not what they profess to be, and not what the purchaser pays for or would accept if he knew their ingredients.

Be it remembered that we have no desire to place any restriction upon manufacture, trade, or consumption, except the one obligation that the admixture shall not be poisonous. We are aware that, in practice, it would be impossible to obtain complete purity, and improper to forbid the public to buy mixed articles if taste or economy prompted them to do so. Heartily as we have rejoiced

over the punishment of adulterators of tea, milk, mustard, cocoa, and other articles whose sophistication may be said to be innocuous, we have never argued that consumers should be precluded from buying these articles if they chose—with a full knowledge—to do so. Mustard may be as good with flour and turmeric as without it; cocoa may be as nutritious and more palatable with starch and sugar as without it; and if consumers think so there can be no reason why manufacturers should be prevented making up such mixtures for them; but there is every reason—in public morality if in no other way—why the manufacturer should not be allowed to make up any mixture he likes and sell it, at a vast profit, with a tacit warranty that it is a pure, genuine article, and by means of this implied guarantee to induce the consumer to buy that which he might refuse to touch if he knew its constituents, and which he certainly would refuse to pay for at the rate at which it is charged to him. This transaction is—rendered into English—a plain obtaining of money under a false pretence, and yet it is what we see a Committee of the House of Commons suggesting and Mr. Sclater-Booth proposing. Is there any hardship on the trader involved in asking him to state plainly to his customer what he is selling? If the article is good, cheap, and palatable, it will be bought with more readiness, because the purchaser has confidence in it; if it be noxious, useless, or nasty surely its sale ought not to be aided by permitting the employment of any false pretence. We urge, therefore—however Utopian the proposition may appear to be—that an article shall be described as what it is by a plain, readable label. We must have no subterfuges and no attempts to hoodwink the customer by an insufficient description. A cocoa-maker who wishes to sell a mixture of starch, sugar, and cocoa, at say 4d. a package, instead of genuine cocoa at 6d., should not be permitted to veil the admixture by calling the mixture "homœopathic cocoa," or "improved cocoa," or any other such euphonistic title. His label should be plainly "cocoa mixture, containing so much starch and so much sugar," with any laudatory additions which he may suppose will please the customer. We insist that the poor customer would, in the long run, prefer to buy such an article for 4d. to paying 6d. for the pure material, and the manufacturer would be none the worse for adhering to the simple truth. He would receive the honest profit of his trade, and we maintain that the law should forbid him to receive any other; and yet Mr. Sclater-Booth gravely suggests that all such fraudulent profits are to be tolerated so long as they are "the usages of the trade."

Against one of Mr. Sclater-Booth's proposals we have a special protest to make—that which requires that a vendor shall *knowingly* sell an impure article before a conviction can be obtained. There can be no other reason for such a proviso except the protection of frauds in detail, because it must be evident that no proof of guilty knowledge could be procured except by the confession of the culprit himself, or the proof that the person from whom he bought the article explicitly told him of its constitution, and as such proofs are obviously impossible, Mr. Sclater-Booth might as well simplify his bill by reducing it to one clause, to the effect that no retail dealer should ever be prosecuted for adulteration.

Surely it is neither a hardship nor a departure from "the usage of trade" to throw the onus upon the retail dealer. If a railway contractor specifies for the best steel rails and only puts in iron, he is not allowed to plead that the manufacturers did not tell him the difference, and that he did not ask. If a jeweller is asked for a fine gold bracelet, and sells one two-thirds alloy, he is not permitted to plead that he had no means of knowing the amount of impurity. Why, then, should a grocer who sells made-up cocoa as pure be allowed to repudiate any obligation to know what he sells. Is it any hardship on him to insist that he shall obtain a warranty from the manufacturer or the merchant? Not at all! for if he is deceived in the article he buys, and is afterwards punished for selling adulterated goods, he has his remedy to the fullest extent against the firm who supplied him.

These arguments must, we believe, recommend themselves to any unbiased mind, and we therefore leave the subject for our readers' consideration, quoting simply the words of the *Pall Mall Gazette*: "It is to be hoped that Conservative reaction will not take the form of undoing the little that has been done for the protection of the public against adulterated food. Such a policy will, no doubt, be greeted with frantic applause by a large number of dishonest and disreputable traders, but it will create a very disagreeable impression in thousands of households where even under the working of the present imperfect machinery of the Adulteration Act, pure milk is now thankfully drunk as a pleasing novelty, and will not be relinquished without a feeling of intense disgust and dissatisfaction?"

Notes on Current Topics.

Professor Humphry on Intemperance.

THE annual report of the Cambridge University Temperance Union contains a speech by Dr. G. M. Humphry, F.R.S. He said there was nothing which tended to sap the foundations of society, physically, morally, and spiritually, so much as intemperance, lying as it did at the root of almost every sin, evil, and crime. With regard to the physical evils resulting from intemperance, he would say that there was nothing which tended more to enervate the body and lower the *physique* of the people of the country, and thus necessarily to lower its moral and religious condition, than the evil of intemperance. They were at present in England considering sanitary questions, but there was no one of the evils they were seeking thus to remedy, he was certain, which was eating, as this was—like a cancer—into the heart of the people. The danger, the terrible destruction, it was producing was incalculable. When a medical man was called to a patient one of the inquiries he made with eagerness and earnestness was whether he was a temperate man or not, feeling that upon this point in a great measure often depended the issues of life and death. He thought this was a peculiarly fitting time when the question should be taken up, because of the increase of wages that was taking place. It was to be feared that increase of wages too often led to increase of drinking. Nowhere was there such a large

pauper element as in England, and that pauper element was due in the main to the fact that we were a drinking people. As a practical mode of meeting the question, he would impress upon all to follow these two maxims:—First, never, under any consideration, should wages be paid in the form of drink; this was a prodigious evil—giving a man a pint of beer for doing a given service. Secondly, never, or scarcely ever, except medicinally, should beer or wines or spirituous liquors be taken in the intervals between meals. This applied to all classes in the community. There was, he believed, nothing worse than for a man, and not less a woman, when feeling low and weak and depressed, as is often the case about eleven o'clock in the day, to resort to the habit of taking a glass to revive them. This occasional, and then frequent, taking of stimulants was at the root of a vast amount of physical evil; and he did not think his own (the medical) profession altogether free from blame, on account of the advice sometimes given incautiously in this respect. He was, therefore, glad of the opportunity of raising his voice against such a terrible mistake.

Falsification of Articles of Household Use.

IF a small quantity of milk of lime be added to melted lard, the soap which is formed permits of the incorporation of about 25 per cent. of water with the fatty body in such a way that at first sight the falsification is not noticed. This property of calcareous soap is known to and put to use by the American lard renderers, as was discovered by a druggist who employed some such lard in the preparation of a pomade containing nitrate of mercury; he was astonished to find his pomade assume a slate colour. On examination, the lard was found to contain much water and some lime.

In the *Boston Journal of Chemistry* we find an article from the pen of Mr. Sharples, the State Assayer. Speaking of the adulteration of soap, he says:—"Other things being equal, the man is most successful in the business who can incorporate the most water in the soap and still have it retain its form. This adulteration can easily be detected by drying it, first at a gentle heat and then at 212° F., having previously reduced the soap to fine shavings.

The next adulteration, and one which has many defenders, is the use of rosin instead of fat in the manufacture of the soap. Some of the most expert at this business have succeeded in thus introducing 75 per cent. of rosin to 25 per cent. of tallow. This, with rosin and sal soda at about 2½ cents per pound, while the soap sells for 5 or 6, yields a reasonable profit. Another common adulterant is finely ground talc or marble dust. These are mere make-weights, and there is no reason for their admixture. I recently heard of a manufacturer who boasted that he had been able to introduce over 65 per cent. of adulteration in his soap, exclusive of the rosin."

Jelly from Old Boots.

THE reader may stare, but science smiles superior and asserts very emphatically that a toothsome delicacy can be made from a dilapidated foot covering. Some time ago, says the *Scientific American*, Dr. Vander Weyde re-

galed some friends not merely with boot jelly, but with shirt coffee, and the repast was pronounced by all partakers excellent. The doctor tells us that he made the jelly by first cleaning the boot, and subsequently boiling it with soda, under a pressure of about two atmospheres. The tannic acid in the leather, combined with salt, made tannate of soda, and the gelatin rose to the top, whence it was removed and dried. From this last, with suitable flavouring material, the jelly was readily concocted. The shirt coffee, incidentally mentioned above, was sweetened with cuff and collar sugar, both coffee and sugar being produced in the same way. The linen (after, of course, washing) was treated with nitric acid, which, acting on the lignite contained in the fibre, produced glucose, or grape sugar. This roasted, made an excellent imitation coffee, which an addition of unroasted glucose readily sweetened.

Circumcision of the Jews.

DR. LEVITS (*All. W. M. Z.*, No. 46, '74) says that circumcision, which is represented as harmless, is dangerous, as he knows from a thirty-five years' practice, which has shown him six cases of death, and over twenty accidents, which have occurred in consequence of the operation. Bleedings sometimes caused by hæmophilie are the causes of death. Losses of blood are common consequences of the operation, and the cause of long-continued weakness. The conveyance of syphilis is greatly aided by the practice, by the old method for stilling the loss of blood, which has been forbidden in France, namely, the taking of the infant's penis into the mouth of the operator and the application to the wound of wine held in the mouth. The conveyance of syphilis by the operator is farther facilitated when several children one after the other are operated on, one of which may have hereditary disease, and a careful cleansing of the instruments, as well as the finger-nail of the operator, does not take place. Ricord draws attention to the last point. As a further disadvantage, the over-early development of the life of the genital apparatus by the uncovering of the glans is mentioned. Erections and emissions are more common and earlier among the circumcised, and the inclination of the Eastern nations to onanism is explained by the want of the prepuce. The hygienic use of circumcision is confined to cases of phymosis, which does not justify the dangerous operation, and he thinks it not true that syphilitic infection is prevented by it. He considers it a severe operation, and dangerous to life, and want of thought is the cause of its being still practised. He appeals to medical men not to sanction the practice by assisting at it, and to advise their patients not to practise it. No one is forced to make use of the practice, and law might prevent it, as being an infringement of the rights which a parent has over his child. The practice of circumcision ought to be cried out against by all scientific medical men.

A Judicial Opinion on Dublin Mortality.

EVEN a Chief Justice commits an indiscretion when he ventures to talk upon a subject of which he has little knowledge, and that indiscretion is the greater because an expression of opinion from him carries weight with it, and is accepted almost as if it were unerring truth. In

charging the jury in a recent case in the Irish Queen's Bench, Chief Justice Whiteside, speaking of certain evictions of tenants from their miserable hovels, said "that leaving the people in some of those dwellings was very often like the philanthropy of an hospital Sunday in Dublin, where the death-rate was 42 as compared with 29 in London—a philanthropy which, he thought, was a sort of inhumanity, for it would be better not to fill the hospitals, and to take precautions instead of cure."

This is a speech evidently calculated to convey an impression that a residence in Dublin was nearly twice as dangerous as in London, and that it was foolish to make an effort in the direction of improved and extended hospital relief, inasmuch as, by so doing, the poor were subjected to greater risks. The fact is that in the week ending January 16th, the period in which the Chief Justice spoke, the deaths registered in Dublin represented an annual death-rate of 43 per 1,000 living, while those registered in London equalled a death-rate of 29 per 1,000 annually. But, to argue from one week's death-rates, and to conclude that they are the average rates, is scarcely logical—it is an *argumentum à particulari ad universale*, of which his lordship would not be guilty in a legal matter. The death-rate of Dublin in the ten years ending 1874 was 26 per 1,000, that of London was about 23 per 1,000; so that, in fact, the risk of residence in Dublin is hardly anything greater than in London.

Spinal Meningitis and Curara.

DR. J. MORF (*Aert. Intell. Bl.*, No. 51, 1874) mentions a case of spinal meningitis occurring in a soldier, aged 22, of good constitution, who, on the 23rd of March, began to complain of stiffness in the joints and difficulty in walking. The joints of the feet were swollen, and rather tender on pressure. On the next day the uneasiness was still greater, the patient was compelled to lie in bed, but in other ways felt quite well. The next day there supervened tetanic spasms suddenly. The whole body began first of all to shake, and the head was thrown back. The skin showed heightened sensibility, but the belly was, above all, sensitive, the spine, and those parts of the body where the spinal nerves were most superficial, as in the axilla and the loins. The slightest touch on these parts caused at once severe spasm.

Morphia was first given in large doses and leeches applied over the belly. The patient fell asleep, and on awaking complained of great pain in the belly, and there was hyperæsthesia of the skin. In the evening spasms returned, and these remitted next morning, and so on for several days. A trial with curara was then made. Six millegrammes were subcutaneously injected thrice a day, and after the third injection the pains ceased, and the patient slept and had no attack next day. These injections were made nearly every day, and the spasms remained absent; but if left aside they returned. In seventeen days the spasms remained absent. He was considered cured, but three weeks afterwards the spasms reappeared, and were treated again with curara with excellent result.

Ether and Chloroform.

DR. LEE, of Chicago, in a paper read before the Cook County Medical Society, says that chloroform is more

generally employed in the United States than ether, it being more agreeable to the taste, more rapid in its action, and requiring less to produce the desired effect. He mentions that of 92,815 ether inhalations there were 4 deaths, or 1 in 23,204; in chloroform 53 deaths to 152,260, or 1 in 2,873. Hence, chloroform is about eight times as dangerous as ether. Many surgeons have, therefore, quite abandoned the use of chloroform as an anæsthetic. Professor Gunn, of Rush Medical College, and Professor Andrews, of Chicago Medical College, have used ether exclusively for years, with accident, he believes. According to Dr. Ashurst and Dr. Morgan, of Dublin, in giving ether air may be safely excluded; with chloroform the greatest care must be taken to admit air. When Morgan's inhaler is used, anæsthesia is producible as rapidly as with chloroform. Dr. Diday, of Lyons, says that any person using chloroform instead of ether is culpable. Lister, of Edinburgh, however, seems greatly to prefer chloroform; but there is hardly a practitioner who has had to use chloroform frequently that cannot call to mind some very narrow escapes. The space between complete insensibility from chloroform and death is short indeed. Under five years of age, however, it seems that chloroform is not dangerous to life. It seems also to do no harm in labour cases. In the north of Ireland ether drinking has come into vogue. The usual quantity of ether taken is from two to four drachms five or six times a day.

We quite agree with Dr. Lee that the use of ether ought to be made a rule of practice instead of chloroform. We have seen and heard of too many deaths from the use of the latter anæsthetic to hesitate any longer in pronouncing that those persons who administer chloroform with the present knowledge of its dangers are culpably careless and ignorant.

Death from Polypus on a Vocal Cord.

DR. MORF also mentions a case of sudden death occurring in a young soldier, æt. 21, who complained of slight difficulty in swallowing. Suddenly difficulty of breathing arose, and the patient became comatose and died. The post-mortem examination showed a large polypus with broad base on the upper aspect of the right vocal cord.

Aneurism Cured by Digital Pressure.

DR. WILLIAM OLDRIGHT (*Canada Lancet*) mentions the case of a gentleman in Toronto who had, on the inner aspect of the right thigh, about the junction of the middle and lower thirds, a large flattened pulsating tumour, about seven inches in its long diameter, or in the course of the vessel, and six in its antero-posterior diameter, appearing to extend both anteriorly and posteriorly to the femoral artery. It was very painful. Pulsations in the dorsum of the right foot and ankle were weaker than those on the opposite side. He decided to tie the femoral, but first thought he would try digital pressure. Twelve gentlemen volunteered their services, and each pair remained on duty four hours. The two on duty relieved each other every ten or twenty minutes, the one maintaining pressure and the other keeping his hand on the tumour so as to detect any inadvertent relaxation. The evacuation of the bowels was secured before commencing, and opiates were then given to control the action of the bowels, and

relieve pain during the time occupied by the pressure. This was commenced on December 2nd, at 9 p.m., and continued until the afternoon of the 4th. He thinks that pulsation in the tumour had stopped in thirty-eight hours. During the pressure, the tumour was very hot, and more tender than before. This state of things disappeared in a day or two. The clotted vessel could be felt for a couple of inches or so above the tumour, and vertically across the upper part of it. The edge also appeared hardened. On each side of the occluded vessel fluctuating vessels could be felt, from which one would be inclined to argue that the vessel had originally given way posteriorly. The patient (in January 21, 1875) was walking about. During pressure, which was without intermission, the operator's nails were carefully attended to, and they were directed only to press hard enough to stop pulsation. There was no abrasion of the skin.

New Books in Medicine, Surgery, and Science.

(From the Bookseller.)

Law and Parliamentary.

FLAXMAN (Arthur John) The Law concerning the Registration of Births and Deaths in England and Wales, and at Sea; being the whole Statute Law on the Subject. Edited, with copious Explanatory Notes and References, and a full Index. 6s.

Agriculture. Statistical Returns for 1874. 5d.

Army. Estimates for 1875-6. 2s.

Army. General Annual Returns of the British Army for 1873, with Abstracts, 1861-73. 6d.

Brutal Assaults. Reports on the State of the Law relating to Brutal Assaults, &c. 1s. 10d.

Brussels Conference. Correspondence respecting the Brussels Conference on the Rules of Military Warfare. 3s. 9d.

Census (Ireland, 1871). County Mayo. 1s. 7d.

Census. County of Roscommon. 1s. 2d.

Poor (Scotland). Twenty-ninth Annual Report. 3s.

Sanitary Improvements. Information respecting the Operation of the Improvements and Sanitary Acts of the Cities of Edinburgh, Glasgow, and Liverpool. 6d.

Medical and Surgical.

Churchill (John Francis), Consumption and Tuberculosis: their Proximate Cause and Specific Treatment by the Hypophosphates upon the Principles of Stœchiological Medicine. 21s.

Crombie (John M.), The Influence of Premature Pregnancy on the Development of Cancer in the Female, with the Special Treatment of Cancer in the Uterus.

Dutcher (Dr. A. P.), Pulmonary Tuberculosis: its Pathology, Nature, Symptoms, &c. Philadelphia. 15s.

Smith (Walter G.), Commentary on the British Pharmacopœia. 12s. 6d.

Toner (Dr. J. M.), Contributions to the Annals of Medical Progress and Medical Education in the United States before and during the War of Independence. Washington. 7s. 6d.

Turner (Wm.), An Introduction to Human Anatomy, including the Anatomy of the Tissues. Part I. 6s. 6d.

Natural History.

Cattle (The) of Great Britain: being a series of Articles

on the various Breeds of Cattle of the United Kingdom; their History, Management, &c. Edited by J. Coleman. 18s.

Howitt (Mary) Sketches of Natural History. 6s.

Science.

Brush (G. J.), Manual of Determinative Mineralogy. With an Introduction on Blow-pipe Analysis. New York. 15s.

Ogle (M. J.), First Teachings about the Earth: its Lands and Waters, its Countries and States. 3s.

Prescott (Prof. A. B.), Outlines of Proximate Organic Analysis, for the Identification, Separation, and Quantitative Determination of the more commonly occurring Organic Compounds. 9s.

Proctor (Richard A.), The Orbs Around Us. 7s. 6d.

Rambosson (J.), Astronomy. Translated by C. B. Pitman. 16s.

Weinhold (Adolf F.), Introduction to Experimental Physics, Theoretical and Practical; including Directions for constructing Physical Apparatus and for making Experiments. 31s. 6d.

Cremation.

It appears that the Council of the Cremation Society is alive and doing, and are now approaching the question in a practical way. They have, we learn, purchased a piece of ground for the erection of a building in which the religious rites can be performed prior to the incinerating process. The estimated cost of the proposed building is £3,500, towards which £1000 has been promised.

Trichinosis.

In "Ziemssen's Cyclopædia of Practical Medicine," 1874, some points connected with trichinosis are carefully summed up by Dr. Heller.

Diagnosis.—When the disease is met with in single cases, it is often very difficult to recognise. In severe cases diarrhoea is almost always present, with slight fever, or perspiration. Muscular paralysis is one of the most well-marked symptoms. It is distinguished from cholera by the sweating. The onset of œdema of the face on the seventh day is a strong proof of the presence of the disease. The urine in trichinosis has no albumen. After this there is marked general prostration, and violent muscular symptoms, dyspnoea, hoarseness, bronchial catarrh, and sleeplessness. Excision of a piece of muscle shows the trichinæ in the microscope.

Prognosis.—The less sufficiently the meat is prepared and heated when eaten, the severer is the sickness. Raw minced meat, as eaten in Saxony, is the most dangerous of all, and has caused epidemics of the disease. A long-continued diarrhoea gives an unfavourable prognosis. Coma, delirium, and sopor are all of bad augury. Children generally recover.

Treatment.—The object of treatment is first to kill the intestinal trichinæ. No remedy has been found which will kill the trichinæ and be harmless to man. Purges are not so useful as it has been expected. Calomel purges, however, are recommended. The occurrence of bed-sores is to be prevented by large india-rubber water-pillows.

The blood after death is found to be with difficulty

coagulable. Effusions are found in the pericardium and pleural cavities. Putrefaction soon sets in. The mesenteric glands are often found swollen to a soft pulp. The liver becomes fatty. Fattiness of kidneys and heart has been seen in some cases. Changes in the muscles are visible by the naked eye in the end of fifth week, and only in severe cases; these are greyish streaks running in a longitudinal direction along the muscles. In the tenth week the muscles are shrunk and pale. The trichinæ are usually most numerous in the diaphragm, the intercostal muscles, those of the neck and larynx, more infrequently in those of the extremities. The muscles of the eye are not unfrequently attacked. The muscle in the neighbourhood of the trichinæ loses its transverse and longitudinal striae. Simple fatty degeneration sets in in many other bundles, and the waxy degeneration of the muscle takes place.

Quinine in Menorrhagia.

DR. BARTHAREZ (*Abeille Méd.*, 21 Dec.) mentions a case where uterine hæmorrhage, having resisted ergot of rye, prescribed first of all, but which had only produced a slight lessening of the flow, was much benefited by quinine.

For another case, one dose of quinine cured a menorrhagia with symptoms of uterine congestion and febrile reaction. Dr. de Mussy mentions the case of a lady affected with knotty rheumatism, who was subject to uterine hæmorrhages of considerable violence, which had made her very bloodless. These attacks occurred at menstrual times. After uselessly trying different remedies to lessen the violence of the attacks, Dr. de Mussy prescribed pills composed of 15 centigrammes of disulphate of quinine and 10 centigrammes of extract of cinchona flower, of which she took from 8 to 10 a day. For the first time the menstruation lost its hæmorrhagic character and the duration became normal.

Plaster of Paris Bandage.

DR. WACKERHEGEN (*New York Medical Journal*) says that, as he has often experienced considerable difficulty in removing plaster of Paris dressings, when applied by the roller bandage, and especially when obliged to remove them on account of pain caused by an increase of the swelling, he submits the following plan: Having procured a woollen or cotton stocking sufficiently long to reach to the knee-joint, he cuts from it, as a pattern, six layers of coarse red flannel, one quarter of an inch larger, to allow for shrinking. The flannel is soaked in water, pressed, and laid over the back of a chair, ready for use. A one-quarter-inch cotton rope is now sewed to the posterior median line of the stocking. The plaster of Paris being in process of preparation, the stocking is cut in the anterior median line, applied to the fractured limb, and laced up in front, including the rope, extension and counter-extension being kept up by assistants, and the fracture adjusted. Each layer of the flannel is now separately saturated in the plaster paste, and applied, three layers to each side of the limb, being careful to avoid covering the rope. After this, a layer of plaster paste is applied to the flannel, and when this has become sufficiently dry, a coating of shellac varnish is applied,

producing an elegant finish, and also giving firmness to the splints. This dries in about fifteen minutes. This dressing can be removed in from three to fifteen minutes, by loosening the rope from the plaster and cutting the thread which binds it to the stocking. The rope having been removed, the plain stocking surface can be cut through with an ordinary pair of scissors. The splint is then removed in two lateral portions, each half of the stocking remaining attached to its corresponding splint.

On the Dissipation of Energy.

ON Friday evening last, at the Royal Institution, Lord Rayleigh gave a most interesting lecture on the above subject. He remarked that one theory of thermo-mechanics is well known—the conservation of energy—but another, the dissipation of energy, is not popularly understood. That work done is convertible into heat is universally understood, but the reverse is the case when the question is asked, is heat convertible into work—that is, direct, without the intervention of any mechanical engine. The assumed law of the dissipation of energy was promulgated by Carnot, and it has been demonstrated that to convert heat into work there must be two temperatures, and that it is no more possible to convert heat into work without a difference of temperature than it is to drive a water-mill without a fall of water. The difference of work is equal to the difference of temperature. Clausius laid down the theory that it was impossible for heat of itself to go from a lower to a higher body; but by mechanical intervention this may be done, as in the freezing machines. In chemical operations—distillations, for example—consecutive falls of temperature might be utilised directly by very finely graduated series. In conclusion, the lecturer took the gloomy view that in creation there existed a constant dissipation of energy which would ultimately reduce all the existing matter in space to torpor and stagnation.

DR. LIONEL BEALE will lecture at the Royal College of Physicians of London "On Life and on Vital Action in Health and Disease" on March 12th, 17th, and 19th, at 5 o'clock.

THE Worshipful Company of Mercers have made a grant of fifty guineas and an annual subscription of ten guineas in aid of the funds of the Royal National Hospital for Consumption, Ventnor, Isle of Wight.

A PUBLIC meeting of the London Hospital Sunday Fund Council was held in the Egyptian Hall of the Mansion House last Monday, to receive the report of the Special Committee appointed at the public meeting on the 4th January last, and to determine the system of distribution for the year 1875.

FURTHER proof of the practice of cremation in England by the ancients was adduced on Saturday last. When some of the employés of the Great Eastern Railway were making excavations near Fulbourn Station they came across the remains of an ancient furnace which contained the calcined remains of several bodies.

At the Salford Borough Court, on Saturday, Elizabeth Marsden, a midwife, living at Pendleton, was charged on remand with the manslaughter of Mary Ellen Goodier, and of Mrs. Ann Mills. Mr. J. A. White, surgeon, Broad Street, Pendleton, was called, and after his evidence the prisoner was committed to take her trial at the assizes upon both charges.

DR. JOHN EDWARD GRAY, the celebrated naturalist and ornithologist of the British Museum, died on Sunday morning, at the age of 75. The deceased had resigned his official appointment, and was about to retire into private life, when death suddenly deprived the world of one of the most scientific men in his department the present generation has seen.

THE Medical Society of the Dublin College of Physicians will meet this evening, at 8 o'clock, in the College Hall, when the following communications are set down for reading:—Dr. Grimshaw on "a Case presenting Cataleptic Symptoms;" Dr. James Little on "The Treatment of Scarlatina;" Dr. A. W. Foot, "Notes on Scarlatina."

THE Dublin Obstetrical Society met on Saturday last, at the College of Physicians, when the following communications were read:—Dr. Denham on "A Case of Extra-Uterine Fœtation;" Dr. Nicolls (Longford) on "Protracted Labour, Hour-glass Contraction, Hæmorrhage, and the Introduction of the Hand into the Uterus;" Dr. MacSwiney "Report of a Case in Midwifery Practice."

THE guardians of Coleraine Union have resolved to exercise the powers vested in them by the Public Health Act to obtain a pure water supply for the inhabitants of Portrush. The proposed waterworks, it is estimated, will cost £3,520. The clerk of the union was directed to write to the Local Government Board to ascertain upon what terms a loan to execute the works could be obtained.

THE science of medicine and surgery according to European notions is making some progress in Japan. In the hospital at Hakodadi there are twenty young men regularly entered as students of medicine, daily lectures are given, and "bedside and other clinical demonstrations," the curriculum being similar to that of most medical schools. An illustrated medical journal in the Japanese language is also published every two months.

AROLD'S FERRUGINOUS WINE, WITH CINCHONINE AND ALL THE SOLUBLE NUTRITIOUS QUALITIES OF FLESH.

THIS preparation, which has recently been introduced to the notice of the profession and the public of this country by the same house as Rigollot's mustard leaves, brings with it a high Continental repute. As, however, a mere opinion is of little value as to the merits or demerits of any medicament or dietetic, we have submitted this, according to our usual plan, to a careful analysis, with the following result:—

Proof spirit	20.5 per cent.
Extractive	84.62

	Grains per fluid oz.
Containing saccharine matter, &c. ...	54.2
Nitrogenous extract	21.2
Ash	4.79
Acidity calculated as tartaric acid ...	5.60
Ferric oxide	2.00

This wine is what it purports to be—a ferruginous wine, apparently made with port wine. It contains some cinchona, but this alkaloid is present in small quantities. The iron is held in solution by citric, or tartaric acid, and cannot be precipitated until the organic acids are destroyed by ignition. If such a preparation be thought desirable by the physician, it may be prescribed with perfect safety, as it contains nothing that is deleterious, and is really palatable. Its sustaining and tonic powers must be very considerable, whilst the iron seems present in an assimilable form.

Literature.

CHOLERA: HOW TO PREVENT AND RESIST IT. (a)

THE scope of this work is not fully expressed in the title, for it contains a popular exposition of the best rules of hygiene, which are applicable to all times, but should especially be observed in periods of epidemics.

Professor von Pettenkofer's views are not so well known in this country as they deserve to be, and we have often been amused at the mistakes about them made by medical men generally well informed. Such errors will henceforth be inexcusable, for Dr. Hime has given the clearest possible explanation. The learned professor lately issued a popular work, embodying the results of his investigations into cholera and typhoid fever. We need not say that his researches are acknowledged everywhere to be of the highest importance. They have lately received the emphatic approval of the International Sanitary Congress at Vienna, the proceedings of which are epitomised in an appendix to the volume before us.

From Pettenkofer's numerous writings, Dr. Hime has wisely selected for translation the popular work to which we have referred, and so well has he executed his task that there is not a single sign that the work is a translation at all. Nevertheless, that it faithfully represents the original is attested by the approval of the author, to whom the translator submitted the proof sheets.

Dr. Hime has prefixed to his translation a lucid exposition of Pettenkofer's investigations as to the connection between epidemics and the rise and fall of the ground water. No one who reads this essay can fail to grasp the theory, and its importance is unquestionable. There are few medical works which we wish to see circulated amongst the general public, but this is certainly one. Everyone who takes interest in sanitary matters, everyone who wishes to preserve his own health or that of his family, and to know the best way of avoiding typhoid fever, cholera, and other diseases, should make himself acquainted with its contents, and the public journals of this country might well call attention to it.

COMMENTARY ON THE BRITISH PHARMACOPEIA. (b)

THE British Pharmacopœia is, without doubt, an extremely useful book; but to the busy practitioner or the

(a) "Cholera: How to Prevent and Resist It." By Professor von Pettenkofer. Translated from the German by T. Whiteside Hime, A.B., M.B., and revised by Professor Pettenkofer. London: Baillière, Tindall, and Cox. 1875.

(b) "Commentary on the British Pharmacopœia." By Walter G. Smith, M.D., Dublin, Fellow of the King and Queen's College of Physicians in Ireland, Assistant-Physician to the Adelaide Hospital. London: Smith, Elder, and Co.,

often over-worked student in the search of knowledge, the matter contained in its pages must at times appear dry reading, as in that work they are only furnished with the bare details concerning the various drugs and preparations by means of which they are to endeavour to combat disease; therefore we doubt not they will hail with pleasure the comprehensive and able work which Dr. Walter G. Smith has recently laid before his medical brethren; and we are sure he especially deserves our thanks for the careful manner in which he has avoided giving us merely a *rechauffé* of facts already recorded in the work upon which he comments. By the adoption of this plan, and the omitting of needless reference to botanical minutiae of exotics, Dr. Smith has been enabled to keep the size of his book within reasonable limits, and has also gained much space to insert various highly valuable original remarks, and to call attention to the recent labours of many leading therapeutists, thus considerably enhancing the value of his work. Thus, for instance, at page 150, he lays before his readers in a concise manner the origin and characters of belladonna, condensing his remarks on these points into four paragraphs. Then he passes on to detail at more length the medicinal uses of this drug, and pays due tribute to the labours of Drs. Crum Brown, Fraser, John Harley, M. Costesé, &c., to whom we owe so much of our knowledge of this valuable agent.

Fully appreciating the value of an exact knowledge of the physical and chemical properties of drugs, the author has not neglected pointing out the characters and tests of various articles, and the modes of detecting adulterations. At the same time attention is drawn to the chemical relations and therapeutic use of each metal, and chemical equations are expressed in the modern notation, a mode of explanation at once exact and concise.

Thus, at page 355, the compounds of mercury are divided into four classes, viz. :—

Class I. Metallic; Class II. Oxides; Class III. Non-oxygenated (haloid) Salts; Class IV. Oxy Salts. The first class includes mercury and the various preparations which contain this metal, as unguentum hydrargyri, &c. In class ii. we have the black, yellow, and red oxides of mercury with the lotions and ointment prepared from these oxides. Class iii. is composed of mercuric iodide, perchloride, subchloride, and ammonio-chloride, and the various preparations made therefrom; while in class iv. the mercuric nitrate and sulphate is included. By treating the subject in this manner, the author enables his readers at a glance to ascertain the various preparations of mercury, and their chemical composition, thus saving them the necessity of wading through paragraphs of desultory explanation so commonly met with in many manuals. The origin, characters, and chemical relations of this metal are dealt with in a concise manner; and four and a half pages are devoted to an able summary of the general therapeutic effects of mercury and its preparations.

One peculiarity which at once attracts notice in this work, and which is worthy of all commendation, is the introduction under each of the principal metals of a pedigree or genealogical table of its preparations, thus exhibiting their mutual relations at a glance.

Thus, at page 314, on referring to the table, we observe that the various preparations of iron are prepared from iron wire, the sulphate, the persulphate, or the peroxide. This excellent and original mode of arranging the preparations is eminently characteristic of the author, and the student will fully appreciate its value, being thus enabled to learn his chemistry and *materia medica* from the same source.

The various remarks upon the physiological action and the therapeutic uses of each article, although necessarily limited, are yet very good, our attention being paid to recent therapeutic discoveries, and the common error of simply transcribing statements from former works has been carefully avoided; in fact, this work may be considered as being fully *en rapport* with the views of the present day.

Thus, at page 68, attention is directed to the marvellous power aconite possesses over inflammations, especially in the early stages; and at page 153 the value of belladonna in neuralgia, whooping-cough, asthma, epilepsy, constipation, incontinence of urine, &c., is duly noted. It would have been as well if the author had at the same time remarked upon the value of atropia in the treatment of derangements of the sympathetic nervous system, pneumonia, enteric fever, typhus fever, and nephritis, as pointed out by Dr. John Harley and others, and as yet not generally known; but, of course, we cannot expect any great stress to be laid on therapeutics in a work which only proposes to be a Commentary on the British Pharmacopœia. Chloroform, cinchona, belladonna, and opium, are treated at greater length than the other articles, as being more important; and the various authorities who have experimented with these drugs are duly quoted.

In conclusion, we can confidently recommend this work as well worthy of reference, and as a valuable addition to any medical man's or student's library. The publishers deserve praise for the creditable manner in which they have produced the book.

SERMONS FOR THE INSANE. (a)

WHEN last year volume i. of this series of original discourses was issued from the press, we are told by its accomplished editor that it was by way of experiment only. As "necessity is the parent of invention," so he had found the great need of such a work in his capacity as head of a large lunatic establishment, and hoped that those similarly placed, whether as chaplains or superintendents of asylums, hospitals, workhouses, &c., would in like manner find the work of use to them, and appreciate his labours in its production. The object was perfectly legitimate and well planned, and the venture having met with so encouraging a success, volume ii. appears before us as the result. Of course, we cannot be expected in our medical capacity to pronounce an opinion upon the relative value of sermons; sufficient testimony is to be found in the demand for a second volume, which we trust will be as widely circulated as its predecessor. We certainly think that some of our prosy three-quarters-of-an-hour parsons might take a hint from the compilers of "Sermons for the Insane," who all have rightly concluded that a fifteen-minutes' discourse is enough for mortal man to swallow at one dose.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. (b)

THIS volume is the first of the second series, but for convenience of reference is very properly numbered *ten*, the first series having consisted of nine volumes. It is more bulky than its predecessors, and has, we are glad to say, been bound in cloth. If the edges had also been cut the mechanical execution of the book would have been perfect. In this volume are included statistical tables of the patients under treatment in the hospital during the year 1873. In reference to these it occurs to us that a question has lately been mooted as to the expense of the statistical reports of our hospitals with respect to the requisitions of the Committee of Distribution of the Hospital Sunday Fund. Anything which prevented the publication of such reports would be much regretted, and those hospitals which issue volumes of this kind do well, we think, to include them.

The volume opens with an appreciative memoir of the late Thomas Wormald, which will be read by his numerous pupils with the greatest interest. We have ourselves perused it with personal interest, as we compared it with our recollections of his presence. After this we have thirty-two distinct essays on various subjects. Amongst these we have been particularly interested in one by Dr. Tuckwell, on "Clotting of the Blood in Chlorosis." It consists of some carefully recorded cases, which we think will contribute to a better understanding of phenomena that now and then occur in practice. The same author also writes on "Acute Yellow Atrophy of the Liver in Children."

Sir James Paget, in a brief paper on "Disease of the Mammary Areola preceding Cancer of the Mammary Gland," shows how carefully he observes the numerous cases which his great reputation brings him in private practice, and offers a suggestion as to the connection between these two diseases. Doubtless the point will commend itself to the careful observation of general practitioners, who naturally would be most likely to have the opportunity of noticing the relation between what for convenience we may term *ad interim* the two stages.

Dr. Andrew contributes two papers on rheumatic fever. The first gives a number of cases with high temperature; the second is on treatment by a non-nitrogenous diet. It will be remembered that last year Professor Parkes drew attention to the effects of an absolutely non-nitrogenous diet. It occurred to ourselves at the time that such a diet would prove more efficacious than drugs in acute rheumatism, but we had only limited opportunities of trying it. We are therefore pleased to observe that Dr. Andrew formed the same opinion, and has fairly tried the method in the wards of St. Bartholomew's Hospital. He records eight cases, and the general success has been such that he intends to continue the practice, and he expresses his belief that the observance of such a diet promises better results than any other treatment of rheumatic fever. With characteristic caution he notes, however, that it is in acute attacks in young patients whose powers of nutrition are unbroken that it may be used with most confidence; whilst in persons of worn-out constitution, or in those exhausted by long illness, or in whom cardiac or nervous complications exist, it is only to be tried very cautiously, and discontinued unless immediate benefit result. It is also inadmissible in cases of rheumatism with hyperpyrexia.

Dr. Hollis, in a paper on "The Therapeutic Action of Vesicants," relates some interesting experiments which he has carried out, and the conclusion from which he thus states:

1. That their local action consists in first diminishing, and subsequently in destroying the vitality of the parts with which they are brought into contact.
2. That this action is also depletory; whilst increasing the amount of blood in the tissues immediately under the blistered surface, it renders the deeper subjacent structures very anæmic.
3. That, besides the depletory action, blisters influence the system generally, depressing the heart's action, slowing the blood stream, and cooling the temperature of the body. These results are probably due to the reflex action of the central nervous system.

From all this Dr. Hollis concludes that probably many, if not all, the therapeutic advantages of blisters may be obtained from less powerful epispastics; moreover, that blisters injudiciously applied may induce the evil we wish to prevent.

Space prevents us from entering upon the other essays; but we hope on a future occasion to transfer to our columns some of the interesting cases in which they abound.

(a) "Cheerful Words:" Vol. II. of "Sermons for the Insane." Edited by W. Hyslop, of the Church Stretton Private Lunatic Asylum. Pp. 304. London: Baillière, Tindall, and Cox. 1875.

(b) "St. Bartholomew's Hospital Reports." Vol. X. Edited by James Andrew, M.D., and Thomas Smith, [F.R.C.S. London: Smith, Elder, and Co. 1874.

LECTURES ON SKIN DISEASES. (a).

DR. MAPOTHER'S preface will best explain the design and nature of his work. He states: "Three of these lectures formed part of the clinical course in the session 1871-72. They were published in the MEDICAL PRESS, and reprinted at the urgent request of some pupils who heard them. Considerably altered and enlarged, they, with three others lately delivered, compose this little volume, which, be it remembered, does not claim to be a special treatise on skin diseases. Descriptions of the eruptive fevers of the rarer and of the foreign cutaneous maladies, the oft-repeated chapter on the normal skin (which teaches nothing even to a senior student), and the specific formulary, have therefore been omitted."

We might select a number of good and practical hints from the pages of this little volume to illustrate those distinctive features which appear to us to constitute its special value and chief recommendation. Dr. Mapother, when writing about the treatment of chloasma, says: "The cure is very easy, when the patches are washed well with common soap to remove the oily and sweaty matters; a wash of 1 oz. of hyposulphite of soda to 12 ozs. of water is very effectual. Weak sulphur ointment acts fairly. Mr. Rivington accidentally discovered that a solution of cyanide of potassium, 5 grains to the ounce, such as photographers use, will quickly kill the fungus. I have often verified the statement, and would always use the remedy, except that such caution is needed owing to its terribly poisonous character."

Most persons who have had the opportunity of studying and treating a series of cases of eczema, that very common and varying form of cutaneous eruption, which in its severe and aggravated condition is no doubt a formidable and troublesome disease, would, we fancy, be disposed to coincide with the views entertained by Erasmus Wilson, Fox, and others who "tell us that eczema is a disease of debility," a conclusion which Dr. Mapother evidently does not fully accept. Thus he says: "I know of one case of highly inflammatory general eczema recurring yearly, when bleeding from the arm alone gives relief." Such a case is surely exceptional, for out of a very large number of persons suffering from eczema the reviewer can assert that he has never yet observed a parallel one; and a careful retrospect of all the results of his past experience induces him to believe that attacks of eczema demanding any degree of depletion beyond occasional mild purgatives are truly rare, at least in private practice and in the better classes; he would also venture to say that his estimate of the value of sulphur and sulphurous waters as remedial agents is very different from that which Dr. Mapother has been led to adopt.

The treatment of onychia topically by applying to the ulcerated surface pulverised nitrate of lead is referred to by Dr. Mapother in most favourable terms. No doubt it is a mode of treatment deserving the highest commendation and one that seldom if ever fails to cure if properly carried out. Whatever be the reason for it, onychia appears to have been unusually prevalent in Dublin during the past year, and in no case where either the powdered salt or a strong solution was used did it fail us in producing a perfect recovery.

We marked several portions of this work for comment and commendation. Its special value is that it presents freely and without decorative ornamentation the results of careful study and intelligent reflection based on an extensive series of cutaneous diseases. There are few who are devoted to such pursuits who may not expect to arrive at results which differ in minor points from their fellow-observers; but none can labour with earnestness and perseverance without being able to contribute more or less to the common fund of medical knowledge and assisting to advance the successful treating of disease. Dr. Mapother's work is like most of those proceeding from

our Dublin school—essentially practical—and does credit to his powers of observation and teaching. We cordially recommend it to all students and practitioners as well worthy of their considerate and attentive perusal.

LECTURES ON PUBLIC HEALTH. (a)

In the spring of 1873 the Royal Dublin Society invoked the assistance of the Dublin Sanitary Association to aid in the delivery of a series of Lectures on Public Health. Owing to unforeseen circumstances the publication of the useful volume now under notice was delayed, and a like fate from like causes awaited its notice in our pages.

The course numbered ten lectures: the first, an introductory one, on the "Growth of Sanitary Science, and its Progress in Ireland," was by Dr. Wm. Stokes, Regius Professor of Physic in the Dublin University. It is hardly necessary to say that the distinguished professor dwelt upon several matters connected with this subject with that ability which has rendered his name so well known wherever medical science is cultivated.

The fact that Dublin, with many natural advantages, is far in the rear of other cities not so favourably placed in its vital condition, and calls for renewed energy on our part, was forcibly shown by Dr. Stokes. He dwelt on our difficulties, the poverty and ignorance of so many members of the lower classes in Dublin, and he asked for greater activity on the part of the local authorities as well as of individuals.

We cannot here indicate the many important subjects treated by the several accomplished men who succeeded the Regius Professor in the several lectures; it must suffice to say that Dr. Reynolds lectured upon the "Discrimination of Good Water and Wholesome Food," illustrating his subject by several interesting experiments.

Dr. J. W. Moore pointed out the bearing of Meteorology on Health and Disease, explaining the change which years have effected in the meaning of the word, which now refers rather to weather, climate, and many terrestrial phenomena than to astronomical science. The important connection that has been observed between the weather and many diseases, as illustrated by well authenticated records at home and abroad, must be borne in mind by medical men and sanitarians everywhere.

"The Geographical Distribution of Disease as illustrated by Beri-beri, Yellow Fever, Cholera, and other Diseases," was treated of by Dr. James Little, who gave a clear and intelligible explanation of the terms zymotic, diathetic, &c.

Dr. Grimshaw also treated of "Zymotic Diseases," coupling the subject with those now termed preventable Maps, diagrams, &c., were used in illustration of this and other lectures.

Dr. Hudson treated his subject, "Liability to Disease," with his well-known ability.

Dr. MacDonnell mentioned several interesting matters in connection with the diffusion of possible germs of disease in his discourse on "Antiseptics and Disinfection."

Dr. Mapother's subject was the important one of "Artisans' Diseases." Mr. Henderson, on the "Construction of Dwellings with a view to their Sanitary Arrangements," and Mr. Furlong, on "Sanitary Legislation," completed the series of popular lectures, which justly attracted a highly respectable and intelligent auditory, and served not a little to advance the cause of sanitary science in Ireland. Since that time the Irish Public Health Act has come into force, and from it we trust good results may arise, notwithstanding some opposition which has already been set up against it. We congra-

(a) "Lectures on Skin Diseases." By E. D. Mapother, M.D. 2nd Edition. Dublin: Fannin and Co. 1875.

(a) "Lectures on Public Health, delivered in the Lecture Hall of the Royal Dublin Society." Dublin: Hodges, Foster, and Co. 1874.

tulate the Dublin Society and all who were engaged in the work which we have been considering on the production of a creditable, useful, and interesting volume.

Medical Affairs in Parliament.

THE MEDICAL ACT, 1858.

On Thursday last, Mr. A. MILLS asked the Vice-President of the Council whether, under the authority conferred by the Medical Act, 1858 (21 and 22 Vic., cap. 90), it was in the power of the Privy Council to establish one uniform test of efficiency for all medical practitioners in the United Kingdom, or whether further legislation would be required in order to effect that object.

Lord SANDON, in reply, begged to state that the Privy Council has not the power of enforcing a uniform test. It may, however, if set in motion by the General Council of Medical Education, take measures for securing that none of the existing bodies empowered to grant certificates shall do so without securing a proper standard among the candidates, by the process of refusing registration to the candidates certificated by any examining body in default.

ADULTERATION OF BEER.

Mr. SCLATER-BOOTH informed Mr. Pemberton that he proposed going into committee *pro forma* on the Adulteration of Food Bill that evening, with a view to introduce certain amendments. His hon. friend would find on reading the bill that it provided for everything which was provided for in the adulteration clauses of the Licensing Act of 1872. Those clauses were omitted by his right hon. friend (Mr. Cross) in the Licensing Bill which passed last year, as it appeared for the satisfaction of all parties that the adulteration of beer should be dealt with under a general law. Therefore, it was not intended by the Government to introduce any special provision in the Adulteration of Food Bill with respect to the adulteration of beer.

UNINHABITABLE HOUSES AND CONTAGIOUS DISEASES.

Replying to Sir L. Palk, Mr. SCLATER-BOOTH said that, under various acts, there were powers which enabled local authorities to require the removal or reconstruction of houses unfit for habitation, but such a power did not rest with the Local Government Board. With regard to hospitals for contagious diseases, the urban sanitary authorities and the local boards had power to provide them, but the Local Government Board had no such power.

MIDWIFERY PRACTICE.

Mr. SCLATER-BOOTH, in reply to a question respecting the trial of the midwife named Elizabeth Ingram, said it appeared that she was acquitted on the ground of ignorance, and therefore it was to be inferred that she might have been convicted under the existing law. Such matters had frequently been under the consideration of the Local Government Board, and there had recently been a correspondence between himself and the Home Secretary in reference to cases at Leicester and Wolverhampton. The whole subject was at the present time under the consideration of government.

On Friday the House of Commons went into committee of supply, when the following votes were agreed to:—£352 for the office of registrar of births in Scotland; £340 for the office of registrar of births in Ireland; £1,504 for the Local Government Board in Ireland.

Correspondence.

DUBLIN HOSPITALS AND PROVINCIAL SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Permit me to call attention to the great injustice which is inflicted on provincial surgeons, and indeed on the Dublin men themselves, by the present lax system of admission to the Dublin hospitals. Every other day well-to-do country patients find their way into those institutions. This is especially true of the religious hospitals, such as the Mater Misericordie, &c. &c., where the double system of admission by the staff and by the religious managers tenfold increases the facilities for abuse. The following is the usual process:—Some rural philanthropist who wishes to exhibit a little cheap benevolence at the expense of the medical faculty, and who perhaps contributes a pound to the charity, writes up to the reverend mother or to the manager, or to Doctor So-and-so, and recommends Peter Barlow or Mary Blake as a poor deserving person sadly in need of medical skill, and entirely unable to pay for it. If there be room, or if the case be interesting, the party is admitted at once, and it is only when he dies or leaves the truth leaks out—oftener it never comes out—and the party is found to have been better able to pay for advice than the surgeon or physician to give it gratuitously. Not long ago I found it my interest to perform lithotomy for a fee which I subsequently found was the sum which the parents calculated it would cost them to stay at an hotel in Dublin while their child would be receiving gratuitous treatment in some Dublin hospital. The Dublin members of the profession are as much interested as any country practitioner in checking this great abuse; nor would the remedy be a very difficult one. They would only have to make it a rule to admit no one to hospital without first communicating with two anonymous local practitioners as to the circumstances of the party seeking admission.

I am, dear Sir, yours faithfully,

Cashel, Feb. 23.

THOMAS LAFFAN.

Medical News.

London Hospital Sunday Fund.—A large meeting was held on Monday at the Mansion House, the Lord Mayor presiding. It could not be said that harmony prevailed in the deliberations, but after a stormy scene, the following motion by Dr. Morell Mackenzie was carried and the meeting adjourned after the usual plastering ceremonies were gone through:—“1. The committee consisting of nine members, and the Lord Mayor as president *ex officio*, shall be elected at the first meeting of the council after the annual public meeting. 2. No person holding office in a hospital or dispensary, whether it participates or not in the Hospital Sunday Fund, shall be eligible to serve on the committee. This rule shall not apply to patrons, presidents, vice-presidents, or governors as such. 3. The system of distribution shall be primarily based on the last three years' expenditure of each institution, after deducting from that amount a sum equal to the income derived from endowments, realised property, and legacies exceeding £100, but under no circumstances shall the contributions of patients be deducted from the basis of the award. 4. In all cases where the general expenses of management exceed 20 per cent. of the annual subscriptions and donations (not including the donations from the Hospital Sunday Fund), such excess shall be deducted from the primary basis of award, but in no case shall the primary basis of any institution be lowered, or any award withheld, until after a conference has been requested with the managers of the particular institution concerned. 5. Although no award shall be made on account of money collected for building funds or endowment funds, cost of management to the extent of 20 per cent. shall be allowed in connection with such funds, and the management expenses thus incurred shall be deducted before the general expenses of management are computed. 6. Special hospitals are entitled to participate in the fund on the same basis as general hospitals. 7. Incurable hospitals are entitled to participate

in the fund on the same basis as general hospitals, but the basis shall be limited to the expenditure in connection with patients treated within the walls of such institutions. 8. That it be an instruction to the committee of distribution to place dispensaries on the same footing as hospitals as regards the general basis of award, and that only such dispensaries as are managed by a committee duly constituted be admitted to participate in the fund."

NOTICES TO CORRESPONDENTS.

DR. EDWARDS.—We thank you for the excellent suggestions, and shall be glad to have your "Recollections of Medicine in America" as soon as your time permits. It is quite true that there are enormous obstacles to sanitary reform arising from drink and over-population. The latter point, as you say, is a most unpopular one to allude to.

DR. W. S. will find his inquiry answered in the present number. MR. SWAYNE had best consult a duly qualified practitioner in his town. The individual named is a quack of the worst type, and has been convicted under another name.

MR. SARGANT is thanked.

PROF. RUSKIN.—We bear it stated on authority that the learned Professor, having narrowly escaped the Shipton railway accident, now travels by road. A recent journey of not very many miles is said to have cost him £70 for special conveyances.

DR. S. E. N.—The work has been out of print for many years. Your only certain chance of seeing it is in the Library of the British Museum.

DR. A. H.—We could not possibly accept the communication for our columns in its present form.

DR. W. C. Notts.—The report has been received.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me through your correspondence columns where I can obtain the papers of the past Preliminary (Art.) Examination of the Apothecaries' Hall, London,

And oblige, yours truly,

J. G. W. HAYES.

[Previous Arts Examinations can be obtained on applying to the Secretary at the Hall.—Ed.]

THE SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The numerous appeals which are made from time to time to medical men on behalf of the widows and orphans of their deceased professional brethren make us anxious to draw your attention to the advantages offered to medical practitioners residing within the London district and in Middlesex by the Society for the Relief of Widows and Orphans of Medical Men. This Society, instituted in the year 1788, has now an accumulated capital amounting to more than £70,000, the interest on which, together with the subscriptions of members and donations, is distributed in grants to those widows and orphans of members deceased who have been left unprovided for. At the present time there are 68 widows and 20 children receiving annual grants from the Society, which last year amounted to £2,930 10s., and in this manner £29,761 3s. 6d. have been distributed since the formation of the Society.

The Secretary attends at the office, 53 Berners Street, Oxford Street, every Wednesday and Friday from 4 to 5 p.m., and from him may be obtained copies of the laws, lists of members, and forms of proposal for membership. He will also give any information required.

We are, Sir, yours truly,

GEORGE BURROWS, President.

JAMES T. WARR,

WILLIAM FULLER,

RICHARD QUAIN, M.D., } Treasurers.

JOS. B. BLACKETT, Secretary.

Berners Street, March 3rd, 1877.

LUNN ON "THE PHILOSOPHY OF VOICE."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the notice of my book in your last, I beg publicly to express my regret that Dr. Prosser James's disclaimer did not come before me until my work was in the binder's hands. The error will be corrected in the second edition, shortly to be issued.

I am, Sir, yours truly,

CHARLES LUNN.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, March 10th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."

ROYAL COLLEGE OF PHYSICIANS.—5 p.m. Dr. Greenhow, "On Addison's Disease."

HUNTERIAN SOCIETY, 7½ p.m. Council Meeting. 8 p.m. Mr. D. De Berdt Hovell will introduce a discussion on "Ventilation in the Treatment of Scarlatina."

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Dr. Geo. H. Evans, "On Arithmetical Questions involved in the Rise and Progress of Epidemics."

THURSDAY, March 11th.—ROYAL INSTITUTION, 3 p.m. Prof. Tyndall, "On Electricity."

FRIDAY, March 12th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."

ROYAL COLLEGE OF PHYSICIANS, 5 p.m. Dr. Beale, "On Life, and on Vital Action in Health and Disease."

ROYAL INSTITUTION, 8 p.m. Weekly Evening Meeting. 9 p.m. Prof. Abel, "On Accidental Explosions."

CLINICAL SOCIETY, 8½ p.m. Dr. T. T. Whipple, "Fatal Pleuro-pneumonia in an Opium-eater." Mr. Barwell, "On a Case of Acute Necrosis in which the whole Shaft of the Uterus was removed." Dr. Thos. Dowse, "On an unusual Case of Lead-poisoning."

SATURDAY, March 13th.—Royal Institution, 3 p.m. Prof. W. K. Clifford, "On the General Features of the History of Science."

MONDAY, March 15th.—Medical Society, 8 p.m. Ordinary.
TUESDAY, March 16th.—Pathological Society, 8 p.m. Ordinary.
ROYAL INSTITUTION, 3 p.m. Mr. A. H. Garrod, "On Animal Locomotion on Land, in the Air, and in Water."
STATISTICAL SOCIETY. Mr. Gro. H. Darwin: "Marriages between Cousins in England, and their Effects."
WEDNESDAY, March 17th.—Royal College of Physicians, 5 p.m. Dr. Beale, "On Life, and on Vital Action in Health and Disease."

VACANCIES.

Southport Infirmary. House Surgeon. Salary, £100, with board. Applications to the Secretary, endorsed "House Surgeon."
Leominster Union. Medical Officer. Salary, £90, with fees extra. Apply to the Clerk to the Guardians.

Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 66 Market Street, Bradford.
St. Thomas's Hospital. Assistant Obstetric Physician: Applications, with testimonials, to be sent to the Treasurer, at the Hospital.
Hospital for Sick Children, London. Physician, and an Assistant Physician. Honorary testimonials, &c., to the Secretary, at the Hospital.

Central London Ophthalmic Hospital. Assistant Surgeon. Honorary Testimonials, &c., to the Secretary.

Infirmary of the City of London Union. Assistant Medical Officer and Dispenser. Salary, £100, with board and lodging. Forms of application at the Office, 61 Bartholomew Close, E.C.

Bristol Lunatic Asylum. Assistant Medical Superintendent. Salary, £80, with board, furnished apartments, &c. Applications to the Chairman of Committee, Council House, Bristol.

Township of Manchester. Resident Assistant Medical Officer for the Poor. Salary, £130, with furnished apartments, &c. Applications to the Clerk to the Guardians, New Bridge Street, Manchester.

Devon and Exeter Hospital. House Surgeon-Apothecary. Salary, £150, with board and residence. Applications to the Secretary, at Exeter.

Stratton Union. Medical Officer for combined districts. Salary, £80, with fees extra. Testimonials to the Clerk to the Guardians, Stratton, Cornwall.

Dover Union. Medical Officer. Salary, £70, with fees extra. Applications to the Clerk to the Guardians.

Southport Infirmary. Resident House Surgeon. Salary, £100, with board and lodging. Apply to Mr. Robinson, at the Infirmary.

APPOINTMENTS.

DUKE, Mr. T., M.A., Assistant House Surgeon to the Cumberland Infirmary, Carlisle.

DUNLOP, W. M., M.B., C.M. Univ. Glasg., Medical Officer for Nos. 1 and 2 Districts of the Woodbridge Union, Suffolk, Admiralty Surgeon and Agent for Aldborough (Southern portion), and Medical Officer to the Boyton Society Club.

ELLIOTT, C. B., M.R.C.S.E., L.R.C.P. Ed., Resident Medical Officer to the Colonial Hospital, Champion Bay.

ELLIS, J. L., L.K.Q.C.P.I., L.M., Assistant Medical Officer to the North Wales Counties Lunatic Asylum, Denbigh.

FOOT, R. H., M.D., T.C.D., L.R.C.S.I., Assistant Medical Superintendent of the Fife and Kinross Lunatic Asylum, Cupar.

GREWCOCK, Mr. G., Medical Officer for the Hopsley District of the Grantham Union.

HAWARD, J. W., F.R.C.S.E., L.R.C.P.L., an Assistant Surgeon to St. George's Hospital.

HITCHINS, T. H., M.R.C.S.E., Medical Officer of Health for the Shipston-on-Stour Rural Sanitary District.

HUNTER, W. L., M.B., Resident Medical Officer to the Lewes Infirmary.

JOHNSON, J., M.D. Univ. Ed., a Physician to the Tunbridge Wells Dispensary and Infirmary.

KARREK, P. Q., M.R.C.S.F., L.S.A.L., Accoucheur to the Torquay Lying-in Charity.

KENNEDY, H., M.B. Univ. Dub., F.K.Q.C.P.I., a Physician to Simpson's Hospital, Dublin.

LANKESTER, Mr. E. R., Professor of Comparative Anatomy in University College, London.

LAW, W. T., M.D. Ed., M.R.C.S.E., L.S.A., House Physician to the Seamen's Hospital, Greenwich.

ROBERTS, C. H., L.R.C.P.L., M.R.C.S.E., Medical Officer for No. 4 District of the Alderbury Union.

SAMPSON, H. M., M.R.C.S.E., Assistant House Surgeon and Dispenser to the Kent and Canterbury Hospital.

SPENCER, L. W., L.R.C.P., M.R.C.S., Medical Officer of Health for the Rural Districts around Preston.

TANNER, R., M.D. St. And., M.R.C.S.E., Medical Officer for the Ledbury District and the Workhouse of the Ledbury Union, Herefordshire.

TAYLOR, A. H., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer, &c., for the Kilgarvan Dispensary District of the Kenmare Union, co. Kerry.

WEBB, Mr. W. H., Assistant House Surgeon to the Salop Infirmary, Shrewsbury.

WILLIAMS, F., M.R.C.S.E., Medical Officer for the Kidwelly District of Llanelly Union.

Deaths.

BARNES.—On the 25th Feb., Christopher Hewatson Barnes, L.R.C.P. Ed., of Coleherne Terrace, South Kensington, aged 73.

BROWN.—On the 25th Feb., at Morningside Place, Edinburgh R. J. Brown, M.D.

EDMONDSON.—On the 23rd Feb., Thomas Robert Edmondson, L.R.C.P. Ed., of Stokesley, Yorkshire, aged 57.

ORMSBOD.—Found dead in bed, on the 23rd Feb., William Geo. Ormsbod, M.R.C.S.E., of Portland Square, Bristol.

RICHARDS.—On the 20th Feb., Wm. Moseley Richards, M.R.C.S.E., of Stourbridge.

THORNHILL.—On the 25th Feb., at Nenagh, William Thornhill, M.B., F.R.C.S.I., of Upper Pembroke Street, Dublin.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 17, 1875.

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Original Communications.

THE LUMLEIAN LECTURES.

ON LIFE, AND ON VITAL ACTION IN HEALTH AND DISEASE. (a)

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—The nature of life is a question which has engaged the attention of the most thoughtful of every age, and was, perhaps, one of the first enigmas that philosophic man essayed to solve. For more than two thousand years, the greatest among poets, philosophers, naturalists, divines, mathematicians, and, in later days, chemists, anatomists, physicists, surgeons, and physicians, have thought and speculated and investigated in the hope of finding out what life was. But physicists, as well as those who are opposed to their conclusions, are still obliged to speak of the *mystery of life*, and we may feel quite sure that this large question will engage the attention of philosophers yet to be, and will supply a theme for many an essay, ere the problem will be finally solved.

Can there be one amongst us who, contemplating the marvellous phenomena of man's organism from the first dawn of life to birth, and through infancy and childhood to maturity, old age, and death, has not longed to know more about the exact nature of the changes he observes and the causes of them, than he can learn at this time? And surely he who has studied and pondered over the minute changes accompanying the development and growth of tissues, the phenomena occurring in the same structures in disease, and the not less marvellous fact of

their cessation at death, must have witnessed, with sorrow and disappointment, attempts upon the part of some of the most popular of our scientific teachers to revert to doctrines almost identical with those held in the time of Lucretius, to stop speculation, save in one direction only, and to force the public to believe that all these wonderful changes are mechanical—to assure us in short that these and the phenomena of all worlds—beginning, duration, and end, are to be summed up in that grotesque formula,—from fiery cloud to fiery cloud. It would be more to the point if physical authority, instead of decreeing such final solution of the great problem of being, would, with the help of physics, give a more complete answer to the question "What am I?" than has yet been obtained, and clearly show that the *why*, the *how*, and the *whither*, need no longer puzzle the understanding.

The general conclusions we may feel inclined to accept will be much affected by the particular views to which we may lean concerning the nature of the changes occurring in matter that is alive, and it will be found that vital theories cannot be fully discussed without touching upon the most profound of our thoughts. It is not, therefore, surprising, that by the advocacy of rival doctrines, feelings should be aroused which are not favourable to the steady prosecution of scientific investigation, or compatible with calm deliberation and the discovery of truth. The discussion of such questions cannot be carried on, even in England, without warm controversy; and, occasionally, scientific ardour seems to sanction tactics which one would suppose had emanated from the code of the political propagandist rather than from that of the searcher after scientific truth.

With a tenacity of purpose, worthy of a better cause, it has been affirmed again and again that physical and chemical processes constitute the life of the higher animals; and, at this time, there is a considerable party who believe and teach physical doctrines of life. Nevertheless, it can hardly be doubted that of those who speak thus confidently many are perfectly aware that there are certain phenomena which occur in everything living that cannot be explained by physics and chemistry. No explanation is offered of the particular phenomena in question,

Delivered at the Royal College of Physicians on Friday, March 12th.

but, in direct contravention of the principles upon which science rests, it is asserted that all phenomena are physical; some investigators apparently preferring to strengthen a party manifesting a certain definite tendency in thought than to aim at scientific accuracy and work on in a spirit of scientific independence.

Free speculation and the framing of hypotheses stimulates and encourages inquiry, and ought not to be opposed, but scientific speculation must be controlled by observation and experiment. Even purely conjectural propositions which arise from time to time in the mind, not unfrequently form the starting point of new lines of scientific inquiry. Nay, I believe that but for the mental pleasure derived from speculation and contemplation, it is doubtful whether original observers would be able to complete the tasks they set themselves to perform, tasks often lasting for months or years, and depending upon the steady prosecution of observation and experiment, in the course of which failure, disappointment, and the consciousness of lost time will be found to make a large item in the account. Scientific men must exercise their imagination, though at the same time they must control it. Observers probably differ from one another less as regards capacity for imagining than in the judgment they display in the publication of the results of imaginative inquiry. One man, perhaps, may examine carefully and then cast away hosts of ideas that another would gladly seize upon and bring under public notice at the earliest possible moment as thoughts that ought to move the world. Anyone having enthusiasm, who pursues a definite line of inquiry, will naturally desire to press on into the region just beyond the limits of observation and experiment; and this tendency is advantageous, for it often leads to new discovery. But of late scientific men, boasting of their exactness, have tried to drag us into very remote regions of conjecture, and insist that we shall accept, as literally true, all they discover in their imagination concerning the potentialities of imaginary atoms.

And not only so, but it has been more than suggested that some of the facts of the imagination upon which certain very old doctrines, recently revived, are based, cannot be made evident to people generally, but are only thoroughly understood by a very limited number of privileged persons. It is, therefore, a necessity that information so distributed should only be dispensable by a select few. But if we really study some of the hasty generalisations recently put forward, we shall find that after all they are little more than the opinions of one or two scientific speculators, having remarkable confidence in the infallible nature of their own opinions. Their unbounded faith has led many to accept their statements as literally true; and, by degrees, a powerful party has been formed. Now, no reasonable objection ought to be made to a combination among those who agree in their views of nature for the purpose of spreading the truths they have discovered, and endeavouring to gain for them the greatest publicity. The more widely and the more quickly facts are spread after they have been proved to be true the better for investigators and for students. But that a few scientific men who have committed themselves to a particular set of doctrines, or that any one scientific man should, upon matters of science, speak as it were *ex cathedra*, and declare a particular doctrine concerning the origin and formation of all things to be absolutely true, should praise in highly extravagant terms those who side with him, and stigmatise those who do not at once accept his views, or who differ from him in opinion as unworthy of credit, or as weak, or foolish, or savage, cannot be right or to the advantage of science. Such a course, if supported by many scientific men, and if sanctioned by public opinion, would surely be extremely prejudicial to liberty of thought and freedom of inquiry, for would it not soon lead to the establishment of a power that, instead of proposing, would decree; and, being convinced of its infallibility, would not hesitate to promulgate it? Nay, there is manifestly, at this time, a strong desire to establish a new power in connection with science and philosophy which would be contrary to the first principles of English thought and destructive of progress.

I venture to think that enthusiastic disciples of physical life science have recently seized far too much of the world of life and assumed that it was their own, and have claimed privileges which do not and ought not to belong to investigators and teachers—especially the privilege of enjoying with only a very few other highly gifted persons, a monopoly of the work of extracting scientific truth from the depths of the imagination. If some of the hypotheses now very popular can only be understood by a very small number of scientific men, is it impossible that the facts and arguments advanced against them should be made intelligible to a very large number of intelligent persons?

Many of this College, following the noble example set by the most illustrious of their predecessors, have done their utmost to extend the boundaries of medical science, and among our number are not a few who have taken an active part in the purely scientific work of the present century. The scientific as well as the practical aspect of medicine has ever been well represented in the College Lectures, but many circumstances seem to me to render it desirable, that those among us, who, favoured by circumstances, and having a natural bent for scientific pursuits, should do their utmost to maintain the high reputation for pure science won by their predecessors; and, as far as they have the power, hand down the honoured precepts to those who shall succeed. Such considerations, Sir, I hope may afford some justification for the course I shall take in directing attention to debated questions connected with life, which I fear may be deemed by some out of place here, in the Theatre of the Royal College of Physicians. But I may also plead, that one who has long been a teacher of physiology, and has had the honour of receiving a Baly Medal, may not unnaturally desire to ask this College and the profession to consider with him phenomena of the greatest interest, and which are most intimately connected with individual life in a state of health and disease. But above all, I have been affected by the circumstance that, at this time, we are overwhelmed and confused with the most conflicting statements as regards even the simplest facts of life. We have no solid foundation upon which to build the fundamental principles of our science, for are we not, many times in each year, enjoined to accept as true the doctrines of a purely conjectural philosophy, based upon conjectural discoveries concerning matter and atomic phenomena?

To the doctrines now generally taught and fast becoming very widely diffused, I am and have been strongly opposed. In certain particulars those doctrines are in conflict with views based upon well-observed facts, in relation to the growth and multiplication of every known form of living matter, and the formation of the tissues of living beings. Many observations, though repeated again and again, must be entirely erroneous if the positive statements recently made concerning the phenomena of living beings are true. It may be presumptuous perhaps to suggest that the conclusions arrived at by me many years ago ought not to have been wholly ignored by authorities, who have expressed themselves in very confident language concerning the physical nature of life, but people have been informed again and again that all the phenomena of living beings are due to physical changes, although it has been pointed out, that phenomena, characteristic of every kind of living matter, cannot be so explained. I have for many years pleaded in vain, that, for example, an attempt should be made to explain the movements of an amoeba, or a mucus corpuscle by physico-chemical action. But, instead of being answered, I am twitted with belonging to an institution famous for its orthodoxy. Old assertions are again repeated, and it is dogmatically declared in the plainest language that *all living things are machines and that all their actions are mechanical*.

It is, therefore, right as it seems to me, now to proceed a step further, and challenge the supporters of the physical theory of life, to publicly reply to the objections urged against the statements they have made. For has not the time arrived when the facts and arguments upon both sides might be summed up and judgment given, whether the physical doctrine of life is justified by the scientific know-

ledge of the time in which we live; or whether on the other hand it is not a thoroughly unscientific inference, based only upon the facts of the imagination, and opposed to facts of observation?

In the physical domain, as has been well said, consequence follows its antecedent with unerring certainty. What will happen under certain given circumstances can be stated with exactness and premised beforehand. But it is not so with the living world. It has yet to be proved that for every change there is a direct consequence of antecedent physical change. We cannot predicate of vital as we can of physical phenomena. We have not the certainty of physical law. Nevertheless, with amazing confidence, not, however, resulting from knowledge, some declare that the difference is to be easily accounted for by the greater complexity of the circumstances and conditions which obtain as regards vital phenomena. When, it is affirmed, by further investigation these circumstances shall have been fully investigated, man, we are assured, will be able to define, with absolute certainty and unerring precision, the particular living form which shall result from the development, under certain given conditions, of a particle of colourless transparent matter which represents the earliest stage of being of countless numbers of very different creatures. And yet changes, characteristic of every form of living matter, have been scarcely alluded to by the upholders of this notion. It must indeed have struck many as a remarkable fact that so little has lately been said concerning the relation of life to matter. The connection between mind and body, mind and brain, mind and matter, has been very fully discussed, but the question of the connection between life and body has received far less attention, although the determination of the last is the preliminary inquiry which would naturally be presented for solution before the nature and relations of mind were touched upon.

Surely we who have been studying life in many forms, and under varying conditions,—who have, from early age, been familiar with the tissues and structural changes occurring in man and animals, in health and disease, ought to carefully examine the current statements about the physics of life, and try to prevent the wider diffusion of mere mechanical views, at least until it shall have been proved that they rest upon some solid foundation. We have been assured, over and over again, that we must accept a particular doctrine or nothing; but surely the alternative is not a very terrible one, for is it not conceivable that some may prefer being stigmatised as believers in nothing to the privilege of accepting as literally true highly conjectural propositions?

Ought we not to urge those who have assumed the responsibility of teaching physical doctrines of life to publicly reveal the facts, and clearly state the arguments upon which they rely for the establishment of the doctrines they assert to be true—doctrines which seem to be based upon mere discoveries of the imagination, though they are, it is to be regretted, believed and taught in the most ancient of our seats of learning, where, strange to say, Socratic philosophy and caution are still inculcated?

Among the doctrines referred to are the following:—

- The sun forms living beings.
- The brain and all organs have been built by the sun.
- All the actions of all things living are mechanical.
- All things living are machines.
- Living organisms, as well as crystals, are the products of molecular forces.
- The mind, the intellect, the will, thoughts and emotions, as well as the body, were once latent in a fiery cloud.
- The present world and all its inhabitants, past and present, as well as those to come, lay potentially in the matter which was once cosmic dust.
- The lowest forms of living approximate very closely to non-living material.
- Life and material forces—only atoms and atomic forces—have been and are concerned in the formation of all things, living as well as non-living.

Up to this time no one has succeeded in showing that the above propositions contain the vestige of a substratum of truth, and it would have been easy to have added several others to the above list, of which the same remark would be correct. Those who force such views upon public attention incur a serious responsibility, but I am not sure if scientific men who strongly disapprove of the course taken, and who know full well that many of the extravagant assertions now made in the name of science, and from a scientific platform, cannot be supported by facts, do not, by their silence, incur a responsibility equally grave, inasmuch as they permit arguments which they know to be unsound, to be advanced in the name of science without objecting to them.

And now, Sir, I think I cannot better show how fully sensible I am of the high honour you have conferred upon me by appointing me to deliver these lectures to the College and the profession, than by asking of you permission to resign, whatever authority the position of Lunuleian lecturer may have given; for I would come before you as a student who, after studying and working for many years, desires in as plain a way and as briefly as he can, to speak of some of the things he has seen, and is anxious to indicate, as far as he is able to do so, the broad general principles which seem to be deducible from his observations.

Much of what I have to tell is simple, and will easily be understood, and there is nothing that I have found out that might not have been found out by another had the same means of inquiry been adopted, and had the work been patiently carried on for as long a time. Far from laying claim to the possession of any unusual powers or privileges of investigation, I shall be quite content if I am credited with the power of being able to see as correctly as my contemporaries.

The preparations upon which my inferences are based have been shown to others, and not a few were exhibited in this theatre soon after they had been made. It is upon demonstration that I rely, and if I am not convinced that opponents who have never seen my specimens know much more about them than I do, who have carefully studied them for hours under very high magnifying powers, on many different occasions, I hope I shall not be considered a very unreasonable and prejudiced person.

In the course of six lectures which I delivered to the College in the spring of 1861, and which were published soon afterwards, and in the course of the same year translated into German by my friend, Professor Victor Carus, of Leipzig, I directed attention to the remarkable characters of *living matter*, and pointed out how this could be distinguished throughout nature. (a).

I also showed that in nutrition the *tabulum* always gained access to the living matter, and that by and out of this latter alone tissue was formed, the very matter that was once living becoming converted into the tissue. Specimens of the living matter were exhibited, some of which were taken from the lowest organisms, and others from the tissues of the higher vegetables and animals, and from man. The varying proportion of living matter in corresponding tissues at different ages was also demonstrated in cuticle, cartilage, muscle, nerve, and other tissues. The living matter was called *germinal matter*, which term has been since replaced by the short and more convenient word *bioplasm*; and the matter formed from it was termed *formed material*, because it was shown that all tissue, "intercellular substance," and matters resulting from changes in the so-called cell were formed from the *bioplasm* only.

It was also shown that masses of *bioplasm*, after reaching a

(a) As much misconception has arisen as to the exact date of my observations on account of frequent references on the part of authorities to observations of Max. Schultze and Kuhne, while mine were wholly ignored, it is only right to draw attention to the fact that Max. Schultze's "Das Protoplasma" was published in 1863, nearly two years after my lectures appeared, while Kuhne's "Untersuchungen über das Protoplasma" did not appear till in 1864.

certain size, usually less than the 1-1000th of an inch in diameter underwent division, and that as soon as any mass of bioplasm attained a certain definite size (which differs in different creatures and textures, but which is constant for the same), it divided, or portions moved away; and, at length, detached themselves from it. If the bioplasm were to continue to grow, the distance to be traversed by the nutrient matter, before the inmost parts were reached, would soon become so great that these would be practically beyond reach, and could not be nourished or subjected to the constant action of currents of fluid. Death would begin in the central part of such a mass, and would soon involve particle after particle as its ravages extended outwards, until the whole of the living mass was dead. There are many circumstances connected with the life of a mass of bioplasm which render its growth without division and subdivision a most improbable event. With the exception of that fanciful sheet of living matter once supposed to grow in the sea at very great depths—never seen, but received in undoubting faith by the critical Strauss—that so-called Bathybius which was evolved from the depths of the imagination at a time when a primeval physical basis of all life was particularly wanted by certain advocates of evolution—with this exception, I repeat, large masses of living matter exist not.

In man and the higher animals, it is the exception to find a single mass of bioplasm, which measures as much as the one-thousandth of an inch in any direction. It is not wonderful that particles of matter so small, especially as they are also colourless and structureless, should have been, for a long time, passed over as of little importance, and almost ignored by some anatomists. In many drawings of tissues which contain numerous masses of bioplasm, not one is represented, for it was supposed that the tissue was formed independently of such particles. But the evidence in favour of the view that it is from these small masses of living matter that all tissue grows is incontrovertible. Without them nothing characteristic of a living organism is formed. These, and not the formed tissues, are the seat of nutrition, formation, and differentiation, and in them is the sole source of metabolic power.

It was not to be expected that conclusions differing so widely from those entertained at the time by most observers, and so opposed to the general inferences concerning the nature of vital phenomena, would be accepted without the most thorough criticism. For that every conscientious worker ought to hope. I have been at all times ready to demonstrate the facts upon which my conclusions are based; and have been prepared to modify my views or abandon them if errors should be discovered, and mistakes plainly pointed out. Every student of nature must be ready to have his conclusions at least considerably modified by those who follow him, and who go over the same ground with advantages, necessarily greater than those which he, as a labourer in what was then a new field, could enjoy.

Nor can an observer, living in times when materialism happens to be in the ascendant, at least among scientific men, and who is so unfortunate in his observations as to light upon facts which seem to him to support a view of the nature of life not in accordance with the tendency of the thought of his day, expect that his researches will be very kindly received or considerately treated. All this must be accepted; but is it not very doubtful whether the energy displayed during the last few years in pressing ill-founded and extravagant generalisations upon public attention, will be of advantage, either by exciting an increased desire for scientific information, or by raising science in the esteem of well-educated persons?

It is, indeed, difficult for an observer to decide upon the course he ought to take in these days to bring his observations under the notice of other persons interested in similar inquiries. No doubt a certain humility of demeanour towards some who, I venture to think, assume that they occupy a position not sanctioned by custom, nor to be defended as an innovation likely to promote the interests of science, might obtain for an observer the

privilege of working without serious opposition, and perhaps without hostile notice. But I venture to think that although a scientific man ought not to take any active steps to force his views before his contemporaries, or to gain for them the greatest possible notoriety, he may fairly expect that his results should be considered and weighed under the same advantages as those enjoyed by other members of the scientific body. Of course he should be careful not to excite opposition, but it would be unreasonable to expect him to be always making efforts to conciliate possible and probable opponents, or to passively submit to be roughly silenced by a clique, because his views and opinions are opposed to unproved and unprovable dicta, promulgated by them.

In theory, at least as it seems to me, every worker appeals to, and ought to be protected by, scientific public opinion, which perhaps, hardly as yet existing in England, is slowly, but it is to be hoped surely, developing itself. An observer should endeavour to accurately describe what he has seen; and, having published the results of his inquiries, should announce, in the only way open to him, that such a work has been completed, and can be obtained by those who desire to see it. It will however, save under very exceptional circumstances, hardly be possible for him to get attention directed to his observations without some sacrifice of independence to which no real worker will like to submit, although the only alternative may be to be ignored or condemned as one not fitted to survive in the struggle for intellectual existence.

(To be continued.)

THE CANTOR LECTURES AT THE SOCIETY OF ARTS FOR 1875.

ON ALCOHOL.

By B. W. RICHARDSON, M.D., F.R.S.

(Continued from page 202.)

Alcoholic phthisis, or the consumption of drunkards.—There are yet other and more prolonged, and more certainly fatal mischiefs induced in the lungs by the persistent resort to alcohol; and to one of these I would direct special attention. It is that deterioration of lung-tissue to which, in the year 1864, I gave originally the name of *alcoholic phthisis or the consumption of drunkards*. The facts came before me at first in this manner. In a public hospital to which I acted as physician, I had brought before me, in the course of many years, two thousand persons who were suffering from consumption. I gathered the history of the lives of these, and of the reasons why they had passed into the all but hopeless malady from which they suffered. In my analysis of these histories I found that the causes of the malady altogether were, in the great majority of instances, predisposition from hereditary taint, exposure to impure air, want, or certain other allied causes. But the analysis being conducted rigidly, I discovered that when every individual instance had been classified as due to the causes stated above, there remained thirty-six persons, or nearly two per cent. who were excluded from them, who appeared to suffer purely from the effects of alcohol, and in whom the consumption had been brought into existence by the use of alcohol.

The added observations of eleven years since the above-named fact was recorded in the *Social Science Review*, as a new fact in the history of the disease, only served to prove in the minds of other men as well as my own the truth of the record.

The persons who succumb to this deterioration of structure induced by alcohol, are not the exceedingly young, neither are they the old. They are usually over twenty-eight and under fifty-five. The average age may be taken as forty-eight. They are persons of whom it is never ex-

pected that their death will be from consumption; they are generally males. They are probably considered very healthy: men who can endure anything—sit up late at night, run the extreme of amusements, and yet get through a large amount of business. They sleep well, eat pretty well, and drink very well. They are often men of excellent build of body, and of active minds and habits. They are not a class of drinkers of strong drinks, who sleep long, take little exercise, and grow heavy, waxy, pale—

“Sleek-headed men, and such as sleep o' nights.”

On the contrary, they take moderate rest, and see as much as they can. Neither in the ordinary sense are they drunkards; they may never have been intoxicated in the whole course of their lives, but they partake freely of any and every alcoholic drink that comes in their way, and they bear alcohol with a tolerance that is remarkable to observers. They are hard drinkers as distinguished from sots. Beer is to them as water, wine is weak; the only thing that upsets them is stiff grog in relays, or a mixture of spirituous drinks carried to the extent of what they call, in grim joke—in which death surely joins—“piling the agony.”

As a rule these cannot live in what they consider to be comfort without a daily excess of alcohol, which excess must needs be renewed on emergencies, if there be greater amount of work to be done, less sleep to be secured, or more life to be lived.

As specimens of animal build these persons are often models of organic symmetry and power. In fact, they resist the enemy they court for so long a time because of the perfection of their organisation. More than half of those whom I have seen stricken down with alcoholic phthisis have expressed that they had never had a day's illness in their lives before; but questioned closely it was found that none of them had actually been quite well. Some of them had suffered from gout, others from rheumatism or neuralgia. They had felt severely any depression, such as that which arises from a cold; and if they had been subjected suddenly to causes of excitement or exhaustion, they detected, without actually realising its full meaning, that their balance of power against weakness was reduced, that the end of the beam called strength was rising, and that an extra quantity of alcohol was required to bring back equilibrium. As a rule men of this class are thoughtless of their own health and their own prospects, for they have an abundant original store of energy. They are designated as “happy-go-lucky” men, or as men who “always fall on their feet,” which truly they do, but not without injury.

The countenance of the alcoholic consumptive differs from that which is usually considered the countenance of the consumptive person, and equally from that which all the world adjudges as belonging to the man who indulges freely in strong drink. Who does not remember the wan, pale, sunken cheek of the youth on whom ordinary consumption has set its mark? And who, again, does not recall the *facies alcoholica*—the blotched skin, the purple red nose, the dull, protruding eye, the vacant state of the confirmed sot? The alcoholic consumptive has none of these characteristics. His face is the best part of him in all his history. When his muscles have lost their power and his clothes hang loosely on his shrunken limbs, he is still of fair proportion in the face; he has little pallor and he is expressive in feature, so that his friends are apt to be deceived and to believe that there must be hope for his recovery, even when he is beyond every hope. I remember being actually taken aback on one occasion on finding, in a man who seemed, from his face, to be in perfect health, how completely destroyed his lungs were by the encroachments of disease; and I cannot be surprised, therefore, that others, less informed, should share in such an imperception of danger when it is close at hand. Nobody, in a word, “pities the looks” of these sufferers, and good eyes are necessary to learn that pity as called for.

The phenomena are not always developed at a time when the sufferer from them is indulging most freely in alcohol. On the contrary, it is by no means uncommon that the habit of excessive indulgence has been stopped for some time previously to their development. The reasons assigned by the patients for abstinence vary. One man may have been strongly advised by his friends to desist, or may himself have undergone a certain measure of reform; another has been led by the reading or hearing of arguments on temperance; a third, by want of means to obtain the indulgence; but by far the larger number tell you that a time came when the desire for so much drink did not occur to them. They will state that they tried the round of the various spirits, but found that none agreed with them as before, so that at last they were driven to rely on beer as the only drink they cared for. We read all this off clearly enough from a physiological point of view. We see that, in fact, the body has been resisting the alcohol; that it could not do away with it as it did when all the excreting organs were in their full prime; and that those drinks only can be borne in which the amount of alcohol is least, but the sufferer does not comprehend the fact, and therefore he not unfrequently concludes that his increasing languor and debility are due to the necessary withdrawal of the stimulus on which he seems to have been actually feeding during the greater part of his life.

The signs which first indicate failure of health are usually those of acute pleurisy. There is pain in the side, quick, sharp, startling. The term “stitch” in the side is commonly applied to this pain, and is expressive enough. After a time the pain becomes continuous, and when it subsides, suppressed breathing, or difficulty of filling the chest, is at once felt and recognised. This difficulty is due to the circumstance that a portion of lung has become adherent to the inner surface of the chest. The next sign indicating that the disease (consumption) is present, is, usually, vomiting of blood. In two-thirds of the examples to which my attention has been directed this has been the sign that has first caused serious alarm. It is commonly on this event that the physician is called in, who examines the chest with the stethoscope, and finds too often a condition that is hopeless. From the appearance of that sign all is down, down, down towards the grave.

There is no form of consumption so fatal as that from alcohol. Medicines affect the disease but little, the most judicious diet fails, and change of air accomplishes but slight real good. The sick man with this consumption may linger longer on the highway to dissolution than does his younger companion, but there is this difference between them, that the younger companion does often leave the highway to find a by-path to health, while the other never leaves it, but struggles on straight to the end. In plain terms, there is no remedy whatever for alcoholic phthisis. It may be delayed in its course, but it is never cured, and not unfrequently instead of being delayed it runs on to a fatal termination more rapidly than is common to any other type of the disorder.

The origin of this series of changes from alcohol is, as you will perceive, again in the membranes. The course of it is through the membranous tissues. The vessels give way after a severe congestive condition, and blood is exuded, or extravasated into the lung. There are here two diagrams in water tint, in which both these conditions are faithfully depicted, and to these is added a third, which shows in some, but in an imperfect manner, the course of the after destruction of the substances of the pulmonary organs.

(To be continued.)

A MEETING of the Fellows of the Royal College of Surgeons in Ireland will be held on Thursday, the 18th of March, at half-past two o'clock, to witness the election of a Professor of Chemistry, including practical chemistry, in room of Dr. Reynolds, resigned.

ON THE RELATIONS BETWEEN THE CLINICAL HISTORY AND HISTOLOGY OF TUMOURS (a).

By ROBERT McDONNELL, M.D., F.R.S.,
Surgeon to Dr. Steevens' Hospital.

BEFORE offering some observations on the relations existing between the clinical history and histology of tumours, I wish to lay before the Society some cases which I shall use in illustration of the observations which I have to make in conclusion. These cases which I am about to bring under the notice of the Society, all illustrate tumours belonging to the group of the connective tissue series, varying, however, much as well in their microscopic characters as in their clinical history, and also very different in their degree of malignancy or tendency to return after removal.

CASE I.—Mary Reilly, 20 years of age, a health-looking country girl, was admitted into Steevens' Hospital on 23rd July, 1869. The day after admission a tumour, weighing two pounds, was removed from the right gluteal region. It had been of slow growth, extending over more than six years; it was globular, hard, and painless. She left hospital on 3rd September, subsequently went to America, but returned from there, and I have lately had an opportunity of seeing her. There has been no return of the complaint. This tumour on being examined microscopically was found to be composed of dense fibrous tissue. It was, in fact, a good example of the simplest form of fibrous tumour, yielded gelatine on boiling, and was of uniform structure throughout. Sections of this tumour are placed on the table under the microscopes.

CASE II.—John Farrell, when 45 years of age, was operated on by Mr. Colles for a large tumour which had been growing in the axilla for seven years. Three years later (26th February, 1867) he was again admitted to Steevens' Hospital, the tumour having returned. It had this time presented the appearances seen in the accompanying drawing, and was a second time removed by operation. On the 26th June, 1869, he was a third time operated on, the tumour having recurred in the same place. The structure of this tumour was remarkable. It was composed of a large number of encapsuled fatty masses varying in size from that of a walnut to that of a small hen's egg. Some of these fell from their capsules on the floor at the time of the operation. Microscopic examinations showed them to be fatty tumours, although to the naked eye the smaller ones seemed gelatinous in structure. The fat cells were found to be entangled in a network of areolar tissue. The patient recovered from the third operation, but I have not heard of him recently.

CASE III.—Mary M——, aged 30 years, was admitted to Steevens' Hospital on 4th March, 1874, suffering from a large and hideous tumour of the orbit. I removed it on the 14th of March. The appearances are seen in the accompanying photograph. The disease commenced when she was 15 or 16 years of age. So long as twelve years ago it had been removed for the first time by Dr. Leeper, of Loughall. The patient left hospital on the 19th of April, after the second operation. I have since heard from Dr. Leeper that, as yet, there is no sign of a return of the tumour. This case, which has been published in full in the *Irish Hospital Gazette*, July 1st, 1874, proved on microscopic examination to be composed of minute spindle cells and small round cells, such as are found in

sarcomatous tumours, but much smaller. Portions of this tumour are also exhibited in the microscopes on the table. This tumour has no doubt grown by proliferation of the cells of the neuroglia of Virchow, probably at first in the retina, subsequently in the optic nerve. If it returns it is probable that it may return in the neuroglia within the cranium.



CASE IV.—Thomas Power, 12 years of age, was admitted to Steevens' Hospital on the 24th July, 1874, suffering from tumour of the lower jaw of eighteen months' growth. It had commenced to grow at the root of the canine tooth of the lower jaw, upon the left side. It increased much more rapidly during the last three or four months, until it attained the size seen in this preparation, and presented the appearance seen in the accompanying photograph. It was free from pain, and presented a firm, uniform, hard, and at some parts elastic feeling to the touch. The teeth were loosely embedded in the tumour. There was no glandular enlargement, but the parotid glands felt slightly indurated. It was removed on 8th August, 1874, the bone being sawn through on each side as far back as the angles of the jaw. The patient made a good recovery, and left hospital on 25th August, 1874. This tumour was found to be a typical example of the sarcoma, known as "giant-cell sarcoma," which name has been given to it by Virchow. It is a variety of sarcoma containing very large cells filled with smaller ones—brood cells, as they are not badly named. These large cells are sometimes round, sometimes polymorphous, and supplied with many processes or offshoots. They are found to occur normally in the medulla of the bones of the fetus, hence sometimes called myeloid cells. True myeloid cells, however, are not so large as the brood cells found in tumours. They are the largest unformed protoplasmic collections that have been met with in man. They sometimes contain from half-a-dozen to even thirty or more lesser cells without nuclei. Their origin, by a series of transformations from simple cells, is generally easily traced out. They sometimes occur sporadically in various forms of sarcoma, fibro-sarcoma granulation and myxo-sarcomata. They are frequent in central, less so in periosteal sarcomata of the bones. Billroth has seen them in muscle sarcoma. Similar protoplasmic masses have been described by Klein in his work on the Lymphatic System. He says: "I have come across several times in the normal as well as in the chronically inflamed omentum endothelial cells which presented the characters of giant cells—myeloplaxes—that

(a) Read before the Surgical Society of Ireland, Feb. 12. The discussion will be found at page 229.

is, protoplasmic masses containing five to ten nuclei." Sections of this tumour are also exhibited in the microscopes on the table.

CASE V.—Michael Leonard, aged 60 years, was admitted to Steevens' Hospital 23rd June, 1873. The accompanying photograph shows the situation and dimensions of the morbid growth from which this patient suffered. The tumour was free from pain, and in fact caused him no suffering or trouble, save from its weight and bulk. I removed it on 28th June. The patient recovered and left hospital on 4th August. The microscopic structure of this tumour proved it to be an example of the spindle-cell sarcoma, not uncommon in the testis. Portions of this tumour may be seen in the microscopes on the table. As is usual in such cases, this disease has returned. I have heard from Dr. J. P. Nolan, who sent the case to me, that the disease has reappeared at Poupard's ligament, and extends into the abdomen. It is to the microscopic structure of the tumour which I wish to direct attention. I would merely add, that from what we know of the clinical history and ultimate progress of these cases, it is probable that the disease has returned, not in the lymphatic glands, but in the connective tissue of the cord and abdominal viscera.

CASE VI.—Mrs. S—, when 64 years of age, suffered from a large tumour of the breast, the appearance and dimensions of which are seen in the accompanying drawing. It was, when this drawing was taken, a two years' growth, free from pain, causing no uneasiness, except from its weight and bulk. I removed it for the first time on 25th October, 1868. It weighed within a couple of ounces of ten pounds. On 23rd November, 1869, a return growth in the same situation was removed by me, weighing two pounds. The disease recurred as a local affection, ulcerated, and carried off the patient in the early part of the year 1871. The structure of this tumour, which may be seen under the microscopes on the table, showed that it also was a spindle-cell sarcoma, but the entire tumour was found to be rich in mucine. A small part of the tumour, when bruised in a mortar with silver sand and shaken with water, yielded an abundance of viscid fluid thicker than flax-seed tea, limpid, alkaline, free from albumen, and containing mucins in large quantity. This was precipitated by acetic acid, and was insoluble in excess of that reagent. Liquor potassæ removed the viscosity, especially when boiled with the fluid. This tumour may be regarded as an example of myxo-sarcoma, resembling in its structure and general composition mucous tissue, with this difference only, that in the mucous tissue the cells are generally more stellate, and the spindle cells fewer in number; in this tumour spindle cells and round cells predominate.

CASE VII.—James J—, 21 years of age, was admitted to Steevens' Hospital on 19th December, 1874, under the care of my colleague, Mr. Colles. Eight months before he had received an injury of the right leg, in consequence of which he was unable to work for some time. A tumour appeared on the inner surface of the shaft of the tibia below the knee-joint. He was admitted to Steevens' Hospital on 23rd May, 1874. The tumour increased in size. Amputation was recommended, but the patient left hospital, not being willing to undergo the operation. He returned, however, in December, the tumour having increased to an enormous size. Mr. Colles amputated the limb on 22nd December. The microscopic structure of this tumour, some specimens of which may be seen in the microscopes, taken from the upper part of the morbid mass, which lie on the table, shows the small round cells with which the histologist is familiar, indicating round-cell sarcoma, a form of intense malignancy. The disease has eaten through the tibia, attacked all the surrounding structures, and assailed the knee-joint. The cellular elements of the growth vastly predominate. It may be regarded as being almost entirely composed of rapidly proliferating cells, which do not go beyond the stage of round cells. It is one of those morbid growths in which the energy of the

disease expends itself in reproduction, and in which there is no tendency to develop into any form of mature tissue.

I have selected these cases to illustrate my observations, because they all belong to one class of growths. They show the various degrees of malignancy which are to be met with within the category of the connective tissue series of morbid growths. The first case had no tendency to return; the second, although of simple fatty structure, was recurrent; while the later cases are of more intense malignancy. Yet none of them could be regarded by the skilled microscopist as carcinomata.

Mr. Savory, in an admirable lecture which he lately delivered on the Structure of Tumours in Relation to their Character and Clinical History, observes "that it must be confessed that it is no light task for a student to grapple with our present knowledge of the subject of tumours." I would add that this undoubted difficulty arising from the natural obscurity of a subject admittedly hard of elucidation is much increased by the fact that many clinical teachers entertain erroneous ideas as to the true relationship between histological and clinical observations as regards tumours. So far as classification of morbid growths is concerned the progress made of late years has been immense. The study of the development of the tissues of the embryo, the recent advances in physiology regarding our knowledge of growth of tissues, wandering cells, and not only the development of granulation, but the "first starts for special development" which peculiar tissues implant on granulation (as in skin grafting, for instance), these and other circumstances have tended profoundly to modify our views with regard to the genesis of tumours. With these new views, a new basis of classification has sprung up, and a new nomenclature has been adopted. In fact, a new language is spoken, which is an unknown tongue to those who have not taken some pains to keep *au courant* with the advances of physiology and histology. Such terms as sarcoma, heterologous, homologous, &c., have significations different from what they used to have. Even the words cancer and malignant, applied to tumours, are rather popular expressions than terms with a definite precise meaning. The unfortunate student, as he attends to his clinical studies, is bewildered by a jargon of words meaning one thing in the mouth of one teacher and another from the lips of a second. The clinical classification of tumours and the classification derived from structure cannot coincide. At present there is a jarring between the two. It becomes every day more certain that for purposes of classification we must look to structure. The practitioner asks, "Is this tumour malignant?" The histologist replies, "I cannot tell you that, for you cannot yourself define for me what you mean by the term malignant;" "but," he continues, "I can tell what the structure of the tumour is so as to classify it with others, and so, having, as I may say, indicated the species, genus, and natural family to which it belongs, a key is given whereby the recorded experience of other observers may be turned to account when tumours identical in structure are met with."

Without some sound and comprehensive basis of classification it was as impossible for what may be called the science of tumours to make any real progress as it would be for botany or zoology to progress without classification. Various observers in different parts of the world cannot co-operate with each other in any science unless some common scheme of classification enables them to know what they are talking about. For progress in the investigation of the science of tumours classification was essential. Virchow may be said to have done for the classification of tumours what Linnæus did for botany.

The General Anatomy of Bichat, the Embryology of Haller and Hunter, had as yet thrown little light on histogenesis. It was not until the school of Dollinger paved the way for the history of development, and Schwann and J. Müller had made the finest elements of the tissues the objects of scientific research that Virchow was enabled little by little to construct a classification of tumours based upon their anatomy and mode of development. Of late years the

difference in structure of tumours has attained even a greater importance than Virchow assigned to it. He sought to prove that all new growths originate from the cellular elements of the connective tissue—a view modified by what is daily being added to our knowledge of the so-called mobile connective tissue corpuscles and the various forms of protoplasm recognised in colourless blood corpuscles, wandering cells, pus corpuscles, endothelium, &c.

A further modification of Virchow's doctrine, or perhaps one should say an extension of it, in a definite direction, arose from Thiersch's supposition of the necessity of a genetic origin of tumours. This beautiful theory of Thiersch is, in fact, an extension to morbid growths of that already propounded in physiology by Remak. It supposes that each of the three layers of the germinal membrane of the embryo can only produce tissues of a like kind throughout the life of the individual. In accordance with this theory tumours of the connective tissue series (sarcomata) are separated by a distinct theoretic line from carcinomata and all epithelial structures.

Waldeyer and the eminent scientific surgeon and pathologist, Billroth, have adopted the hypothesis of Thiersch. The latter says: "The more I feel obliged to suppose that in the perfect organism there are no entirely indifferent cells, but that the elements of the middle germ-layer of the embryo and of the two epithelial layers are always somewhat in opposition, the more I am inclined to use this fundamental histogenetic fact for the development and division of tumours." In accordance with this he only calls those tumours true carcinomata which have a formation similar to that of true epithelial glands (not lymphatic glands), and whose cells are mostly true derivatives from true epithelium.

In the neighbourhood of epitheliomata and carcinomatous tumours, notably in young returning epitheliomata and surrounding those treated by caustics, there are usually numerous young, small round cells infiltrating the connective tissue portion of the tumour. The presence of epithelial elements probably gives a direction or a first start to further development, just as transplanted periosteum or skin epithelium gives a direction or first start towards a special cell development. Although one cannot help admiring the captivating theory of Thiersch, and even admitting its truth as very probable, yet I cannot agree with Billroth in thinking that the development from the germ-layers of the embryo can be regarded as a fundamental histogenetic fact for the development and division of tumours. The tissues springing from these germinal layers are too intricately blended together; so intricate, in fact, is their intermixture that it would be impossible to determine that any given tumour sprung exclusively from the tissue formation of any one layer.

Clinical surgeons and physicians find fault with the microscope because it fails to tell them what morbid growths are malignant or non-malignant. They expect the histologist to define what they cannot define themselves—malignancy. There is no boundary line dividing the territory of malignant tumours from that of benign tumours, as a river divides one country or province from another. We may seek in vain for any histologist who has made such an assertion. The histologist merely asserts that the classification of tumours made by clinical observers is unsatisfactory. The attempt to classify morbid growths as benign and malignant is as imperfect as though botanists attempted only to classify plants as poisonous and non-poisonous, edible and non-edible. For purposes of classification the microscope is invaluable in this direction; it has done much to advance the science of pathology. I am far from saying that there are not many tumours which it may perplex the most skilled histologist to assign to its proper class; but I have selected those cases which I have brought under the notice of the Society this evening on account of the comparative simplicity of their microscopic structure. To such tumours their proper place in the series of connective tissue tumours can be assigned. Each one of them can be compared with similar growths in other subjects and in other

lands. Thus, as time goes on, and as accurate observations are accumulated, we may hope to gain more certain knowledge of the clinical history, progress, and ultimate termination of cases which, without the aid of the microscope, would remain huddled together in one chaotic heap. Classification introduces order instead of confusion, it gives accurate and intelligible nomenclature instead of what is vague and obscure; it enables observers to co-operate with each other; it is a prime step in the progress of all science of observation.

As regards tumours, there is no other system of classification comparable (in the present day) with that based on their histogenetic characteristics as worked out by the microscope.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

C. J. B. WILLIAMS, M.D., F.R.S., President, in the Chair.

DEBATE ON DR. MARCET'S PAPER.

THE PRESIDENT had seen many cases of laryngeal phthisis, and agreed with Dr. Marcet, that it was rather a modification of ordinary phthisis than a disease in itself. The complication was a serious aggravation of phthisis, and hastened the fatal termination by adding distressing symptoms and interfering with the treatment. The cough was very harassing; it might be called a fruitless cough, as it was attended with little expectation. The loss of voice had a depressing effect on the patient. There was also, perhaps more frequently than Dr. Marcet seemed to think, difficult or rather painful deglutition, often from ulceration of the larynx rather than of the epiglottis. When the epiglottis was diseased, the passage of food over the glottis produced grievous irritation; hence it was necessary in such cases to give food in as bland a form as possible, so that a sufficient quantity might be taken; for the course of the disease was accelerated by any interference with nutrition. The general tendency of laryngeal phthisis was to hasten death; but he had known some exceptions in which, after indications of pulmonary disease were present, the larynx was attacked, and became apparently the chief seat of disease. He referred especially to one case of the kind where, although there were at first distinct symptoms of pulmonary disease, nothing was found in the lungs after death but a few patches of withered tubercle, while the larynx not only presented extensive tubercular disease, but there was necrosis of the cartilages; but such cases were exceptional. Constitutional remedies were very important; cod-liver oil, &c. He had been much disappointed in treating laryngeal phthisis, and, indeed, chronic laryngitis, by local remedies. In most cases nitrate of silver and similar articles did more harm than good. In a few cases, the application of nitrate of silver by Dr. Horace Green's method had been useful; but he had met with so many failures from this treatment, that he had laid it aside. The use of spray was more applicable, and sometimes more successful; but even with this the results had fallen short of his expectations. He concluded that it was only in a limited number of cases that these remedies were useful. Spray should be used in summer and hot inhalations in winter; he had found the use of spray in cold weather injurious. A weak solution of carbolic acid in the form of spray was useful; it acted as a soothing agent, and as an alterative of the secretion. He agreed with Dr. Marcet as to the offensive and acrid nature of the exhalation from the larynx in the disease; and for the correction of this, creasote, carbolic acid, and the oil of the *Pinus sylvestris*, were useful. Sometimes a very weak solution of nitrate of silver, of sulphate of copper, or of acetate of lead, allayed the irritation for a time. Inhalation was useful in cold weather; but it must be remembered that it was liable to produce perspiration, and hence the patient should be cautioned not to use it except at bedtime and when he was not exposed to cold. The various forms of inhaling apparatus showed much ingenuity, but the tubes were generally too small; they ought to be twice or three times as large. A simple and useful form which he employed was a jug of hot water containing the medicinal substance to be inhaled, the

patient inhaling under a napkin lying over his face and covering the jug. The medical substance to be inhaled must be volatile; it was sometimes recommended to add non-volatile metallic salts to the water; even iodine was volatilised with some difficulty. In general, creasote or carbolic acid, with hemlock, or in some cases chloroform, were most useful. The recommendation to use iodine both internally and externally deserved consideration. Many remedies might be given in oil or glycerine which were too irritating to be administered in other ways. Even water-vapour itself, in the form of spray, was irritating to the larynx, and of course more so when containing other substances; hence the addition of oil and glycerine was worthy of consideration.

Dr. DRYSDALE said that it seemed to him, from observation of many cases, that the prognosis in laryngeal phthisis was fatal, except where the patient could go to a warmer climate; and, under these circumstances, he had known a few cases where life had been prolonged for years, just as in other cases of phthisis. As a general rule, he thought that the course of laryngeal phthisis towards death was very rapid. He had seen relief produced by the inhalation of iodine vapour. As to the diagnosis, there was a difficulty, as had been well pointed out by Dr. Marcet, in distinguishing between laryngeal phthisis and syphilitic disease of the larynx; especially in such cases as one to which he referred, in which laryngeal phthisis occurred in a patient who presented distinct signs of syphilis.

Dr. THIN had visited Salt Lake City, and obtained some information from a medical man there. The plateau on which the city stood was about four thousand feet above the level of the sea. Among the native white population, he was informed, phthisis never occurred. Among the converts to Mormonism who came from the eastern parts of America and from Europe, there were sometimes persons, especially women, who had slight symptoms of phthisis before setting out; during the journey, the disease often became much aggravated; but after their arrival, unless they were in the very last stage of the malady, arrest and cure of the disease almost invariably took place. He believed that this fact was not generally known. He doubted the propriety of making scarifications of the larynx in laryngeal phthisis, as he believed that the resulting effusion might become a source of tuberculous growth.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on Friday evening, the 12th February, the Vice-President, Dr. E. HAMILTON, in the chair.

Dr. McDONNELL read a paper

ON THE RELATIONS BETWEEN THE CLINICAL HISTORY AND HISTOLOGY OF TUMOURS,

which will be found at page 226.

The VICE-PRESIDENT said he should be glad to hear the remarks of any member of the Society on Dr. McDonnell's valuable paper. It was a matter of great importance to obtain anything like distinct ideas upon so obscure a subject.

Dr. CORLEY said this was a question of such importance that on the strength of having but one single specimen to bring before the Society, he ventured to read the short paper referred to. He could only regret that Dr. McDonnell's paper had not been before the Society previous to his bringing forward the case, because Dr. McDonnell had given *in extenso*, the views of which he (Dr. Corley) was only able to give a brief description. He was forcibly struck with Dr. McDonnell's observation that Thiersch's theory had a great deal to recommend itself in its simplicity and beauty as a means of classification for the use of students, seeing that it was impossible to separate tumours distinctly into those as growing from one particular layer of the germinal membrane. The case he had brought forward was a tumour which was unconnected either with the glandular or cutaneous surfaces. It was a connective tissue tumour, and still, on examination by the first pathologists of this city, it proved to be an epithelioma. It might, of course, be open to the argument that it could not grow close to the epithelium or the parotid gland without having embodied in it some of those structures. The clinical history of the case showed that it had no connection with the epithelial structure,

for it did not ulcerate through the skin, nor did it affect the parotid gland. He hoped that as cases of this kind turned up in future members would bring them forward to show how far this beautiful theory of Thiersch's could be supported or contravened, for next to the importance of establishing the truth of a theory was the proof of its untruth. They should feel much obliged to Dr. McDonnell for the trouble he had taken in bringing the subject before the Society.

Dr. PURSER thought that the great diversity of structure which is often found in different parts of the same tumour makes it very difficult to determine in a given case from which embryotic layer the tumour has sprung. The malignancy of tumours is entirely a question of degree. Malignant and non-malignant growths are not separated by any sharp line, but shade off gradually into each other; so that two tumours with pretty much the same anatomical structure will pursue—one an innocent, the other a malignant course. Nevertheless, the anatomical classification is the only one possible. From the mere structure of a tumour, whether healthy or morbid, could never be deduced its properties while living. A useful knowledge of tumours can only be gained by the common work of both clinical surgeons and histologists, the one observing the life-history of the growth, the other its anatomical structure.

Dr. McDONNELL said, if his paper had done nothing more than call forth what they had just heard from Dr. Purser he should be amply repaid for his trouble. The case Dr. Corley referred to he had not, unfortunately, had an opportunity of seeing, but it was not one of those cases he laid much stress upon, for this reason: it was most obscure and most difficult to determine the nature of it. Two of the most eminent, if not the most eminent microscopists in the city, their secretary Dr. Richardson and Dr. Purser, rather differed in their opinion as to the nature of that tumour. Dr. Purser thought it an example of an epithelial growth, while Dr. Richardson, probably examining a different portion, thought it an enchondromatous growth. These are thus exceedingly difficult and obscure matters, that are perplexing to the most skilled microscopist. It was better to begin with the most simple forms, and therefore every case he brought forward that night was of the simplest form, about which it was not likely any competent microscopists would differ. The observations of Dr. Purser on Thiersch's hypothesis were interesting, and coincided with his own view. His illustrative case was a tumour in the mammary gland, there the various structures existed so closely and intimately intermixed (as completely as wool and silk in a piece of tabinet) as to be absolutely inseparable. Still, they might use Thiersch's theory as a basis of classification with great utility from the point of view Dr. Corley had spoken of, namely, to give the student some idea of what are the true bases of classification of tumours. For that purpose it was quite invaluable. They could give an idea that all tumours in which a morbid form of epithelial structure vastly predominates are connected with the outer layer, while those in which the connective tissue vastly predominates come from the middle layer. If it were for nothing more than this as a basis of classification it was of importance; for all they could hope to do was to group these tumours according as particular structures predominate in them. He thought classification most useful for the instruction of student, but for practical purposes it was entirely useless.

Dr. KENNEDY read a paper on

THE STRENGTH OF MUSCLE,

which we shall give in our next issue.

MEDICAL SOCIETY OF DUBLIN.

At the meeting on February 10, Dr. HENRY KENNEDY, Vice-President, in the chair,

Mr. H. R. SWANZY (by permission of the Council) made a communication to the Society on

THE SIGNIFICANCE OF "CONGESTION PAPILLA," OR "CHOKED DISC," IN INTRA-CRANIAL DISEASE.

After alluding to the interest of the subject for the physician, and describing the appearance presented by congestion papilla, or choked disc, and the modes of production, he said that every observer admitted that intra-cranial tumours gave

rise to congestion papilla, and he thought most would at least allow that it was the most frequent cause of this appearance. With regard to meningitis as a cause of congestion papilla, he was of opinion that the true congestion papilla dependent on any form of meningitis is extremely rare at any time of life, and that when it does occur it is almost always in the meningitis of children, or young children. The number of published cases in which meningitis produced choked disc was very small. Von Graefe was evidently of opinion that a less pronounced form of congestion papilla was sometimes found in cases of meningitis. He (Mr. Swanzy) had examined five or six children with symptoms which were considered indicative of meningitis. In all but one of those cases the ophthalmoscopic appearances were either negative or consisted merely in the congestion of the central vein of the retina, with some hyperemia of the disc. In one case, a child of about five years of age, the appearance was different: at first it seemed to be a true congestion papilla; the optic disc was very much swollen, the central vein greatly engorged, the artery thin; the colour of the tumefaction, however, was of a deep, dusky red, and had none of that grey tint or semi-translucent appearance, and although rather prominent, its sides in no direction were very steep, but became gradually bevelled off to the plane of the retina. The patient was, however, unfortunately, removed from his observation whilst the disease was at its height. That case suggested the thought that perhaps some of the cases described as congestion papilla with meningitis were not cases of true congestion papilla, but of this other form which resembled it. It was a fact recognised by many writers that it was sometimes by no means an easy matter to decide whether a given case was one of congestion papilla or of descending neuritis. He thought it should never be attempted to make a diagnosis by aid of the ophthalmoscope unless the appearances were so well marked as to admit of no doubt as to their nature. In conclusion, he was of opinion that while true congestion papilla was not pathognomonic of intra-cranial tumours, it was extremely rare as a symptom of any other intra-cranial disease. Its value as a symptom of cerebral tumour was even greater in adults than in young people.

Dr. M'SWINEY wished to know if there were any mode by which the situation of an intra-cranial tumour might be surmised during life—whether at the surface, in the interior, or at the base of the brain?

Mr. SWANZY said it would never be possible to say by optical appearances in what part of the brain the tumour was situated. If the tumour involved some of the cranial nerves, and thereby produced symptoms of paralysis, its precise locality might be correctly surmised.

Dr. GERALD F. YEO then read a paper on

THE PATHOGENY OF HÆMORRHAGIC INFARCTION OF THE LUNGS.

The conclusions at which he arrived in the course of a lengthy communication were that the commonest cause of hæmoptysis in cardiac disease is pulmonary infarction produced by embolism; the occlusion of a vessel by an embolus fully explained the anatomical characters of the infarction and the occurrence of hæmorrhage; that the origin of the embolus may usually be traced to the cavity of the right side of the heart, where fibrinous clots are frequently formed *intra vitam*; that the alteration in the capacity and strength of the right side of the heart was commonly the immediate cause of the embolism; that disease of the smaller branches of the pulmonary artery was commonly associated with the change in the right side of the heart, and was an important agent in regulating the amount of the hæmorrhage which took place; that bleeding from the bronchial mucous membrane could not produce or even simulate true hæmorrhagic infarction; that valvular disease of the left side of the heart was a very common starting point of all those pathological changes; but that such disease was by no means an invariable concomitant of pulmonary apoplexy.

Dr. PURSER did not think that it was physiologically impossible that appearances such as those described as pulmonary apoplexy could be produced by blood being drawn into the air-cells in inspiratory effort. The contrary was proved in Sir Thos. Watson's case, in which the appearance was found after death by suffocation caused by hæmorrhage from the lingual artery, and entrance of blood into the air-passages, and in which there was no reason to suspect em-

bolism, although he (Dr. Purser) fully admitted the explanation given by Virchow of the pathogeny of the hæmorrhagic nodule to be the true one. Dr. Purser held that the theory of Sir Thos. Watson was applicable to some instances.

After some observations from Dr. Nixon,

Dr. YEO said he did not think that Sir Thomas Watson had brought forward sufficient proof that the hæmorrhagic infarctions in his case did not depend on embolus. In that case there was no difficulty in finding a source for emboli, for surely the ulceration which had opened the lingual artery must have formed thrombi in the veins, which would afford ample material for the formation of small emboli.

Dr. A. W. FOOT described an interesting case of great dilatation of the stomach, consequent upon narrowing of the pylorus, the result of an ulcer situated in the neighbourhood. It occurred in a country boy, nineteen years of age, and was characterised by periodical vomitings of large quantities of acid fermenting liquid, rich in sarcinæ. The patient derived much relief from the washing out of the stomach with alkali water, and died apparently from an attack of subacute peritonitis, for which, however, there was no obvious cause, and which did not appear to be in any way attributable to the use of the stomach-tube.

Dr. M'SWINEY asked Dr. Foot whether in the course of his treatment he had tried charcoal, as there were several instances where large doses of charcoal had rapidly produced decided relief of the flatulence consequent on dyspepsia. He would also like to hear Dr. Foot's experience of bismuth, which was vaunted as being of the greatest value in arresting a tendency to gastric disturbances where acid secretions were poured out; and finally, he wished to know whether the patient had suffered from that excruciating and torturing pain which was generally attendant on cases of persistent distension of the stomach.

Dr. FOOT said he had used neither charcoal nor bismuth, because he thought the probable cause of suffering was paralysis of the stomach from distension. The patient did not suffer very great pain, his principal suffering being from heartburn, and the pain and annoyance due to it.

The Society then adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 17, 1875.

THE METROPOLITAN SUNDAY FUND.

In our issue of last week we were barely able to do more than present our readers with the briefest abstract of the doings at the Mansion House on Monday week. The public were summoned by the Lord Mayor to receive the Report of the Special Committee appointed to revise and determine the system of distribution for the year 1875. As, however, the meeting was packed by the noisiest set of people we ever remember to have seen congregated in the Egyptian Hall, and who, as our daily contemporaries truly said, "exhibited a violence of feeling rarely

equalled," Dr. Mackenzie and his friends of the Golden Square Throat Hospital succeeded to their hearts' content in thrusting their views and resolutions down the throats of the more respectable portion of the meeting. In fact, so great was the hostility exhibited towards all the speakers on the side of the Committee that anything like fair discussion was out of the question, and it was only when the Lord Mayor threatened to leave the chair and dissolve the meeting that order was restored and a hearing secured for the occupants of the platform.

It is humiliating to reflect upon this wanton exhibition of feeling, and think it should in any way have emanated from a member of the medical profession. It is indeed sincerely to be regretted, because very many of the staunchest supporters of the Hospital Sunday Fund were driven from the meeting in disgust, and towards the end Bishop Claughton stated his conviction that very many ministers would cease to advocate the cause if Dr. Mackenzie's proposed alterations to the mode of distribution were carried. Nothing daunted, however, the cabal did its best to destroy a movement which we, in common with those who feel the deepest interest in the success of hospital work, have much at heart.

Dr. Mackenzie firmly believes in his mission to demonstrate to the contributors of the Hospital Sunday Fund, and for the encouragement of his Golden Square friends, how impossible it is for nine noblemen and gentlemen to act with impartiality and good faith in its distribution. In his opinion a Jonah is among them, and the medical element must be thrown overboard to keep the ship from sinking. The committee appointed to consider the question of distribution is "exceedingly unfairly constituted." "Three members of special hospitals to nine belonging to general hospitals" is too monstrous to be thought of. "Wranglers" predominated over sensible men; and the chief among them was Mr. Durham, and therefore "all the Committee did was to negative his scheme!!"

No wonder that to Dr. Mackenzie's perturbed mind the term "reasonable" should appear vague and unsatisfactory, and convey "permission to exercise favouritism and encourage jobbery." That he should also have found a new definition for "hospital" is by no means more remarkable. A hospital, in his belief, is a place not for the cure of patients, but one in which "patients usually die early," while, on the other hand, a home for incurables is "a place where people live long." He therefore thought incurable hospitals should participate in the Hospital Sunday Fund; it has never occurred to Dr. Mackenzie that "incurable hospitals" are not hospitals at all in the sense he attaches to them, but well-to-do charities, into which the least deserving among the unfortunate are admitted by a most objectionable system of voting and jobbery, and from whence the more urgent cases are excluded. Dr. Mackenzie declared that he merely brought forward his distribution scheme "in the spirit of conciliation." If this were so, why so much trouble to secure the attendance of people who, it is well known, never before evinced the smallest interest in the Hospital Sunday Fund, and who, it is concluded, never in any way contributed to its success?

Of Dr. Morell Mackenzie's seconder, it is sufficient to say he is a "British Incurable," a friend of the Mr. Fry who drove Dr. Chapman from his post of Physician to the Metropolitan Free Hospital last year; not for any just cause, or that Dr. Chapman had in any way failed in his duty to the charity, or in his care of the patients, but because, in all honesty of purpose, and in perfect good faith, he protested against the grossest mismanagement of the hospital affairs, and refusing "obsequious mutism," dared to direct public attention to the unfair and inadequate amount of the funds bestowed upon the sick poor in comparison with what is lavished upon managers and wire-pullers. But the story of the Metropolitan Free Hospital has been told *ad nauseam* by the medical and lay press, never more graphically, perhaps, than by a Governor in the columns of our contemporary the *Pall Mall Gazette*, who denounced it in the severest terms as "a sham." This writer fully exposed a misleading system adopted by the committee of advertising attendances of patients, and publishing them to the world as "new cases," thus "trying to make capital," while their "hospital accounts are so managed as to be unintelligible." Is there, then, any difficulty in believing that the Distribution Committee of the Hospital Sunday Fund could make nothing of them? Mr. Hood's last attempt to unravel the mystery is even less explicit and intelligible, although he offers us what he calls "a refutation of the injurious charges against this hospital (the Metropolitan Free) contained in the Report of the Hospital Sunday Fund." He, however, takes good care to avoid the charge of "extravagant management," that is, of an expenditure of upwards of 34 per cent. of the subscriptions upon secretary, office clerks, collectors' poundage, printing, and advertising. Pool-pooling all such small matters, he, with the greatest self-complacency, compares the doings of the Metropolitan Free Hospital with some of the largest, particularly with those of the London Hospital, and which in truth is about as puny as would be an attempt to compare the strength of a mouse to a horse or an elephant. In common fairness he ought to have shown, in a tabulated form, the work of the "Farringdon," the "Islington," the "Western," and a dozen other dispensaries and small hospitals, and then it would have been clearly seen that all do a larger amount of good, and relieve a greater number of patients with a tenth part of the income of the Metropolitan Free Hospital. We earnestly trust the Distribution Committee of the Hospital Sunday Fund will not yield to Dr. Mackenzie's cabal, but will persevere in its legitimate attempts to put down abuses and shams which, under the name and disguise of either hospital or dispensary, have too long been permitted to prey upon the charity-giving public of this metropolis.

THE DUBLIN HOSPITAL SUNDAY FUND DISTRIBUTION.

HAVING endeavoured, in our issues for the 17th and 24th of February and the 3rd of March, to lay before the public and the profession the inequalities and the imprudence of the present system of distribution of the Dublin Hospital Sunday Fund, it remains for us only to

recapitulate the facts to which we have called attention, and to sum up the conclusions at which we have arrived. We have therefore prepared the two following tables, which illustrate, without the confusion of the facts by unnecessary statistics, the points to which we have drawn attention. The first table institutes a comparison between the actual "work done," the actual services rendered by each hospital to the sick poor exclusive of ordinary dispensary relief, and the sums granted by the Hospital Fund Council to each institution.

Comparative statement of the work done by each participating hospital, and the money granted from the Fund in return for that work.

(Tabulated in sequence according to the amount of the grant.)

NAME OF HOSPITAL.	Work Done.			Grants from Fund.		
	Beds Maintained.	Extern Acdts.	Extern Mid-wifery.	For Work Done.	For Sub- scription.	Total.
City of Dublin	53	Record.	Nil	£ 408	£ 752	1,161
Rotundo ...	43	Nil	98	126	280	407
Mercer's ...	48	2,182	Nil	141	246	387
Sir P. Dun's ...	43	624	523	88	246	335
Steevens' ...	126	1,466	105	114	197	312
Coombe ...	17	Nil	1,224	69	146	215
Cork Street ...	42	Nil	Nil	26	94	121
St. Mark's ...	16	96	Nil	23	36	60

A perusal of this table will prove to the comprehension of our readers that under the present distribution system there is no relation whatever between the services rendered to the sick poor by any institution and the money granted to it in return for that work. Indeed, it would seem evident that the hospitals which receive least do the largest share of work, and those to whom the great bulk of the Fund is handed over do comparatively little. It is necessary to explain that the grants for "work done," set down in the fourth column of the above table, are assessed by the Hospital Fund Council *not* in proportion to the total number of beds maintained by any hospital, but upon the beds maintained by its *subscription income*. For example, if an hospital maintains 50 beds altogether, 40 of which are kept up by Government grants or by private property, and 10 are sustained by private subscriptions, that hospital will receive a grant from the Fund in consideration only of the 10 subscription beds, to the entire exclusion of the others from the calculation. Thus it happens that the City of Dublin Hospital receives £408 for its work done and Steevens' only £114, because almost the whole of the beds in the City of Dublin (39 out of 53) are maintained out of "subscription" income, while only a very small proportion (11 out of 126) are maintained in Steevens' from the same source. It will thus be seen that the "subscription" hospital (which has already received two-thirds of the entire Fund in consideration of its subscription income) receives for its "work done" a share which is also fixed in proportion to its subscriptions, and bears, therefore, no ratio whatever to the services rendered to the sick poor, and thus, instead of obtaining a fair share of the grant according to its usefulness, it is favoured with a subsidy from the Fund, five-sixths of which is a premium for effective begging and one-sixth in consideration of medical relief of the destitute.

Our second table is intended to illustrate the proportion of the income of each institution which goes directly to the patient side by side with that portion which is spent upon officials and other "establishment" expenses.

Comparative statement of the expenditure upon the patient and upon the establishment. Also of the allocation of each £1 granted from the Fund to each institution.
(Tabulated in the order of the cost of each hospital per bed maintained.)

NAME OF HOSPITAL.	Beds Maintained.	Expenditure per Bed.		Extern Patients.	Proportion of each £1 expended.	
		On the Patient.	Total.		On Maintenance.	On Establishment.
Cork Street ...	42	£ 23	£ 88s	Nil	s. d. 5 3	s. d. 14 9
Sir P. Dun's ...	43	37	70	624	10 7	9 5
Rotundo ...	43	22	63s	Nil	6 5	13 7
Coombe ...	17	16	50	1,224	4 11	15 1
City of Dublin	53	20	46	No	8 8	11 4
Mercer's ...	48	18s	44	Nil	8 4	11 8
Steevens' ...	126	23	41	1,466	11 2	8 10
St. Mark's ...	16	18	20	96	Nil	9 6
Incurables	152	20s	29	Nil	14 1	5 11

In the compilation of the foregoing table we have endeavoured to separate (in the statistics published by the Council) the expenditure upon maintenance and upon establishment in Mercer's, Sir Patrick Dun's, and the City of Dublin—the hospitals which receive no Government grant. It is but justice to Sir Patrick Dun's to point out that though we have been obliged to tabulate it in our first table as one of the most expensive of the Dublin hospitals, it would appear, if the statistics are reliable, that the greater part of its income is spent upon the patient.

The outlay upon the occupant of the bed appears to be as much as £37 a year, while that in the Coombe is only £16, in Mercer's £18 10s., in the City of Dublin £20, and in Steevens' £22.

We are not prepared to say that there is anything praiseworthy or advantageous in spending upon the patient in one hospital a sum which will keep two patients in another; but it is at least satisfactory to observe that the £70 expended per bed in Sir P. Dun's is not absorbed, as elsewhere, by useless salaried officials.

We again invite the attention of each of our readers to the fact that their hardly-spared contribution of £1 to public medical charity may, under the present system, be handed over to Cork Street Hospital, where 5s. 3d. is considerably laid aside for the patient, and 14s. 9d. for the maintenance of a stud of officers, the necessity for whom is a subject for speculation.

The gentlemen who form the Dublin Hospital Fund Council are, in the aggregate, intelligent and honourable

men of business, incapable of misappropriating a shilling of public charity for any personal feeling, or of tolerating for an instant the misuse of benevolent contributions so much wanted and so hardly procured. We have every confidence that they will give an unbiased consideration to the facts which we have endeavoured to put before them, and will, if convinced of the truth of our conclusions, act at once and decisively towards a radical reform in the system of distribution. We ask each of them whether he would wittingly contribute a shilling of charitable money except for the one great object of the relief of the deserving poor? and we submit to his judgment whether we have not proved that the method of dividing the Dub-Hospital Fund is not such as to secure its allocation to this object.

THE ARMY MEDICAL DEPARTMENT.

LITTLE more than fifteen years have elapsed since the medical schools throughout the kingdom were invited to send their students, without nomination or restriction, to compete for the appointments in the Army Medical Department.

The Warrant of 1858 had placed that service on an advantageous and honourable footing, and thus a stimulus was given to medical education by its attractions. Special classes were formed, and those who elected a military career devoted themselves assiduously to prepare for the coming struggle. There was every prospect of great mutual advantage to the army and to the profession.

Scarce half-a-dozen years had gone when disquieting rumours of infringement of the Warrant and curtailment of its privileges passed from the medical officers to their intended successors in the schools, and notes of warning soon culminated in the voice of appeal. Many changed their intentions, and the lists of candidates became smaller and smaller, till at length the numbers fell so low that the authorities had conceded, and all but published a restoration of the abstracted rights. The news spread through the schools, and quickly more than half a hundred applicants came to accept the appointments on the old terms; but the printer had not committed his employers, and, the vacancies once filled, the manuscript was rescued and destroyed.

The old victims spoke hard things of the new dupes, and blame was freely cast; while those from whom justice had been almost wrung enjoyed their triumph. By that one act a great evil had been wrought; a whole generation of medical officers had been robbed of all confidence in official honour, and driven to irreparable distrust. Since then a sad condition has prevailed: something granted, something removed; a trifle yielded, a more than equivalent curtailed; and so, with gradually descending fortune, the unequal fight has been maintained till chronic agitation has become the established atmosphere of the Army Medical Department.

And now again the open disregard of all rights of contract has brought the matter so far within the understanding of civilians that the press and the profession have raised a cry of "shame," and scared the coming students from the department's doors, so that the last examination could only draw eleven candidates, not all of

whom were able to obtain even the minimum of marks required to qualify for appointment; yet, in the face of this, the Secretary of State, on introducing the Army Estimates, says, with reference to the Medical Department, "I am not prepared to make any definite proposal on this subject;" and because certain advantages have been recently conceded to the Naval Medical Department, "that also has prevented me from arriving at a definite conclusion." Surely there never was a more striking example of the old saying, "live horse and you will get grass;" five-and-thirty unfortunate medical officers who have entered, some the fifteenth, and others the sixteenth year of service, have to continue to drag on a cheerless existence in the lowest grade till Mr. Hardy recovers from the "sudden startling" produced by the munificence of the Admiralty Warrant and sees through the maze of conflicting systems some way out of the hopeless block in promotion.

Under such circumstances we cannot conceive any young surgeon so destitute of a career as to embrace the Army Medical Department.

Notes on Current Topics.

Irish Pharmacy Proposals.

NOTHING has yet been heard of Sir M. H. Beach's promised Irish Pharmaceutical Bill, and speculation is still hot as to whether it is to be the English Bill, the Dublin Hall Bill, or the Bill of the Committee of the House of Commons. The *Pharmaceutical Journal* says that a deputation from the Society of Chemists and Druggists of Ireland has recently waited on Sir Dominic Corrigan, in reference to the subject of pharmaceutical legislation for Ireland, and at a special meeting of the Society, held for the purpose of receiving a report from the deputation, the President said that the deputation was cordially received by Sir Dominic, and that the matter in question was fully discussed. Sir Dominic also expressed the opinion that if the ranks of pharmacists in Ireland were to be augmented, it must be from the body of chemists and druggists. The journal of the English Pharmaceutical Society, although somewhat lukewarm upon the proposal to extend the operation of the Society to Ireland, is decisive in its view of the state of Irish pharmacy and the responsibility of the Irish Apothecaries' Hall for such a condition. It says: "We have always held, moreover, that it would be highly conducive to the interests of the public at large, as well as of pharmaceutical practice, if the obsolete *regime* of the Apothecaries' Hall of Ireland, in regard to pharmacy, were superseded, and if the competently qualified chemists and druggists of the sister country were permitted to perform the functions they are well able to perform, in dispensing medicines with advantage to themselves no less than with convenience to the public. The dearth of provision for the requirements of the public in this respect seems unquestionable, for it is unequivocally admitted by all parties, and we see no other means of providing for the deficiency than the removal of those

disabilities which now prevent the educated chemist and druggist from doing the work he is well able to do. We heartily concur with Sir Dominic's further recommendation that Irish pharmacists should act independently in this matter by establishing an independent Irish Pharmaceutical Society or College of Pharmacy, complementary to the existing Colleges of Physicians and Surgeons, and we have nothing to urge against the opinion he expressed that Ireland should have its own Pharmaceutical Society."

The "Nurse and Midwife" Diploma of the Dublin College of Physicians.

In the month of January of last year we sounded a note of warning on behalf of the profession in Ireland with reference to an incursion into the Irish College of Physicians by the ladies who had failed to establish a lodgment in Edinburgh. At that time a lady holding the M.D. of Zurich applied to the College to have that degree accepted as exempting her from the first half of the professional examination for the L.K.Q.C.P.

This proposal was submitted to an ordinary business meeting of the Fellows, and although the advocates of the lady's request avowed that it was only preliminary to an application for examination for the diploma, the request was at once granted by a majority of those present.

At a succeeding meeting of the College it was decided by a large majority of the Fellows not to admit females to the Licence in Medicine; but at the same time a lady who held no qualification at all—acting, it is said, under the advice of a leading Fellow—addressed a letter to the College, inquiring whether it was competent to confer the midwifery diploma of the College on women. To this a reply was returned to the effect that the College had already done so, and was ready to do so again.

Having searched for the precedent thus acted upon, we found that on the 3rd of February, 1696, the first licence in midwifery ever conferred by the College was granted to "Miss McCormack," who seems to have been the only woman ever licensed by the College.

This last act of the Fellows present involved, as we then said, a more serious consequence than their previous one, for it was a direct official pledge that they would place a registrable qualification at the disposal of the female students. Any candidate holding the midwifery diploma of the College may claim, under the 15th section of the Medical Act, to have it placed upon the Medical Register, and will thus at once become a legally qualified practitioner, and entitled under the 31st section to practise "medicine or surgery, or medicine and surgery," though only qualified in this one branch. But subsequently the College decided not to give a registrable midwifery diploma, but a certificate of competency as a midwife and nurse, which they were prepared to confer on the following terms:—

Qualifications: Age to be not less than twenty-one years; certificates of character. Preliminary examination: Reading, writing, and arithmetic. Course of instruction: Six months' attendance on systematic lectures on midwifery, and not less than six months' attendance on bedside instruction in a lying-in hospital or mater-

nity recognised by the College. Subjects for the examination: Midwifery (not including operations) and nurse-tending. Examination fee: One guinea. Form of midwife's licence: *We, the President and Fellows of the King and Queen's College of Physicians in Ireland, having duly examined A. B. in midwifery and nurse-tending, and having found her to possess a competent knowledge of the same, do hereby license and authorise the said A. B. to exercise the calling of a midwife and nurse-tender.*

This diploma, it will be observed, was carefully phrased, so as to confer a certificate of competency to act as a midwife without giving any right to register as a medical practitioner, which the usual midwifery diploma of the College would convey. By this movement the opinion of those who desired to see carried into effect the power of licensing women which was originally given to the College was satisfied, while the encroachment of the party who wished to make that function a means of admitting females to medical practice was defeated. It remained a subject of doubt whether the College had really power to grant this diploma, but until the question was legally raised it should continue to do so.

We understand that a Miss Greenstreet applied last year for this licence, and it was granted to her after examination, and following up the course which would appear to have been intended, an application has been made to Mr. Hawkins, the Registrar of the Medical Council, to have the diploma registered under the Medical Act, it being contended on behalf of the claimant that, inasmuch as the diploma was one specially provided for by the charter of the College, and issued upon the authority of a former precedent, it was entitled to registration. In this juncture Mr. Hawkins applied to the College for information as to whether they regarded the licence as a registrable qualification, but the College declined to express any opinion *pro or con.*, and thus the matter stands for the decision of the Medical Council under the advice of its law officers. Two questions arise—firstly, as to the competency of the College to grant such a diploma; secondly, as to the competency of the Medical Council to register it, assuming the power of the College to issue it.

The 15th clause of the Medical Act of 1858 declares that "Every person becoming possessed of any one or more of the qualifications described in the Schedule (A) to this Act, shall, on payment of a fee, not exceeding five pounds, be entitled to be registered on producing to the Registrar of the Branch Council the document conferring or evidencing the qualification or each of the qualifications in respect whereof he seeks to be so registered."

There is no clause in the Act to enable the Medical Council to add any qualification to those set down in Schedule (A), and as the list does not contain the diploma in question, we cannot see how the demand for registration can be sustained.

Vivisection.

PROF. DALTON, of New York, has written a monograph upon "Experiments on Animals as a means of Knowledge in Physiology, Pathology, and Practical Medicine," containing many opinions of celebrated medical men on this important question. Dr. Moquin-Tandon, who is a

member of the Institute of France, of the Parisian Society for the Protection of Animals, and Professor of Natural History in the Faculté de Médecine of Paris, observes: "Experiments upon living animals are indispensable to physiology. The truth of this statement cannot be seriously questioned. The results which have been derived from vivisection are numerous, and we appeal, in confirmation of this fact, to all physicians, surgeons, and naturalists." Dr. Parchappe, Member of the Académie de Médecine, and Inspector-General of Prisons and Lunatic Asylums, says: "For these reasons I may say confidently that experiments upon living animals is an element indispensable to the true method of study in the biological sciences." Dr. Jules Béclard, Assistant Professor of Hygiene in the Faculté de Médecine, says: "It is needless in this assembly to prove that, of all the means at the disposal of physiology, experiments on living animals is that to which science is indebted for its greatest progress. The most important and fundamental discoveries could not have been made without it. If you are interrogating life, it is vitality alone that can reply."

Dr. Piorry, Professor of Medicine in the Charité Hospital of Paris, says: "Medical practice at the present day is founded on the known facts of physiology, as applied to pathology and clinical medicine. Now, a man must have read nothing, not to acknowledge at once that vivisection has been the point of departure, or at least the most positive means of discovery for the functions of the human body." M. Boulet, Member of the Academy, and Professor at the Veterinary College of Alfort, says: "It cannot be questioned, by anyone competent to judge, that vivisections constitute means of investigation by the aid of which physiology has been taken out of the realm of dreams and conjectures, and definitely placed upon the sure basis of observation." Dr. Gosselin, Professor of Clinical Surgery in the Faculté de Médecine, says: "I believe with MM. Béclard, Bouvier, Piorry, Vernois, and Bouley, that no one can dispute the utility of vivisection, and that courses of experimental physiology should be encouraged, since they multiply the means of scientific inquiry."—*Bulletin de l'Académie de Médecine*, tome xxviii.

It is curious that the occasion of the above remarks was a memorial addressed to the French Government in 1863 by the London Society for the Prevention of Cruelty to Animals, wherein it was alleged that much cruelty to animals was caused in France by the processes of vivisection. The matter was referred by the Government to the Academy of Medicine, and the Academy, after the discussion, declared by an unanimous vote that the complaints were without just foundation.

Coffee Adulteration.

We recommend the following extract from the *National Food Reformer* to the notice of Mr. Sclater-Booth, and will be glad if he will make himself acquainted with a few of the "usages of trade" which he desires to legalise:—

Coffee is adulterated with chicory, roast wheat, peas, beans, acorns, mangel wurzel, sawdust, tea, Venetian red, and baked horses' livers. In the East-end of London exists a class of people who live by baking horses' and bullocks' livers; these are afterwards ground into a powder,

and the coffee is sold to low coffee-house and coffee-stall keepers. There are few London coffee-stall keepers who do not use this article, and on this point the writer has made most particular inquiry. It is, however, fair to say that this substance is scarcely ever in coffee bought from shops. It is said to make the coffee "go further." Coffee so adulterated, if allowed to stand until cold, will be found to have a thick pellicle or skin formed upon the top. Coffee in many cases becomes so altered and reduced in colour and appearance by adulteration, that the use of colouring matter is frequently necessitated. The favourite colouring matter is burnt sugar, known in the grocery trade as "Black Jack." This has by energetic speculators been described as a "coffee refiner," but is really employed to impart colour and bitterness to beverages made from sophisticated coffee.

When slightly moistened and squeezed in the hand, pure coffee does not agglomerate, but on the pressure being removed, it falls again to powder, whereas an adulterated article may be rolled into a ball of a more or less cohesive quality.

Slowness of Pulse.

MR. PUGIN THORNTON lately brought before the Clinical Society a case in which the pulse had at one time beat only 16, and for some weeks did not reach higher than 24 per minute. The patient was a young married woman, upon whom, in 1872, Mr. Thornton performed tracheotomy for syphilitic laryngitis. Her pulse at the time of the operation was 40, and it was not until six weeks later, when the tracheotomy-tube was removed, that the extraordinary slowness of her pulse was noticed. This infrequency had been accompanied by transient attacks of an epileptiform character. It appeared that, in the summer of 1870, she was first seized with these fits, which at that time happened daily for about two months, the pulse averaging about 24 pulsations per minute. The woman, at the present time, is in good health, her pulse being constant at 48; but she is still periodically obliged to take iodide of potassium to stop the recurrence of the laryngitis, which occasionally threatened. Mr. Thornton could not account for the curious phenomena, unless that the pneumogastric nerve might be presumed to be in some way affected by the specific poison. It was remarked by Mr. Callender that in some cases of slowness of circulation the patient seemed to suffer from cold; but he had a patient recently in St. Bartholomew's who had a pulse of 32 only, whilst a more robust man there could not be. Another member stated that in one of the earlier volumes of the *Medico-Chirurgical Transactions* there was a case recorded in which the pulse ranged from 25 to 7. At the post-mortem the foramen magnum was so contracted that it would hardly admit the tip of the little finger; and there was hypertrophy of the superior cervical ganglion of the sympathetic nerve. Dr. Symes Thompson remarked that the late Mr. Hodgson had a pulse which rarely exceeded 32; and used to draw attention to the fact that a slow pulse might exist for years without the production of any manifest symptom. Dr. Southey asked whether Mr. Thornton had noticed that micturition was very frequent, or the quantity of urine large, as when digitalis was used, the action of the heart being very slow, the quantity of urine was often very large, the pressure on the renal capillaries being great. He mentioned that a man, aged 80, whose pulse had always been slow, usually from 18 to 20, and rarely reached 26 after exertion, had noticed

the slowness for many years. Mr. Mahomed had taken sphygmographic tracings of a very slow pulse in a woman. The systole was not prolonged; but the diastole was much prolonged. Her pulse had been 65 before she was shut up in Paris during the siege, to which she attributed the change. Weakness, tendency to fainting fits, and the slow pulse had since ensued, the fainting being, perhaps, due to emptiness of the vessels of the brain. Dr. Archibald Hewan said twenty years before his pulse was 72. After great study it was found to be 55; from that point it had gradually decreased. Eight years ago it was 24. Then Dr. B. Sanderson traced it with the sphygmograph. He never had a fit nor fainted, and could bear cold well. He had lately climbed a mountain several thousand feet high, and his pulse at the top was 40. His urine had not altered in any way; his digestion was very good, and he was in good health. Dr. Althaus said that Napoleon the First had a slow pulse, and always felt uncomfortable, except in the excitement of battle, when it would rise to 60. Dr. A. Hewan mentioned that he had had rheumatic fever eight years ago, when his pulse did not rise above 32. Eight weeks ago he had gout and rheumatic pains, when his pulse quickly rose to 64 and 68, and then fell slowly to 32 and 28, at which it stood at present. Mr. Thornton stated that the pulse of his patient had not before her illness been noticed to be very slow. At the time of the operation it was 40; a few weeks afterwards it was 16. There was no valvular disease in this case. He had never heard that the urine was very copious.

American Medical Legislation.

In the Senate of New Jersey, Jan. 30th, a bill was introduced providing for the establishment of a Board of Health, to consist of ten persons, to be appointed by the Governor, who shall act without remuneration, shall investigate the causes of all diseases among men and animals, and report annually to the Governor.

In Tennessee a bill is before the State Senate, providing for the establishment of a State Board of Physicians, to issue licences to all the physicians practising in the State. It provides for the establishment in each grand division of the State, of a board of regular physicians, who shall have authority to meet annually at Knoxville, Nashville and Memphis, to grant licences to physicians and fix the fees therefor, when the same are not already fixed by law; to prescribe a course of reading for those studying medicine under private instruction; to grant licences to practise particular branches of medicine or to treat particular diseases, and to grant licences to apothecaries. The bill also provides that physicians who practise medicine or surgery, for fee or reward, in violation of this act, shall be liable to an indictment and fine of five hundred dollars for the first offence, and imprisonment not to exceed three months for the second offence.

The Medical Society of London.

THIS Society held its 102nd anniversary in the new Dining Hall of the Criterion Restaurant on Monday, the 8th inst. The President, Mr. Victor de Méric, took the chair, and a large number of the Fellows and their friends sat down to a sumptuous repast. Several excellent

songs were contributed by amateurs, all of whom were Fellows of the Society, and the arrangements gave general satisfaction. During the evening the Society's Medal was presented to the retiring secretary, Mr. Woodhouse Braine, for special services, and the President took occasion to speak in terms of much commendation of the way in which that gentleman had discharged the duties of his office. The Fothergillian Medal was not awarded. The following were elected office-bearers for the ensuing session:—

President.—C. H. F. Routh, M.D.

Vice-Presidents { W. H. Broadbent, M.D., F.R.C.P.
H. Royes Bell, F.R.C.S.
F. W. Pavy, M.D., F.R.C.P.
C. F. Maunder, F.R.C.S.

Treasurer.—John Gay, Esq., F.R.C.S.

Librarian.—J. C. Thorowgood, M.D., F.R.C.P.

Secretaries in Ordinary { C. Theo. Williams, M.D., F.R.C.P.
Richard Davy, F.R.C.S.

Secretary for Foreign Correspondence.—William Cholmeley, M.D., F.R.C.P.

Orator.—Erasmus Wilson, F.R.S., F.R.C.S.

Council.

The Rev. David Bell, M.A., (Goole) M.D.	Clement Godson, M.D.
Woodhouse Braine, F.R.C.S.	John Hainworth, F.R.C.S.
John Brunton, M.A., M.D.	T. Harvey Hill, Esq.
Thomas Bryant, F.R.C.S.	Wm. McCormac, F.R.C.S.
R. Brudenell Carter, E.R.C.S.	Victor de Méric, F.R.C.S.
Sir Henry Cooper, M.D. (Hull) F.R.C.P.	W. D. Napier, Esq.
R. Farquharson, M.D.	J. H. Paul, M.D.
Joseph Fayer, M.D., C.S.I.,	J. Russell Reynolds, M.D., F.R.S.
F. J. Gant, F.R.C.S.	A. E. Sansom, M.D.
	Leonard Sedgwick, M.D.
	Alfred Wiltshire, M.D.

The Regius Professorship of Surgery in Dublin University.

THE Academic Council of the University of Dublin elected, on last Wednesday, Mr. Wm. Colles, Surgeon to Dr. Steevens' Hospital, and ex-President of the Irish College of Surgeons, to the Regius Professorship of Surgery in the University, vacant by the death of Mr. Adams. The gentlemen who expressed their readiness to accept the office were—Mr. Colles, Mr. Porter, Mr. Tufnell, and Mr. Wharton. Although we had not anticipated the choice of Mr. Colles by the Academic Council, believing that his political views might prejudice his chance of success at the hands of a Conservative elective body, yet we are bound to say that the selection is one which will be heartily approved. Mr. Colles enjoys the highest character and an extensive practice as a consulting surgeon, and as the successor of Mr. Adams will do credit to the University.

A "Perfectly Harmless" Hair Restorer.

THE *Pharmaceutical Journal* publishes an instructive case of poisoning by a hair-restorer containing a large quantity of lead. A gentleman in Glasgow, otherwise in good health, was seized with partial paralysis of the tongue rather suddenly. His medical adviser, on questioning him, found that he had been using for his hair, which was turning grey, a hair-restorer, and on the bottle being produced it was seen to be one well known in the trade. On the label it was stated that the "restorer" was perfectly harmless, being free from lead and other injurious ingredients. The patient's symptoms indicated a stage of lead-poisoning, and the label on the bottle did

not satisfy his medical man as to the harmlessness of its contents. He therefore caused some of it to be sent to Mr. John C. Hunter for examination. On examining the article it was found to consist of lead carbonate and sulphur, the total amount of the two lead salts being equal to 325 gra. in each fluid ounce of it, notwithstanding the statement on the label that the "restorer" contained no lead or any other injurious ingredient.

Paupers' Offences in England and Wales.

An account of the number of paupers who for insubordination, larceny, or malicious damage have been committed to prison from the union workhouses of England and Wales during the six months ended at Lady-day last has been issued as a Parliamentary paper. The total number of persons committed appears to have been 2,035, of whom 632, or less than one-third, were the ordinary workhouse paupers, and 1,408 were "casuals," who obtain a night's lodging and a meal or two in the vagrant wards, and then, unless stricken with illness, turn out in the morning for the day's tramp. Of the offences recorded against the paupers and casuals the return shows "refusing to work" and "destroying his clothes" to be the chief transgressions of the latter class; "returning home drunk," "absconding with the union clothes," "refractory conduct," and assaulting the inmates or the workhouse officers are the usual offences of the former class. Some of the counties are fortunate in the fewness of the offenders. In 22 unions in Cornwall and Cumberland, 5 only had between them 7 inmates who were committed, but no casuals were sent to prison. Two unions in Derbyshire seem to have been particularly afflicted with refractory casuals. Chapel-en-le-Frith sent 28 to prison, and Derby sent 30. But Middlesex is the district which these wanderers most favour. During the six months St. George's-in-the-East sent 70 of them before the magistrates, who were committed. Marylebone sent about 120. The Poplar Union Workhouse has of late years been much used as a test-house for the able-bodied London paupers generally. The committals were 42. The counties of Middlesex, Sussex, Oxford, and Derby, had the largest number of commitments; whilst Lancashire, which is one of the most densely populated, had but comparatively few of the refractory class.

The Health of Brighton.

THE Medical Officer of Health for Brighton reports on the sanitary condition of that city during the past quarter. The death-rate for that period, including residents and visitors, was 22.7 per 1,000, of which deaths 29 per cent. were children under five. Small-pox and measles have not caused a single death; and it was noticed that the deaths from enteric fever, diphtheria, scarlatina, and erysipelas were all in houses where the drains were bad.

Oxford Undergraduates.

WE rejoice to see that the authorities at Oxford are determined to try to put a stop, in as far as they can, to the expensive style of living so common among a vast number of the undergraduates, and which is so inimical to severe study and real value and virtue.

Abuse of Tobacco in America.

THE average number of cigars smoked in the United States during each twenty-four hours is 5,168,000. The tobacco users paid through importers \$6,150,060.41 gold to the government last year in the shape of import duties, and \$33,242,875.62 through manufacturers, on account of taxes.

Manslaughter by Puerperal Peritonitis.

AT Salford, on Saturday, a midwife named Marsden was charged with the manslaughter of Mrs. Carroll, a workman's wife. The prisoner had attended several cases, and in each puerperal fever had resulted. She attended Mrs. Carroll professionally, and the unfortunate woman died in a week from fever, alleged to have been conveyed by the prisoner. Another woman also died under similar circumstances. Prisoner had been cautioned by a doctor not to attend cases whilst she had fever infection about her. She was committed to take her trial.

Mr. Christopher Heath and the "British Medical Journal."

IF a medico-scientific organisation desires to indulge in the luxury of a political journal, and fails to keep it under close control, it may find itself under the necessity of submitting to the ordeal—impalatable even to an anonymous editor—of eating the leek. This process, neither dignified nor profitable, was gone through last week by the Committee of the Council of the British Medical Association at the bidding of Mr. Christopher Heath, who had been the subject of repeated and unjustifiable attacks in the *British Medical Journal*, and who resented these onslaughts with a firmness which placed the Committee in this unhappy predicament. He peremptorily demanded an apology, and the Committee were advised to give it, which the editor of the *British Medical Journal*, like the peccant French milkman, was obliged to post upon his own shop door. The following is the apology referred to, which we extract from the *British Medical Journal*:—

"The Committee of Council of the British Medical Association have had their attention directed by Mr. Christopher Heath to certain articles which have appeared from time to time in their *Journal*, and in particular to certain expressions made use of in an article contained in the issue of July 11th, 1874, having reference to the election at the Royal College of Surgeons.

"The expressions used, and the statements made in the articles referred to, are, in the opinion of the Committee, beyond the fair limits of controversy, and might be understood to reflect upon the honour, integrity, and candour of Mr. Heath.

"The Committee, under the circumstances, feel that it is due to Mr. Heath that the remarks which have given him any pain and annoyance should be withdrawn; while, at the same time, they express their sincere regret that they should have ever appeared."

THE following is the inscription on a tombstone at Fredericksburg, in America. "Here lies the body of Edward Helder, practitioner in physic and chirurgery. Born in Bedfordshire, England, in the year of our Lord 1542. Was contemporary with, and one of the pall-bearers to the body of, William Shakspeare. After a brief illness his spirit ascended, in the year of our Lord 1618, aged seventy-six."

A Lady Doctor in Boston.

WE have received news of the death of Miss Harriet Hunt, who was one of the first American women to practise the art of medicine. Miss Hunt was also the promotor of the assertion of the rights of women in a political sense; and she refused to pay taxes, declaring that she would pay no taxes so long as she was refused the exercise of the franchise. By her will she forbids her heirs to ask anything from such of her patients as are in her debt, and she leaves to the good feeling of the latter to pay or not to pay.

Revaccination of Medical Students.

ON the occasion of the recent death of M. Vallerian, an *interne* of the Paris hospitals, from small-pox, M. Besnier strongly urges that a recommendation which he made some years since should be put into force by the hospital authorities—viz., that all students, before entering upon their clinical studies, should undergo careful revaccination.

Her Majesty's Levée.

THE medical profession was well represented at Her Majesty's Levée on Wednesday last. Amongst those who had the honour of presentation were—Dr. Horace Dobell by Sir George Burrows, M.D., F.R.S.; Deputy Surgeon-General Dr. Fayrer, by the Secretary of State; Deputy Inspector-General of Hospitals, Dr. Dennis MacDonald, Staff-Surgeon Belgrave Ninnis, Dr. E. Lawton Moss, Fleet Surgeon Thomas Colan, and Dr. R. W. Coppinger, all by the Director-General of the Navy Medical Department; Mr. Walter Coulson, F.R.C.S., by Lord Elphinstone; Surgeon J. C. Lucas, Indian Army, by the Secretary of State. The following gentlemen were also present:—Surgeon-General Murray, Drs. Langdon Down, Vernon Bell, Arthur Farre, Fraser, Cape, Grigg, Jonas R. Leake, Leonard, R.N., Alexander Marsden, Alfred Meadows, Monro, R. Turke Pigott, D.C.L., Rae, Reginald Read, Louth, W. Sedgwick Saunders, L. S. Forbes Winslow.

Exemption of Chemists from Jury Service.

THE *Pharmaceutical Journal* says that there is little probability that the long-deferred hope of chemists and druggists to enjoy exemption from serving on juries will be gratified during the present Parliamentary session. On Tuesday last, in reply to a question, Mr. Lopes, who had charge of the Juries Bill during last session, said that it was not his intention to reintroduce it this session, as the causes still exist which prevented it from passing last year.

THE tenth meeting of the Ulster Medical Society will be held in their rooms, at the General Hospital, on Wednesday evening next, the 24th March, at eight o'clock. J. Fagan, F.R.C.S.I., will read notes of a "Case of Acute Inflammation and Suppuration of the Sacro-iliac Synchondrosis," and will introduce the patient. Dr. John Moore will give an account of (1) "A Case of Traumatic Emphysema," and (2) "A Case of Inguinal Hernia complicated with Undescended Testis." Dr. Scott will give the "History of a Case of Encephaloma of the Testicle," and will show the gland.

The Couchard.

DR. DIVER, of Caterham, has invented a very ingenious contrivance for exerting pressure on the abdomen and back of parturient women, which he styles the *Couchard*. It is a kind of apparatus which the woman puts on during labour, and the patient is enabled, by pulling during her pains, to give considerable pressure to the back and support to the uterus at the same time. The patient puts on a pair of connected pads, one over the back, the other over the front of the body, and then places her feet in a pair of stirrups. Through the tops of these stirrups a cord running from the handle passes so that the hands and feet act in antagonism. This tightens the cord which is attached to a soft cushioned pad over the back, which draws that pad and the one in front together and gives great relief to the patient.

Patients have expressed themselves as greatly pleased by the support this very ingeniously devised apparatus affords to them during labour. Dr. E. Diver has taken much trouble in perfecting this invention of his, and writes us that additional experience shows him how much relief it gives to many of his patients. We should mention that, by means of a strong cord attached to the handle, and pulling over the end of the bed, the patient can employ the same abdominal and back pressure comfortably whilst lying in bed. All such devices for assisting in the alleviation of suffering are highly commendable, and we wish success to Dr. Diver's *Couchard*.

Spurious Senna.

THE *Pharmaceutical Journal* considers that it is certainly not very flattering to English pharmacists to receive convincing proof of somebody's faith in their "gullibility and ignorance." It learns from the last issue of Messrs. Southall Bros. and Barclay's "Price Current," which contains some "Hints on the Selection of Drugs," that notwithstanding Professor Bentley's evident doubt of the probability of such an event, "some hundreds of tons of spurious senna are in the market at the present time, which appear to be without doubt the leaves of *Cassia brevipes*."

DR. MARY PUTNAM JACOBI (the wife of the celebrated obstetrician, Dr. Jacobi), at a recent meeting of the New York Pathological Society, temporarily occupied the chair during a presentation of a specimen by the President.

MR. ROBERT HARDWICKE, the well-known medical publisher, and brother to Dr. Hardwicke, Coroner for Middlesex, died last week from a sudden attack of paralysis, with which he was seized while travelling by rail to London from his residence at Sydenham.

IN addition to those gentlemen whose names we gave lately as candidates for the Surgeoncy of the County Dublin Prison, we understand that Mr. Croly, of the City of Dublin Hospital, will lay his claims before the Board of Superintendence. In addition to his qualification as a surgeon in extensive public and private practice, Dr. Croly puts forward a special claim on the ground of his experience of prison work, having been for fifteen months

surgeon in charge of the Spike Island Government Convict Prison and Military Depôt, and holding official testimony to his efficiency in that capacity.

We hear with much pleasure that the discussions recently held on the sanitary condition of the clerks of the British Museum are about to bear fruit, and the clerks are to be allowed to write upstairs, leaving the unwholesome ground-floor for books.

Cases of diphtheria continue to occur in families occupying the married soldiers' cottages on Woolwich Common. It is a disgrace to the nation that marriage among soldiers should be such a miserable, nay, fatal affair, as far as their offspring are concerned.

An official return gives 1,295,529 kilogrammes as the amount of horse-flesh consumed in Paris during 1874. There are now 50 horse-flesh butchers in Paris itself and five in the Banlieue.

The Shakers do not know what has become of Miss Wood, who has been liberated from the asylum. The sanitary inspector reports the tent as over-crowded, but it is not likely the guardians will interfere at present.

The Registrar-General reports that during last week, 5,781 births, and 4,495 deaths occurred in 21 large cities and towns in the United Kingdom. The average rate of mortality in these towns was 30 per 1,000.

The late Sir Arthur Helps, the able writer of "Friends in Council," and of "Companions in Solitude," has passed away from the ranks of the living. A severe pleurisy, gained in one of the levée days, was the cause of his death, which all true lovers of elegant literature will sincerely mourn.

The Surgical Society of Ireland will meet on Friday next, at half-past eight o'clock, at the Royal College of Surgeons, when the following communications are set down for reading:—Mr. Wheeler, "On the Removal of a Sewing-needle from the Pharynx by Pharyngotomy;" Mr. C. Fitzgerald, "On some Peculiar Symptoms connected with Obstructions of Lachrymal Puncta, Canaliculi, and Nasal Canals;" and Mr. H. G. Croly, "On the Treatment of Fractured Patella by Position."

ADVERTISEMENTS have been issued for a surgeon to the Co. Tyrone Infirmary, whom the Board of Governors will elect at a special meeting to be held on Saturday, the 27th of March (in the room of Henry Thompson, Esq., M.D., resigned), at a salary of £94 per annum, with residence, fuel, and light.

The surgeon and physician selected must reside in the institution, and shall discharge the duties of surgeon and physician to the Tyrone County Gaol, as same have heretofore been performed by the medical officer of the infirmary, without any additional remuneration.

The recent deputation of the hop growers to the Local Government Board, concerning the much-vexed question

as to the orthodox composition of beer, has induced the *National Food Reformer* to give a short history of the rise and progress of brewing.

When hops were first introduced from the Netherlands (for the hop is not indigenous to England), petitions were presented against their use in beer, and an act of Parliament was accordingly passed, prohibiting their use; the other ordinary bitters, such as chamomile, horehound, &c., being still continued in use. Some years later, however, another Act of Parliament was passed, legalising the use of hops, to the exclusion of all other bitters, and imposing a duty upon hops. The sole object of excluding all other bitters was a fiscal one, to simplify the collection of the duty.

In the year 1862 the hop duty was repealed, and the brewers were again at liberty to use any other bitters they chose, provided nothing poisonous was used. The natural consequence was, therefore, a return to the use of the bitters. We have ascertained that the following simple bitters are now used in part substitution of the hop:—Chamomile, calumba, chirata, gentian, horehound, wormwood, quassia, and sinaruba.

Next, with regard to the saccharine constituent of beer, which for many years consisted solely of malt. Doubtless the greater proportion of beer-drinkers even now cling to the idea that at any rate they get *malt* liquor.

Again, however, an Act of Parliament has completely altered the tastes of a nation, for the use of sugar has for some years been legalised as a substitute for malt. During the year 1874 nearly forty thousand tons of sugar were used to replace malt in breweries, both large and small, in the United Kingdom.

In concluding this description of the constitution of the beer of the present day, we must not omit to name the chemicals, which are, together with hop substitutes and sugar, so largely advertised by manufacturers and used by the brewing trade.

For assisting to preserve beer—Beans' "Brewing material" patented, bisulphate of lime, and finings.

We understand that the Council of the Royal College of Surgeons in Ireland have invited his Grace the Lord Lieutenant to a *conversazione* at the College, which is to be held on the 15th of April, and that His Grace has accepted the invitation.

The Queen has been pleased to appoint John Hamilton, Esq., to be Surgeon-in-Ordinary to Her Majesty in Ireland, in the room of Robert Adams, Esq., M.D., deceased. Mr. Hamilton is a Fellow of the Royal College of Surgeons in Ireland of twenty years' standing, and for many years has held the Surgeoncy of the Richmond Hospital, and of Swift's Hospital for Lunatics.

Correspondence.

IRISH INVESTIGATORS AND ENGLISH AUTHORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is no new thing for me to come forward to protest against the persistent—I will not call it wilful—superciliousness of English writers in ignoring the works of their

Irish confrères; but I was sorely hurt on observing in your publication of the 3rd inst. how Dr. Drysdale, from whom I expected better, in his paper on the "Antecedents and Treatment of Tertiary Syphilis," so completely ignores the memory and work of the great Irish surgeon, Richard Carmichael. The Doctor quotes Bennett, Habershon, and Rose; but he may believe me when I state that to Richard Carmichael is due the fact that the profession was first led to see that syphilis was capable of spontaneous cure, and were led to understand that, though in judicious hands mercury was a useful remedy, abused as its employment had been, it was a dangerous and virulent poison, often rendering the last state of the patient worse than the first, and that its complications with the poison of the disease and natural dyscrasias of the constitution formed the most formidable combinations that could present themselves for treatment. Remembering even my own early days as a student, when the traditions of the past had not entirely passed away, I feel that Carmichael stands next to Jenner as a benefactor of the human race. Others had seen the mischief and tried to substitute milder remedies; but to the force of his genius and energy it is due that the eyes of the profession were opened to a new and better line of treatment.

It is to me also a great satisfaction to see that in the same institution where he first made his observations Irish talent is employed in clearing away the clouds that still hang over our minds in relation to the dire disease; and perhaps a study of Dr. Morgan's ably conducted experiments and closely reasoned arguments may cure Dr. Drysdale of his dualistic tendency.

I am, Sir, your obedient servant,

J. W. MARTIN.

CIRCUMCISION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I cannot help thinking that anyone who has had the least experience in circumcision, whether of Jews or Gentiles, must arrive at exactly the opposite conclusion to that of Dr. Levits, whose views on the subject you have quoted in your last issue. A very experienced operator in London has assured me that in upwards of two thousand cases he has never met with a single accident, and I can quite believe it. The conveyance of the bugbear syphilis is far less likely to be effected by the operation of circumcision than of vaccination, which latter, I presume, Dr. Levits would scarcely venture to condemn to disuse on that account. All experience, not to speak of probability, points out that the glans penis protected by a long prepuce, and irritated by the presence of retained secretions, is much more likely to be the subject of premature erections than one of which the sensibility is blunted by exposure from the earliest age; and, in fact, circumcision is frequently a radical cure for masturbation in the young. If it be true that the eastern nations are addicted to immoderate self-abuse, which I doubt, and certainly will decline to believe until certified by some more impartial witness than Dr. Levits, bent upon abolishing a practice sanctioned by an experience of close on five thousand years, we must look for the cause in the seclusion of the females of those countries; and not to the rite of circumcision, which, on the contrary, blunts the sexual appetite, and has actually been cried down on that score alone.

The operation efficiently performed is not, as experience proves, dangerous in children; it rather retards than promotes puberty, as may be witnessed any day in our midst; syphilis and gonorrhœa are of comparatively rare occurrence among the circumcised, whether born so or made. It is further incredible that an operation so dangerous should have been had recourse to continuously for so many ages without a general outcry being raised against it; but so far from this being the case, many "scientific medical men" would gladly see it extended to all children born with an elongated prepuce.

There is one part of the Jewish rite which is certainly indefensible—namely, the sucking of the wound; it is a modern innovation, useless and nasty, and urgently demanding abolition; but the operation itself is not only harmless, but decidedly salutary, and worthy of general adoption.

You do not appear to be aware of the fact which I have seen alluded to in one of your contemporaries, that Dr.

Levits is, or was, a member of the Hebrew persuasion, and has, I have no doubt, had a disagreement with the officers of his synagogue—*hinc lachrymæ*.

I am, Sir, yours obediently,

W. T. GREENE, M.B.

218 Old Kent Road, S.E., London.

COMPULSORY FEEDING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I have lately had under my care a gentleman who continued to refuse food, I had recourse to the following method, which I have not seen described, of overcoming his obstinacy. Having had him placed upon a mattress, in the supine position, with his head unpillowed and inclined towards myself, who was seated at his right side, I introduced the first two fingers of my left hand, on the inside, and my thumb, on the outside of his right cheek. An assistant followed my example on the opposite side, while a second raised the upper lip and closed the nostrils. By a joint action between myself and my opposite assistant, the cheeks were drawn inwards, and somewhat upwards, so as to form, as it were, the sides of a cup-shaped vessel. About half a table spoonful of soup was now administered slowly, which trickled its way along the side of the right cheek towards the pharynx, which it reached through the spaces behind the last molars. At this time the patient suspended his respiration, and by a kind of gurgling endeavoured to get rid of the fluid. Efforts of this kind were of necessity unavailing, in consequence of the position in which the cheeks and lips were maintained. He was then compelled, in order to inspire, to swallow the fluid, after which he drew a long inspiration. Having allowed him a few minutes' rest, I repeated the process until he had taken a sufficient meal. Subsequent trials have satisfied me of the efficiency and safety of the proceeding I have thus briefly described, and of its superiority over the administration of food by the nostril or œsophageal tube, by neither of which is the sense of taste, an important element in the treatment, taken into consideration. I have only to add, the patient became very quickly educated, so that not only did he swallow with as much expedition as was deemed prudent, but better than this, he surrendered at discretion, and of his own accord took his meals with regularity and eagerness.

I am, Sir, your obedient servant,

J. H. WHARTON.

28 Upper Merrion Square, 12th March, 1875.

Medical Affairs in Parliament.

MEDICAL PRACTITIONERS IN THE MERCHANT SERVICE.

IN the House of Commons on Thursday last, in reply to Captain Pim, Sir C. ADDEBURY stated that a few foreign medical practitioners had been appointed to British ships under diplomas of their own country. That was under the provisions of the Passengers Act, 1855, but neither British nor foreign practitioners had, to his knowledge, been appointed to passenger ships who were not duly qualified.

PAUPER LUNATICS IN WORKHOUSES.

ON Friday, in reply to Captain Home, the CHANCELLOR of the EXCHEQUER stated that pauper lunatics in workhouses in England were not in the same position as pauper lunatics in poorhouses in Scotland. In the latter they were under the direct control of the Lunacy Commissioners; and he could not make the case of Scotland a precedent for granting aid from the Imperial Exchequer to paupers in workhouses in England.

DIPHThERIA AT WOOLWICH.

IN reply to Mr. Sheriff, Mr. HARDY stated that an outbreak of diphtheria took place at Woolwich in November last, but apparently was not confined to these cottages, and appeared in other places in a very bad form. There were some eight or

ten cases, all of which were fatal, in Woolwich town itself. In these cottages there were 35 cases, of which 15 were fatal, so that the proportion of deaths was larger in the town than in the country. The cottages in question appeared to have been built in the early part of the century, without any due regard to proper drainage or proper construction. When the first outbreak occurred he directed the army sanitary committee to make inquiry respecting these cottages, and they recommended a certain number of remedial alterations, such as turning two rooms into one, cementing the houses, and better drainage. But these changes had not been sufficient to stop the progress of this severe disease. In consequence of a recent outbreak of the disease he had directed the army sanitary committee to go down again to Woolwich and examine the property. They had been there that day, and their report was not at all favourable, and they did not recommend that the remedial works to which he had referred should be proceeded with. He intended as early as possible to remove the brigade depôts of the 49th and 50th to barracks at Warley, part of which was already occupied by married soldiers. Their removal would take place as quickly as possible, because the time had come when strong measures must be taken to deal with this matter.

HAMPSTEAD HOSPITAL FOR CONTAGIOUS DISEASES.

Mr. COOPE has given notice that he will, on the 9th of April, call attention to the proposed erection of a hospital at Hampstead, and move for a Select Committee to inquire into the Acts constituting the Metropolitan Asylums Board, and to report, with a view of suggesting any necessary alterations.

Cancer Hospital, Brompton.—The annual meeting of the governors of this charity was held on Friday last at the hospital, Mr. G. T. Hertalet presiding. The report of the committee, read by the secretary, Mr. Jupp, congratulated the governors upon the large share of public patronage bestowed upon the institution. The medical report stated that during the twelve months 688 new patients had received the benefit of the institution, of which number 311 were admitted into the wards, and 377 treated as out-door patients. The balance-sheet showed receipts of £7,101, against an expenditure of £6,948, leaving a small balance at the bankers. The reports and accounts having been received and adopted, votes of thanks were accorded to the treasurer, secretary, and the board, and to the Baroness Burdett Coutts for her kind and continued support to the hospital. The usual compliment to the chairman closed the business of the meeting.

NOTICES TO CORRESPONDENTS.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d. Subscriptions in advance for 1875, at the reduced tariff of 21s. per annum, post free, are now due, and also will be thankfully received by the Publishers in London, Dublin, and Edinburgh.

SCARCER NUMBERS FOR 1874.—The Publisher will be glad to purchase clean copies of May 30, June 3, November 18, or to exchange any other numbers for them.

A. R.—You will find the question referred to on another page.
 T. S.—The person has no right to the title of Doctor.
 ISORANTS.—1. Supposing the fact to be as stated and admitted to be so by the surgeon himself, he would hardly insist on payment. 2. An action for malpractice could only succeed where there was clear professional evidence of culpable neglect or gross ignorance. 3. In those cases there is often considerable difficulty of diagnosis at some stages. The servant's own story is ridiculous.
 Dr. LAW.—Letter on "Scarlatina and Scarlet Fever" received.
 OUR INDIAN CORRESPONDENT.—Letter shall appear in our next.
 A VIOLENT ANTI-VACCINATOR.—We have been honoured by the receipt of a post-card from a man signing himself John Morison, of the British College of Health, of pill and quack medicine notoriety, on which he descants in very abusive terms upon the Vaccination Act "that this infamous law was smuggled through Parliament in the dark hours of night." This worthy does not appear to be afflicted with "a sniffing for truth," for he states that "24 per cent. of patients taken to small-pox hospitals have been previously vaccinated." Further on he invites us to read a pamphlet on the subject by the Rev. G. Carew. We have read his post-card; he ought to be grateful for this honour without asking us to read any more trash.

DR. OGILVIE WILL'S paper shall appear if possible, in our next.
 CAMBRIDGE STATE MEDICINE.—An examination in so much of State Medicine as is comprised in the functions of officers of health will be held in Cambridge in Oct., 1875, beginning on Tuesday, Oct. 5th. Any person whose name is on the Medical Register of the United Kingdom may present himself for this examination provided he is 24 years of age. The examination will be in two parts, and will comprise physics and chemistry; laws of the realm relating to public health; sanitary statistics; origin, propagation, pathology, and prevention of epidemic and infectious diseases, &c. All applications for admission to this examination, or for information respecting it, should be addressed to Prof. Liveing, Cambridge.

THE PATHOLOGICAL SOCIETY OF LONDON.—Dr. Bastian is to read a paper in the Pathological Society soon on the "Pathology of Contagion."

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Lionel Beale, London. Dr. Archibald Billing, London. Mr. Rivington, London. Dr. Ogilvie Will, Aberdeen. Mr. J. F. Shaw, Flanderswell. Dr. Matthews Duncan, Edinburgh. Dr. Greene, Peckham. Dr. Cameron, M.P., House of Commons. Dr. Pavy, London. Mr. Hayes, Aberystwyth. Prof. Humphry, Cambridge. Mr. H. Ceseley, Aylesbury. Dr. Martin, Portlaw. The secretary of the Local Government Board. The secretary of the Royal Institution. Dr. Alex. Harvey, Aberdeen. Dr. Sturgis, New York. Mr. Macle, Liverpool. Mr. Sotheran, York. Mr. Cook, Guy's Hospital. Mr. Lunn, Birmingham. Mr. Hyalop, Church Stretton. Dr. Furdon, Belfast. Mr. Gilchrist, Kilmarnock. Mr. Sprague, London. Mr. E. Lane, Kirtou. Dr. Waring Curran, The Secretary Medical Society of London. Dr. Morgan, Dublin. Our Indian Correspondent. Dr. Morton, Castleblaney. Dr. Laffan, Cashel. Dr. Langley, London. Mr. Wakefield, Metropolitan Board of Works. Ignoramus, London. Dr. W. A. Davis, Newry. Dr. Horace Dobell, London. Dr. Kent Spender, Bath. Dr. Kennedy, Dublin. Mr. Izard, London. Mr. Morrison, London. Mr. Finnegan, Abbeyleix. The Secretary of the London Hospital Sunday Fund. Mr. Baker, London.

VACANCIES.

Abbeyleix Union. Apothecary. Salary, £40 per annum. (See Advt. Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 60 Market Street, Bradford.
 Infirmary of the City of London Union. Assistant Medical Officer and Dispenser. Salary, £100, with board and lodging. Forms of application at the Office, 61 Bartholomew Close, E.C.
 Bristol Lunatic Asylum. Assistant Medical Superintendent. Salary, £80, with board, furnished apartments, &c. Applications to the Chairman of Committee, Council House, Bristol.
 Township of Manchester. Resident Assistant Medical Officer for the Poor. Salary, £150, with furnished apartments, &c. Applications to the Clerk to the Guardians, New Bridge Street, Manchester.
 Liverpool Royal Infirmary. Resident Medical Officer. Salary, £100 per annum, with board, &c. Address the Chairman of Committee.
 Worcester County Lunatic Asylum. Assistant Medical Officer. Salary, £100 per annum, with board, &c. Applications to Dr. Sherlock, at the Asylum.
 West Norfolk Hospital. Medical Officer. Salary, £100 per annum, with board, &c. Applications to the Weekly Board, King's Lynn.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, March 17th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."
 ROYAL COLLEGE OF PHYSICIANS, 5 p.m. Dr. Beale, "On Life, and on Vital Action in Health and Disease."
 THURSDAY, March 18th.—ROYAL INSTITUTION, 3 p.m. Prof. Tyndall, "On Electricity."
 HARBESIAN SOCIETY, 8 p.m. Dr. Chesdell, "Cases of Duchenne's Paralysis" and a "Case of Morphoea Alba. Mr. Lennox Browne, "On the Treatment of Simple Catarrh of the Nose, Throat, and Ear."
 FRIDAY, March 19th.—Royal College of Surgeons, 4 p.m. Prof. W. K. Parker, "On the Structure and Development of the Skull."
 ROYAL COLLEGE OF PHYSICIANS, 5 p.m. Dr. Beale, "On Life, and on Vital Action in Health and Disease."
 ROYAL INSTITUTION, 8 p.m. Weekly Evening Meeting. 9 p.m. Dr. R. Liebreich, "On the Real and Ideal in Portraiture."
 MEDICAL MICROSCOPICAL, 8 p.m. Exhibitions of Specimens by Mr. G. Giles.
 SATURDAY, March 20.—Royal Institution, 3 p.m. Prof. W. K. Clifford, "On the General Features of the History of Science."
 MONDAY, March 22nd.—Medical Society, 8 p.m. Ordinary.
 TUESDAY, March 23rd.—Medico-Chirurgical, 8½ p.m. Ordinary.

APPOINTMENTS.

BOOKEY, T. L., L.K.Q.U.P.I., L.M., L.R.C.S.I., Medical Officer for the Hammer District of the Elm-cumers Union, Salop.
 BRAY, H., L.R.C.P.L., M.R.C.S.E., Assistant Medical Officer to H.M.'s Convict Prison, Portsmouth.
 BUNCOME, C. H., F.R.C.S.E., Medical Officer for the City of London, Union Infirmary at Bow.
 CHAMPNEYS, F. H., M.R.C.P., Medical Registrar to St. Bartholomew's Hospital.
 CROCKER, H. R., M.B., B.Sc., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer of University College Hospital.
 DAVIS, WM. ALBY, M.R.C.S.E., M.D. Univ. Glas., Consulting Medical Officer for the Urban and Rural Districts of Newry.
 FRY, J. F., M.R.C.S., L.R.C.P., a House Physician to Guy's Hospital.
 GARTANG, W., M.D., M.R.C.P., a Physician to the Blackburn Infirmary.
 GODFREY, T., M.R.C.S.E., Medical Officer for No 1 District and the Workhouse of the Mansfield Union.
 HALL, F. DE H., M.D., M.R.C.P.L., a Casualty Physician to St. Bartholomew's Hospital.
 JONES, C. M., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

LEWIS, Dr. B., Clinical Assistant to the West Riding Lunatic Asylum, Wakefield.
MELLER, C. M., M.D., M.R.C.S.E., Medical Officer for the Fylingdales District of the Whitley Union.
MOORE, N. M.B., M.R.C.P.L., a Casualty Physician to St. Bartholomew's Hospital.
NEWBY, C. H., M.R.C.S.E., L.R.C.P.L., a House Physician to St. Thomas's Hospital.
PITTS, Mr. B., Physician's Assistant at the Bethlem Hospital for Lunatics.
RICHMOND, S., M.D., M.R.C.S.E., Medical Officer of Health for the Northallerton Urban Sanitary District.
RIGBY, J. M., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Chorley Rural Sanitary District.
RING, J., M.D., M.R.C.S.E., Medical Officer for the Willesden District of the Hendon Union.
SECCOMBE, G. S., L.R.C.P.L., M.R.C.S.E., Assistant Medical Officer to the Metropolitan Asylum District Asylum for Lunatics, Caterham.
STEELE, J. W., M.D., Medical Officer to the East Dispensary, Liverpool.
TATTERSALL, W., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Little Woolton Urban Sanitary District.
WILLIAMS, H. D., M.R.C.S.E., a House Surgeon to Guy's Hospital.

Marriages.

FINLAY—CHALMERS.—On the 23rd ult., at St. Jude's Church, South Kensington. Wm. Alexander Finlay, M.D., Trinity, Edinburgh, to Adela Edith, fourth daughter of the late John Chalmers, of Aldbar, Forfarshire.
LEWIS—HINGSTON.—On the 23rd ult., at St. Jude's Church, Dublin. George Alfred Lewis, M.B., T.C.D., L.R.C.S.I., eldest son of the late Rev. John E. Lewis, M.A., Rector of Ardmore Glebe, Lurgan, co. Down, to Emma, eldest daughter of John Hingston, Trinity College, Dublin.
PART—NORTON.—On the 2nd inst., at St. Mark's, St. John's Wood. James Part, M.D., F.R.C.S., of 49 Camden Road, to Louisa Catherine, youngest daughter of the late Richard Norton.
STOKER—HARTEN.—On the 3rd inst., at St. Thomas's Church, Dublin. E. Nugent Stoker, Bengal Medical Staff, fourth son of Abraham Stoker, late of the Chief Secretary's Office, Dublin Castle, to Susan, third daughter of John Harden, City of Dublin Steam Company.
WELCH—GARDY.—On the 13rd ult., at St. John's Church, Lybham, Francis H. Welch, F.R.C.S. Army Medical Department, Netley, to Agnes, daughter of F. Grundy, of Cheetham Hill.

Deaths.

BARTER.—On the 27th Feb., Thos. Barter, M.R.C.S.E., of Gay Street, Bath, aged 70.
CRUMMACK.—On the 24th Feb., Henry Crummack, M.R.C.S.E., of Mickle Gate, York.
DENNY.—On the 6th Feb., John Denny, L.R.C.P.Ed., of Summer Terrace, Brompton, aged 43.
HAMILTON.—On the 7th March, at Baron Lodge, Mitcham, Thos. Wm. Hamilton, M.D., aged 54.
JONES.—On the 5th March, at Eastbourne, Surgeon-Major Juxon H. Jones, late H.E.I.Co.'s Service.
MURLEY.—On the 25th Feb., Stephen H. Murley, M.R.C.S.E., of Cheltenham, aged 68.
STENHOUSE.—On the 9th March, Alexander Stenhouse, M.D., of Dunfermline.
THOMPSON.—On the 8th March, Henry Thompson, M.D., F.R.C.S.I., late Surgeon to the Tyrone County Infirmary, aged 63.
WILLIAMS.—On the 1st March, John Williams, M.R.C.S.E., of Talarfon, aged 78.

DALLYVAUGHAN UNION, COUNTY CLARE.—MEDICINE, MEDICAL AND SURGICAL APPLIANCES WANTED.—The Board of Guardians of the above Union will, at their Meeting to be held on Thursday the 8th day of April next, consider and receive TENDERS for supplying the Workhouse, Infirmary, Fever Hospital, and three Dispensaries with Medicine, Medical and Surgical Appliances for Twelve Months, from 25th March next. The Medicines must be of the best quality, and are to be delivered at the Workhouse and Dispensaries of the Union free of carriage. All empties must be removed at the Contractor's expense. All invoices to be made out in duplicate, and to contain a number corresponding with the number in the Tender. Forms of Tender to be had on application to me (none else will be considered), and when the Contract is declared the Contractor will be required to furnish each Medical Officer with a copy of the Tender, and to enter into a bond with two solvent sureties for the due fulfilment of the Contract. No charge to be made for jars, bottles, &c.
 Sealed Tenders will be received by me up to One o'clock, noon, on the above day.

By order of the Board,
THOS. COMYN,
 Clerk of the Union.

Clerk's Office 11th March, 1875.

ROYAL DUBLIN SOCIETY.—KEEPERSHIP of the MINERALS. Applications of Candidates for the above-named Office will be received by me not later than the 24th day of March, 1875. The Salary is £100 per annum.
 The gentleman to be appointed will also be elected Analyst to the Society, and have charge of the Chemical Laboratory, at an additional salary of £50 per annum, with fees for analyses; the Scale of Fees chargeable to members of the Society being regulated from time to time by the Council.

Particulars to be had on application.
 (By order of)
WM. EDWARD STEELE, M.D.,
 Registrar.
 Kildare Street: M 10, 12, 1875.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.—The name of WILLIAM BAKER BROWN having been withdrawn from the List of Candidates for Foundation Scholarships of the above-named College, his mother cordially thanks all the Governors and Subscribers who voted for him at the last two elections.
 March, 1875.

SURGICAL SOCIETY OF IRELAND.—The NEXT MEETING of the SOCIETY will take place on FRIDAY EVENING, 19th MARCH, 1875.

Chair will be taken at half-past Eight o'clock precisely.
B. WILLS RICHARDSON, F.R.C.S.I.,
HUMPHREY MINCHIN, F.R.C.S.I., } Hon. Secs.
 Royal College of Surgeons, Dublin,
 17th day of March, 1875.

ABBEYLEIX UNION.—APOTHECARY WANTED.
 —The Board of Guardians of the above Union will, on Tuesday, the 23rd instant, appoint a properly-qualified Apothecary for the Workhouse at a salary of £40 per annum.

By order,
JAMES FINNEGAN,
 Clerk of Union.

Board Room, Workhouse,
 10th March, 1875.

ROYAL COLLEGE of PHYSICIANS of LONDON.—FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, APRIL 5. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, APRIL 12. Gentlemen who have completed four years of Professional Study according to the College Regulations, are eligible for admission to this Examination.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special Bye-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall Mall East. **H. A. PITMAN, M.D.,** Registrar.

ROYAL COLLEGE of PHYSICIANS of LONDON.—The next PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on Thursday, April 22.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall Mall East. **HENRY A. PITMAN, M.D.,** Registrar.

MALVERN COLLEGE.

This COLLEGE contains TWO DEPARTMENTS—the CLASSICAL and the MODERN. There is also a Preparatory LOWER SCHOOL.

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Board and Tuition under 14, £80; over 14, £90. Non-shareholders pay an extra fee of £6. Special advantages for Sons of Clergymen and Home Boarders.

For further information apply to the Rev. ARTHUR FABER, M.A., Head Master, late Fellow and Tutor of New College, Oxford.

The next Term commences on Monday, the 3rd of May next.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerton are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote. Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office.

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

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WILLIAM J. VIAN, Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 24, 1875.

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Original Communications.

THE LUMLEIAN LECTURES.

ON LIFE, AND ON VITAL ACTION IN HEALTH AND DISEASE. (a)

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

LECTURE I. (continued).

Bioplasm and Formed Material.—The simple living matter of a microscopic fungus, like other forms of bioplasm, is clear, colourless, and structureless, soft, and, when growing quickly, almost diffuent. It is enclosed in a capsule of equally colourless formed material, which, however, is firm, and sometimes even hard. It varies in thickness under different circumstances. By pressure the capsule may be caused to rupture, and the bioplasm within may be squeezed out. When this simple organism is nourished, nutrient pabulum, dissolved in water, permeates the capsule of formed material, and comes into contact with the bioplasm within. The non-living matter then undergoes changes most wonderful, in the course of which it acquires the same properties and powers as the bioplasm, which already exists, possesses. The thickening of the capsule of formed material is effected by the deposition of new formed material, resulting from changes in the bioplasm upon the inner surface of the formed material already existing.

If the fungus particle is placed under favourable circumstances it will grow. The particle which is growing not only increases in dimensions, but, as already mentioned, manifests a tendency to separate into two or more parts. Sometimes the living matter exhibits little projections or diverticula from its surface, each of which, after a time, becomes detached and constitutes a separate particle,

which may grow and divide like its predecessors. Now the phenomena I have, in very few words, imperfectly sketched, —the taking up of pabulum by the living matter, and its conversion into bioplasm—the arrangement of the elements of the bioplasm prior to the formation of the formed material—the moving away of portions of the bioplasm from the rest, as occurs in the production of the buds or offsets—I hold to be *vital actions*, agreeing in all essential particulars with corresponding phenomena which occur in every known kind of living matter. These phenomena differ absolutely from any actions known to occur in any kind of non-living matter whatever. They cannot be imitated, and no actions known can be fairly said to exhibit any true analogy with them. These *vital phenomena* do not characterise the formed material, for the production of this corresponds to the death of the bioplasm. As the formed material is produced bioplasm ceases to live, and no kind of formed material can grow and transform matter and direct its forces as living matter is known to do.

Bioplasm of Bacterium.—The living matter of the bacterium is probably the lowest, simplest form of bioplasm in nature. The entire organism is so minute as to be difficult of investigation. In 1864 I carefully examined bacteria under the one-fiftieth of an inch object glass, and was able to demonstrate that, like the lower fungi, the bacterium consisted of bioplasm, with a layer of formed material upon its surface, as was proved by carefully crushing a very large bacterium while under observation. The membrane was ruptured, and not only was the bioplasm seen to escape, but it exhibited vital movements when free from its envelope.

Bacteria are for the most part elongated and of an oval form, and frequently the little staff-like particle exhibits a transverse line, or is constricted at or near the centre, indicating a tendency to divide at this point. In this way the division and multiplication of already existing particles take place. Bacteria vary much in size, some being as much as the one-three-thousandth in length, others so minute as to be visible only with the aid of the one-fiftieth of an inch object-glass. I have figured some less than the one-ten-thousandth of an inch in diameter.

The germs from which the little particles spring are far

(a) Delivered at the Royal College of Physicians on Friday, March 12th.

more minute, and more difficult to identify. They appear as minute specks, the largest of them exhibiting a circular outline, and probably being spherical. The smallest are too minute to be discerned with the highest magnifying powers at our command. If a specimen of fluid, in which these particles are rapidly growing and multiplying, be carefully examined, many new points will be observed to appear from time to time. After watching with great care for a considerable time a given spot, I have assured myself that new particles actually come into existence—not that one merely *sees* more after intently watching for a time and concentrating the attention upon a certain space, one coming into view after another, as star after star.

The material in which the minute germs of bacteria are embedded, and which, at least in part, consists of formed material produced by the bacteria, is much softer than the matter of which the capsule of fungi consists. It is perhaps almost as soft as mucus. I believe that even the most minute bacterium germ is surrounded by a layer of such soft formed matter, in which very minute particles of bioplasm divide and subdivide before they attain even the one-one-hundred-thousandth of an inch in diameter. When, therefore, bacteria, in an early stage of development, dry, it is not possible to identify them. When moistened the dry mass swells up, and the bioplasm in the soft mucus-like matter grows, each particle producing a fresh investment of formed material; and then, if the conditions are favourable, the germs either at once divide and sub-divide for a time, or grow into perfect bacteria, which move freely and grow and multiply in this more advanced stage of development.

It would be difficult to say where bacteria germs do not exist. In air, in water, in the soil, adhering to tiny particles of every kind—in every region of the earth, from the poles to the equator, they are to be found. At all periods of the year they retain their vitality. Extreme dryness does not destroy them, and they withstand a temperature far below the freezing point. Under adverse circumstances they remain dormant, and are not destroyed by a degree of heat which is fatal probably to every other living organism. Dr. Bastian tells us that living germs of bacteria are destroyed at a temperature of 160 degs., but others are of opinion that at least, under certain circumstances, bacteria germs do not die at 212 degs., and may increase and multiply after having been exposed to this degree of heat.

In the substance of the tissues—nay, in the cells of almost all plants, and in the interstices of the tissues of many animals, bacteria germs exist. I know not what part of the body of man and the higher animals is entirely destitute of particles which, under favourable circumstances, develop into bacteria. Upon the skin and the surface of mucous membranes they exist in profusion, and they abound in the mouth and in the follicles and glands. Changes in the process of digestion are soon followed by the multiplication of bacteria in every part of the alimentary canal, and within a few hours countless millions may be developed. They multiply in the secretions, under certain circumstances, almost as soon as these are formed, and I have adduced evidence to show that bacteria germs exist even in healthy blood. In the very substance of some cells I have seen them, and in many cases, in which little granules have been discerned in connection with bioplasts, there is reason to believe that some of them are really bacteria germs, passive as long as the higher life is maintained in its integrity, but ready to grow and multiply the instant a change favourable to them and adverse to us shall occur.

As the germs of bacteria are found in healthy tissues and organisms and grow and develop into bacteria when disintegration and decay occur, we shall not be surprised at their existence in disease. Bacteria prey upon morbid structures and upon the substances resulting from the death of morbid bioplasm. They are found in great number among pus-corpuscles which have ceased to live, and they grow and multiply with great rapidity in fluids which contain disease germs as soon as these begin to lose their

specific powers and to undergo decomposition. In the tissues and fluids of the body altered by fevers, they are abundant and exist, as is well known, in many instances during life. In the evacuations of cholera, and not only of cholera, they are very numerous, and in the columnar epithelium of the small intestine, I have found many. In all parts of the bodies, in the fluids and amongst the solid tissues of animals destroyed by cattle plague, bacteria were present in varying number.

Germs so minute as those of bacteria are constantly passed over, and until they have grown somewhat it is not possible to identify them. This circumstance has led some to suppose that they are really formed anew from non-living matter, or from a substance in a transition state, which is neither living nor dead. But such a view is not supported by facts at present known, nor is there anything to justify any other conclusion than that all matter is either living or not living.

Living Matter Structureless.—As far as can be ascertained by examination, under an amplifying power of 5,000 diameters, living matter throughout nature is colourless and *structureless*. Of course it may be mysteriously suggested that living matter may nevertheless possess structure though no one can see it. Water *may* possess structure, but in such a suggestion the word “structure” has a meaning assigned, different from that which is implied when the “structure” of tissues is referred to. No “structure” which can be conceived to exist in bioplasm can possibly account for its properties and actions. Neither is it in the least degree probable that, could we magnify it to any extent conceivable, any “structure” would be revealed, or that from the appearances described we should be able to explain how tissue and other things were formed from bioplasm, or why one kind of bioplasm forms dog, another sheep, and another man.

All the evidence I can collect is in favour of the conclusion that the powers of bioplasm do not depend in any way upon characters that can be fairly termed structural, and I cannot help fearing that some of my contemporaries biased by previous education and influenced by the pressure put upon them by one or two scientific authorities have consented to adopt views which, they will find, cannot be supported by facts or argument.

Not only does living matter exhibit no indications of structure, but the highest known form of living matter could not be distinguished from the lowest, and the lowest is not more unlike non-living matter than is the highest. One is, in fact, just as near and just as far from inorganic matter as the other. It has been said that certain organisms only differ from a fragment of albumen by their granular character, but the statement is not correct. In the first place a granular appearance is not characteristic of living matter. If granules are discerned in it, they are not essential and are at least as likely to be lifeless as they are to be living particles. Living matter is, in fact, as free from granules as a fragment of the purest albumen. Secondly, the differences between any fragment of albumen and any living particle are enormous—but of a kind quite distinct from that suggested in the above statement.

If a portion of pure bioplasm be carefully examined with the highest powers at our command, and under the most favourable circumstances as to illumination, it will be found to be entirely devoid of granular character. Clear, transparent and colourless, there will not be discernible in any part of it the faintest indication of structure. Nay, if motionless, its presence can only be recognised by the fact of it being a very little less perfectly transparent than the fluid which surrounds it, and by its refracting property being slightly different from that of the medium in which it lives.

The suggestion so often made that the relation between living and non-living matter is a close one, is as entirely groundless as the further suggestion that before very long the exact nature of the relation between the two will be cleared up and the chasm between the living and the non-living bridged over. Neither is there anything to justify the statements made for the purpose of inducing people to

believe that the non-living passes into the living by insensible gradations of some kind. There are many characters in which the living differs absolutely from any form of non-living matter yet discovered. One broad essential character distinctive of all living particles is a remarkable capacity of movement which has not been adequately accounted for, and I therefore propose to direct your attention to the movements peculiar to living matter.

Of Vital Movements.—Every form of living matter exhibits certain movements, the nature of which has not been determined. The remarkable movements of the common amoeba, of the mucus corpuscle, of the pus-corpuscle, and of the white blood corpuscle, are familiar examples of vital movements, and these can be seen and studied by anyone who can use an object-glass magnifying 500 diameters or upwards. But every nutritive act, every form of increase and multiplication, each kind of growth, the production of buds or offsets, the development, the formation and increase of every tissue involves active movement of the particles of which living matter is composed. Vital movements affect every form of living matter from the very lowest, supposed by some to have been formed direct from the non-living, to the very highest which is concerned in the development of man; but in certain instances only can the movement be actually seen to occur under the microscope. By very slight alteration of the conditions existing during life the movements may be caused to cease, but in many cases in which no movement has been seen, we have other evidence that it has occurred. Vital movement, there can be no doubt, accompanied the first dawn of life, and will continue to characterise living matter to the end of time. In fact, vital movements are essential. Their cessation is coincident with the cessation of life. Without them life is not conceivable; and it is equally impossible to conceive any form of matter not in a living state which manifests movements like those which characterise life.

I propose to consider the subject of vital movements under the four following heads, viz. :—

1. Vital movement which may affect every part of a mass of living matter.

2. The movement of the constituent particles of a living mass, which takes place in a direction from centre to circumference.

3. Movement of one portion of a mass of living matter from the rest.

4. The movement of a mass of living matter from one place to another.

Lastly, there are certain movements which are indirectly due to the vital movements of bioplasm such as ciliary action, some movements connected with nerve action, the movement of certain solid particles in cells, &c., but these will not be discussed here, as I desire to restrict myself, as far as possible, to the consideration of the nature of the intimate changes in living bioplasm only. Neither shall I enter into a discussion concerning the nature of "contractility," which has, by some, been considered to be vital in the same sense as the movements which I am about to describe. I have, however, adduced reasons for removing contractility from the category of vital movements. I shall, therefore, only remark that contractility as it occurs in muscle is essentially distinct from the changes now to be discussed, and I may state that I have referred to this part of the subject in my work on "Protoplasm," 3rd edition, page 209. The original paper was published in the Transactions of the Microscopical Society for 1866.

1. *Vital Movements which may affect every Part of a Mass of Living Matter.*—These movements are undulatory in character, and may be seen in many forms of living matter. The wave-like movement gives rise to continual changes in the thickness of the mass, which, as a whole, may remain quite stationary. If the margin of the mass of living matter be studied, its outline will be observed to continually alter; a slight bulge at one place, a slight depression at another. In a few moments perhaps the part which projected will recede, and that which was depressed will become prominent, but with no regularity, with no

alternation of movement. Such changes may be seen continually proceeding over every portion of a mass, in some cases occurring very quickly, in others so slowly that a specimen must be watched intently in one spot for some minutes, or the observer will fail to discern any change. In the amoeba these movements are distinct enough, and can be studied without difficulty. The matter which moves is perfectly transparent and structureless. Granules suspended in it may be moved, but they are not the cause of the movement. Wave-like movements may be seen in young epithelial cells. I have seen them in epithelium from the throat and from the bladder of man, and I think there can be no doubt that they take place in living matter generally. In the white blood corpuscle they have been studied by many. I have given a description of the movements as they occur in the mucus corpuscle and in the pus corpuscle, and have appended figures showing the changes observed during the course of a few seconds. I conceive that it is by movements of this kind that the little masses of bioplasm near the surface of the brain, which I believe are concerned in mental operations, act upon the delicate nerve fibres which are in contact with all parts of their surface. These, are, I believe, the instruments through which the will operates upon the nerve-apparatus, by which its mandates are rendered evident.

2. *Movements of the Constituent Particles of a Living Mass which take place in a Direction from Centre to Circumference.*—The actual movements referred to under this head cannot be seen, for they may take place slowly, and affect particles too small to be seen with the highest powers. But that motion in the direction indicated does occur seems to me to be conclusively proved by the fact that in some spherical masses of growing bioplasm, which are increasing rapidly, a new centre (nucleus) appears in the very centre of the mass. After this has grown for a time another new centre (nucleolus) appears in the centre of the first. The new growth originates centrally, and a newer growth still more centrally. This involves a movement of constituent particles outwards. Now if bioplasts, in which this change is actually proceeding, be coloured with an ammoniacal solution of carmine, which in some instances may be effected in a few seconds, the remarkable fact will be observed that the new centres have been stained most deeply, although these are situated at the greatest distance from the surface in contact with the coloured solution. All "nuclei" and "nucleoli" are new centres of growth, and invariably consist of living matter. An oil globule may be formed in bioplasm, and may be called a nucleus or a nucleolus, but the formation of such a body is of no importance. It ought never to have received the name of nucleus, and no one ever pretended that all nuclei were of this nature. True nuclei and nucleoli were considered of little importance, but if the evidence in favour of the view of their nature, here advanced, is correct, and I believe it to be incontrovertible, nuclei and nucleoli must be regarded as *vital centres* which have originated in centres of living matter already existing.

The movement outwards of the constituent particles of bioplasm is, I venture to think, the circumstance which determines the flow of the nutrient fluid in the opposite direction. The non-living pabulum, I think, flows to the centre of the particle of bioplasm. Certain of its constituents there begin to live, and then move outwards towards the circumference, their place being taken by new matter which reaches the centre.

3. *Movements of One Portion of a Mass of Living Matter from the rest.*—This form of vital movement can be seen without any difficulty. A bulge appears upon the surface of a mass of bioplasm. This gradually increases and becomes pear-shaped. The projecting portion of the living matter moves away from the general mass with which, however, it may remain connected for some time by a narrow pedicle. Such movement of living matter may be seen in the amoeba, in the mucus corpuscle, in pus corpuscles, and in white blood-corpuscles, and many other forms of bioplasm. The bioplasm (nucleus) of the frog's red blood-corpuscle often

completely divides into several portions, some of which I have seen make their way through the surrounding coloured material into the liquor sanguinis beyond. I have described the phenomenon under consideration as it occurs in the growth and multiplication of yeast, and also in the growth of the mycelium of fungi. What determines the precise spot upon the surface where the formation of the bud or outgrowth commences it is difficult to say. It may be that the first movement takes place where there happens to be least resistance, but certainly it does not necessarily begin at the lowest point or at the highest, or at that part which happens to be nearest to the light, or at that most distant from it. The outgrowth does not usually contain a visible new centre, but its growth soon becomes accelerated, and the rate of formation of new bioplasm in the bud greatly exceeds that of the rest of the mass.

4. *Movement of a Mass of Living Matter from place to place.*—This form of vital movement is also to be seen very distinctly, and so many instances of its occurrence have been recorded, that it must be considered an attribute of bioplasm generally. In many cases, though the movement may not be seen, the evidence of its occurrence is nevertheless most conclusive. Not only amœbæ and allied forms, destitute of locomotor organs, move actively, but many of the bioplasm particles of man and the higher animals may be seen to move from one situation to another under the microscope. The movement of entire mucus corpuscles, white blood corpuscles, and pus corpuscles, over a space equal to more than twice the diameter of the corpuscle has been seen by me many times, and I have described the phenomenon in more than one of my works.

In white fibrous tissue, in muscle, nerve, yellow elastic tissue, and some other textures, there is distinct evidence of the movement of the formative bioplasm during the formation of the tissue. In some instances I have satisfied myself that an elongated mass of bioplasm has divided longitudinally or obliquely into two parts, which have moved away from one another in opposite directions, one forming the upper and the other the lower part of the same fibre. The thickening of many fibres results from the formation of new matter from the oval mass of bioplasm as it moves backwards and forwards upon the surface. Before 1861, I demonstrated the bioplasm of yellow elastic tissue which had not been previously observed, and showed that new tissue was formed from the bioplasm as it moved over the surface of the fibre. (a) In some cases the bioplasm is prevented from moving from place to place in consequence of being imprisoned in a cavity, but it may continue to move actively nevertheless. Thus, in many plant cells the bioplasm moves round and round the circumference just within the cell wall. In many cases the direction of rotation is that of a spiral, and formed matter, produced by transformation of the bioplasm, is deposited during the movement. The result is a spiral, or double spiral raised line of secondary deposit in the interior of the cell. Sometimes bundles of fibres are formed by the movement of the bioplasm in the interior of a cell after the "cell wall" has been formed. The fibres of the cells of the cartilage of the epiglottis are produced in this way, and I have seen the bioplasm gradually tapering so as to form a delicate fibre, which seemed to have been spun off, as it were, from the bioplasm as it moved round and round the cell cavity.

Of the several primary vital movements I have described, none can be imitated. They are peculiar to living matter and not one of them has been explained by physical law. No mere physical or chemical attractions, or repulsions, on the part of any material particle at all resemble vital movements. Neither can these be adequately accounted for by attributing them to changes in the environment, for no conceivable changes outside would cause such movements. Nor is there any *machinery* in bioplasm to explain the movement.

Of the several movements of living matter, I believe

(a) "The Structure of the Simple Tissues," 1861, p. 118.

those which affect the ultimate living particles of bioplasm never cease. That moving of matter from centre which involves the movement of pabulum in the opposite direction, I believe to be an essential phenomenon of life. The movement of living particles amongst one another, the movements of a portion of a living mass from the rest, the movement of a living mass as a whole may entirely cease, but I cannot conceive the cessation of motion in a vital centre. The rate of movement certainly varies very much. At one time it may be very rapid, at another it may take place very slowly, but I cannot imagine absolute cessation of movement in the direction indicated, even for an instant, and its recurrence in that same centre.

I beg you to carefully consider the evidence upon which the views I have advanced are based. It has been affirmed that the phenomena occurring in the simplest living matter are not far removed from the phenomena of the non-living, and like these are to be explained mechanically, but only the assertion, not the explanation, is forthcoming. If but one class of these movements of living matter can be accounted for by any laws that are known, can you not insist that the laws be stated, and that it be shown precisely by what means the particles of a living mass that is alive are enabled to move in any direction with equal facility? The particles uppermost in a mass of bioplasm do not move downwards more easily than those at the lowest point move in the opposite direction, neither do the roots of the tree grow into the soil with greater force than its stem shoots upwards.

In this lecture I have shown that in all parts of all living beings, at every period of life, are numerous masses of structureless living matter. From the lowest forms of life to the highest, this living matter, or *bioplasm*, manifests certain phenomena which cannot be accounted for by physics. Among these purely *vital phenomena* I have included certain movements which have not been accounted for. These movements are *vital*, and, as I believe, due to a peculiar power, "*vitality*."

In my next lecture I shall discuss the constitution of this living matter, try to show that the distinction between it and matter in every other state is *absolute*, and endeavour to convince you that the construction of every living body is primarily due to *vital* rather than to *physico-chemical* actions.

(Lecture II. will appear in our next.)

ON THE STRENGTH OF MUSCLE. (a)

By HENRY KENNEDY, M.B.,

Physician to the Whitworth Hospital, Drumcondra; Vice-President College of Physicians, &c.

IN the following paper I would make a few remarks on the strength of muscle. I am induced to do so in consequence of certain views which have been recently advanced, and which seem to me to be very open to discussion. Prominent, if not foremost amongst the holders of these views is the name of Professor Haughton, an Honorary Fellow of your College, and, as all are aware, the author of an elaborate work on "Animal Mechanics," in which he has brought mathematics to bear on the question. With the mathematical portion of the work I have nothing whatever to do here. But the idea that the weight of a muscle is synonymous with its strength is another matter; and this idea, as far as I am aware, runs through the entire work. In truth, no other factor is noticed, and size is assumed, as I said, to be only another name for strength: that is, given the weight of a muscle, you have its strength. Now this view it is which I believe to be too narrow, and it is to invite attention to the point that I now appear before you. Not that I would underrate the size or weight of a muscle in a question of this kind; for size must be

(a) Read before the Surgical Society of Ireland, February 12. The discussion will be found at page 250.

allowed to be the leading factor ; but that I believe other factors exist, which modify, and to a very marked degree, the results which have been deduced and published in the work to which allusion has just been made.

Amongst the subjects which arise in discussing a question of this kind I may first ask your attention to that of temperament. It is no easy matter to say in what this consists. But that it exists is certain, and what is more to my present purpose, its effects are shown in a very striking way, both on the mental and physical constitution of the individual. It would be quite out of place here to enter into an account of the temperaments. I must refer you to the works which treat of them. Suffice it to say that the differences which obtain amongst individuals seem to be due to the preponderance of one or other of these temperaments, whether it be the sanguine, the nervous, or the leuco-phlegmatic, or, as it often happens, a union of the two former. I am sure all present have observed these differences, both in the mental, and possibly still more in the physical constitution of our frames. When the sanguine temperament prevails, or a union of this with any other, every movement is well known to be modified by it. Our gait, style of walking, the very way we shake hands, are all characteristic ; and when we come to look for what bears directly on my subject, I mean the class that can put forth the greatest physical strength, I think I am correct in stating that it is never amongst the largest men it is found, nor necessarily where the muscles are the most developed, but much more amongst men of medium size, and often indeed in men of a still lower stature, but who had that something in their frames which temperament, in part at least, confers. One example of this kind I may here refer to, and one whom all present knew—I mean the late Professor Smith. I recollect well the time when at putting the stone he had few or no equals, and his leaping was a sight in itself; on the whole, then, I look upon temperament as a most important element in our frames, and, whatever its nature be, capable of producing results which are very antagonistic to the idea that the greater the development the greater must be the power conferred.

In close connection with the subject of temperament the nervous supply to muscles may be mentioned. It requires no proof here of the intimate connection which subsists between the nervous and muscular systems, or how much the state of the former affects the latter. In what nervous energy consists it would be hard to say, or how it is conveyed from the brain and spinal marrow to the muscles; but that a something is carried by the nerves is certain, and in direct connection with this point it is particularly to be noted that the brain does not keep a relative size to that of the body; for it is a well-known fact that the size of the brain is not determined by that of the body. In other words, men of low stature and small frames have larger heads comparatively than those of larger frames. This I believe to be, at least, one of the causes of their greater energy and activity, as I presume all present must have observed. This point relating to the greater development of the nervous system involves questions of no little interest; amongst the rest the question of cerebral development in connection with mental power. That is what is known as phrenology. But to enter into these topics would far exceed my present limits, and so I merely advert thus briefly to them here.

Of a like kind with the last fact noticed is the size of the heart, which is known to vary comparatively but little with the size of the frame, and so it is that, bulk for bulk, small men have the largest hearts. That a vigorous circulation has much to say to the energy of the individual few, I presume, will deny (a). And this leads me on to say something of the muscles themselves; and of the voluntary kind, with which we have here to do, it need scarcely be observed that they receive, a large supply of blood. But

on this point, as you know, very considerable differences exist. In fact, animals might, I conceive, be divided into those with whitish and those with red muscles. Nearly all wild animals may be described as having dark red muscles; whilst the domestic animals, those especially which are not worked, are of a much lighter colour. But the point goes much further than this: for, as you know, the muscles in the same animal may be, and are, of different colours; and I believe this is mainly due to the greater exercise to which they are subjected. The rabbit, turkey, and other animals exhibit examples of what I mean. In ourselves, too, there are marked shades of difference, which I believe may all be referred to the one cause, that is, the more or less exercise which they get. Now, I hold that, *ceteris paribus*, the weaker the muscle the more powerful it is; and further, that wild animals are, weight for weight, much stronger than domestic ones. The arms of the gorilla—the largest that I have seen in the British Museum—are not by any means as large as those of a man. Yet it would, it seems to me, be a bold statement to say that the man's were the stronger of the two; and indeed, we have the evidence of Livingstone proving the enormous power possessed by the brute, a strength out of all proportion with the development exhibited, and, necessarily, with the weight. I believe this remark applies to all animals in a state of nature, and that large and developed as the muscles of a lion and tiger may be, this gives but the very faintest idea of what their real power is.

But in the question before us there are still other points which remain to be noticed. The structure of the muscle, by which I mean here the mode in which the fibres are arranged, has, I believe, a very great influence on their power. Thus, where tendinous fascia exist amongst the muscular fibres, their power would seem to be immensely increased. I might instance the gastrocnemii and solei, and also the temporal and masseter muscles, as examples in point. The masseter, I take it, has no rival in the body. When we look at the few fibres of which it is composed, and then call to mind its powers in ourselves, we cannot but feel that its strength is enormous. And this is shown, too, in another way. For I presume there are few who have not witnessed the feats of the gymnast, and seen the immense weight which he was able to carry on his chin. It is true the leverage of the muscle is most favourable for action; and wherever such exists, and in exact proportion with the favourable nature of the lever, will the power of the muscle in great part be. In addition, however, to this, we have in the case of the masseter the peculiar arrangement of the fibres to which allusion has just been made. So that in truth the estimation of the power of this muscle depends, it may almost be said, on other factors than the mere weight; and this remark will apply to very many other muscles of our bodies, though possibly in not so striking a degree. Speaking of the mode of arrangement of the fibres of a muscle reminds me that it is more than probable that the length of the fibres has much to say to the question under discussion. Thus I believe such a muscle as the gracilis to be comparatively weak, and that, weight for weight, it is not equal to many others, as the deltoid or triceps. This I believe to be due to the great length of its fibres; but on this point I would speak with reserve. (a)

In addition to anything which has been yet advanced, I would, as bearing on the subject before us, call attention to the effects of habit on our frames. I need not say how rapidly this habit tells upon us, and, what is of more consequence in the matter, out of all proportion with any increase of development, so that frequently one month is sufficient to enable us to overcome a difficulty which at first

(a) Independent of the length of the fibres which make up a muscle, there is another point, which, in relation with its strength, is of much more consequence; I mean the number of the fibres in a given bulk. There can be no doubt the more numerous the fibres are the greater is the power of the muscle, and so I believe that the gastrocnemius and soleus muscles are, weight for weight, more powerful than the glutens, and so of other muscles.

(a) In connection with the vigour of the circulation the development of the thorax must not be overlooked. I believe that the greater the depth and breadth of the chest the greater the energy of the individual will be.

seemed impossible. This habit is often strikingly seen in boys, and of slender make; for you may see them take up and carry with ease a trunk under which you yourself would stagger, if indeed you could raise it at all. It is certainly not development of muscle which tells here, for by much the greater weight of muscle is on the weaker side. But it is habit, or practice if you will, which has developed the power that, like latent heat, lay hid in the system. That this unusual power may be developed suddenly, and without anything of what is understood as habit, is certain. And this leads me to speak in the last place of disease as bearing on the subject under discussion. I need scarcely remind the audience I have now the honour of addressing what its effects are. In many of what are known as nervous diseases the muscles exhibit a power which is something marvellous. They will tear themselves and break the very bones. Need it be added that such occurrences take place totally independent of development of the muscles. Indeed, it may be assumed as certain that there is an inherent power in muscle, which it only requires special circumstances to bring into existence, and which is out of all proportion with the weight of the muscle. In the foregoing remarks I have alluded to some of these special circumstances, and will only recapitulate here that temperament, the nervous and vascular supplies, the differences in the muscles of wild and tame animals, the differences of muscles in the same animal, the peculiar arrangement of the muscular fibres themselves, the leverage, the effects of habit, and the results of disease—one and all seem to me to prove, beyond question, that in considering the strength of muscle there are several other factors, besides weight, to be taken into account, and that if weight alone be taken to determine the question, it can give but the merest approximation to the truth. This may be stated in other words. I believe the problem to be a very complicated one, and not yet worked out.

—◆— SNAKE-POISON.

By A. B.

Who shall decide when doctors disagree? and worse still, when journalists, the arbiters of our fame and fortune, take opposite sides, and, like lawyers, make the worse appear the better cause? These thoughts are called up by an article in the *Argus*, Melbourne, December 30th, 1874. The editor is indignant with the *Lancet* for its glaringly absurd and pseudo-scientific remarks in reference to the intravenous injection of ammonia in snake-poisoning. He says: "So long as we find that our snake-bitten may be rescued from the jaws of death by Professor Halford's mode of treatment, we may well smile contemptuously at experimental investigations, by which is demonstrated, not inferred merely, but demonstrated, 'the absolute inertness of the injection of ammonia as a remedy for snake-bite.'" But Australians are now so accustomed to hear of successful applications of Professor Halford's remedy, that the matter has ceased to excite wonder. (a) Even the medical men who have been, as we conceive, strangely and reprehensibly silent under the covert insult of the *Lancet*, have come with all classes of the people to look upon the restoration of snake-bitten persons by its means as a thing of course. The ammonia question being at last determined, "finally disposed of," as the *Lancet* intimates, we presume that all our medical practitioners, and most of the better class of bushmen, will break their syringes and spill their liquor ammonia. All decent high-minded men will be content to die placidly, *secundum artem*, as people here did die before, when bitten. None but the baser sort will flout the opinion of Fontana, of Florence, who made experiments a century ago with liquor ammonia, *swallowed* as an antidote, not injected into the veins, or will fly in the

face of "experiments made by Dr. Fayer, that really scientific investigator, who is known to have devoted himself to the discovery of what will not cure snake-bites, and is believed to have succeeded," having succeeded in killing Indian dogs, chickens, and other small animals, and a mangoose (a funny story), without attempting any antidotes, which experiments are advanced in opposition to the dozens of authenticated cases of human beings snatched from the jaws of death and poisonous snakes by Halford's venous injection of liquor ammonia. In this same copy of the *Argus* there is a fresh case of a young woman, who was nearly dead from snake-bite, from the unavoidable delay in obtaining medical assistance, but rallied immediately upon the injection of ammonia, and recovered quickly. Death takes place from snake-bites at various periods, from 25 minutes to 24 hours.

The animus of opposition was sufficiently shown by some of the auditors when for the first time, in April, 1869, Dr. Halford promulgated his treatment of snake-bite to an assemblage of the medical profession. During the debate which followed one doctor thought that injection of strong ammonia into the blood must be necessarily fatal, but he had never seen a fatal case of snake-bite (a laugh). Dr. Halford had said that there was no danger from what air might get into the vein in the operation, not even if a whole syringe were injected. A doctor said he was surprised to hear that a large quantity of air might safely be injected into the veins. Dr. Halford reminded him that the large quantity which the syringe held was half a teaspoonful (a laugh), but that he had frequently thrown that syringe into a dog with impunity. Nysten in his experiments, had found that two or three cubic inches of air rapidly thrown into a vein were necessary to kill a small dog, and from six to seven cubic inches to kill a larger dog. Again, that Majendice once threw with all the force and celerity he could, above forty pints of air into the veins of a very old horse, without his dying immediately, though he sank at last. Dr. — thought it unfortunate that the two dogs experimented upon had been allowed to die under chloroform, as it might have been interesting to see what injuries the ammonia would produce. The Professor could only remind him that it had been necessary to open the chest to record the manner in which the heart continued its action under the painless experiment, and the influence of the ammonia, and that he could assure Dr. — that he had injected many dogs with ammonia, and repeated it several times without any harm following.

An Indian experimenter on snake-bites, Dr. C. R. Francis, who does not trouble himself much about therapeutics, mentions that "A correspondent of the *Lancet* suggested that a dose of cobra-poison mixed with a glass of spirits should be given to the victim of a bite!"

—◆— Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 9TH, 1875.

Sir JAMES PAGET, Bart., F.R.S., D.C.L., LL.D.,
in the Chair.

URINARY CRYSTALS AND CALCULI; BEING OBSERVATIONS ON SOME OF THE CIRCUMSTANCES DETERMINING THE FORMS OF CRYSTALLINE DEPOSITS IN URINE, AND ON SOME OF THE CONDITIONS UNDER WHICH RENAL AND VESICAL CALCULI ARE PRODUCED.

By WILLIAM M. ORD, M.B. Lond., M.R.C.P.

1. THE starting point of the paper was the remarkable difference between the crystalline form of pure uric acid and the form of uric acid in urine; the former being in oblong

(a) Vide *Australian Medical Journal*, 1869, and a letter to the *Argus*, 25th April, 1867.

rectangular tablets, the latter in rhombohedra with rounded obtuse angles; the former in separate crystals, the latter very often in zeolitic masses. After a brief notice of former observations showing that uric acid deposited in the presence of albumen and other colloids tended to assume spheroidal form, and in the presence of sugar and other crystalloids, tabular and angular form, a series of experiments having for their object the determination of the causes of the altered form of urinary uric acid were related. The conclusions drawn from these experiments were that mucus and the colouring matter of the urine were both agents in producing the ordinary urinary form of uric acid; that either agent was capable of exerting this influence without the presence of the other; that these were probably the sole agents in ordinary urine. 2. The forms of uric acid in albuminous urine were next considered. It was remarked that, while they tended generally to sphericity, they varied much in the degree of their tendency. It was inferred from a series of observations which are related in a generalised form that a larger proportionate quantity of urea in albuminous urine constituted *pro rata* an obstacle to the sphere-forming process. 3. Two forms of uric acid were noted as occurring in sugary urine; one a flat rhombohedron, with chiselled ends; the other a side-sided tablet, with sharp ends, the latter being a rare form. 4. Purulent mucus was shown to have a great power of converting uric acid to sphericity, and of causing aggregation of spheres into calculi. Dr. Vandyke Carter's observations on the structure of calculi were referred to, and it was argued that the experiments now related agreed from the synthetic point of view with his analyses. The influence of colloids, and particularly of mucus, in favouring the formation of calculi within the urinary passages, was inferred to be of first importance, and much worthy of regard as bearing upon practice. Uric acid and other crystalline substances did not of themselves tend to form calculi, but were moulded by the other constituents of the urine. The part taken by the temperature of the body in furthering the process was discussed and regarded as important. 5. The forms of urates, and the influence upon them of chlorides, albumen, and mucus, were next noticed; mucus in a high degree, and albumen in a less degree, were noticed as favouring the formation of spheres, chiefly in association with a concentrated condition of the urine. This particularly applied to the spherical form of urate of soda observed by Golding Bird, Thudichum, Beale, Roberts, and others. 6. As to oxalate of lime, the formation of dumb-bells under the influence of colloids, already elsewhere suggested by Dr. Beale, and described by the author, was referred to, and several cases of spheroidal modifications of oxalate of lime in urine containing colloids were brought forward. 7. Triple phosphate was much less easily moulded by colloids than the substance hitherto treated. But it was shown that mucus, aided by warm temperature, could and did modify triple phosphate towards sphericity, and favour calculous deposit. And the forms obtained under such circumstances agreed in a remarkable way with the forms of triple phosphate found by Dr. Vandyke Carter in calculi. 8. The influence of albumen on the form of nitrate of urea was noted. 9. With regard to the bearing of the foregoing observations on micromorphology, it was urged that, in the microscopy of the future, beyond recording the forms of the tissues, observers would interpret the meanings of forms, compelling form to tell the story of growth and function, following out the relations between form and substance, and proceeding to the discovery of the laws of tissue-formation.

In the discussion, Dr. DICKINSON remarked that Dr. Ord had referred to uric acid as the most common centre of calculi; this statement commonly made was not correct, for he had examined numerous calculi in the London museums and found that in the majority the real centre was oxalate of lime, though it might be in small quantity. Calculi were most frequent in limestone districts, and where the water was hard, and he thought their formation probably depended on the excretion of lime in the urine, rather than on any condition of the urinary passages.

Mr. THOMAS TAYLOR said that the alteration of form of crystals described by Dr. Ord was only an illustration of the general law of crystallisation, that crystals were deprived of their angles by contact with foreign matters. Mucus was a very indefinite term, and the mucus of the bladder seemed scarcely to be the basis for the formation of calculi. He had examined numerous calculi, but had great difficulty in dis-

solving out the earthy matter without destroying the animal matter. On placing under the microscope, however, portions of the concretions found in the sturgeon (*Acipenser huso*), and treating them with nitric acid, the earthy matter was dissolved out, leaving the animal matter in the original arrangement; but he could not determine what this animal matter was. The formation of calculi might take place in some such way as the following: Long before any irritation was set up in the bladder—and it must be remembered that calculi might exist for years without producing inconvenience—the uric acid was secreted, perhaps at first in a hydrated form, after which it shrank and formed minute crystals, which became coated with animal matter, perhaps of the nature of coagulable lymph, or perhaps like the exudation under the scales in some skin diseases. Calculi were generally preceded by discharge of gravel; but a person might pass gravel for years, and yet have no calculus. He had thought it possible that in certain cases irritation took place in the kidney, where a species of inflammation was set up, leading to the secretion of fluid, and thus to the formation of calculi. He advanced this opinion, however, with some hesitation. But he believed that the formation of calculi would have to be explained by the anatomist rather than by the chemist. He recommended that, in cases of persons dying with calculus, the kidneys should be examined.

Mr. SAVORY said that the paper was interesting as pointing to the influences exerted on form. In some parts of shells there was an approximation to angular forms. Mr. Rainey had found that crystals with rounded edges were precipitated from a solution of common salt with gum.

Dr. BROADBENT remarked that Dr. Ord had given a special direction to the observations made by Mr. Rainey. Dr. Beale had found that the nuclei of calculi, apparently uric acid, consisted of oxalate of lime.

Dr. ORD, in reply, stated that he had not said that the nuclei of most calculi consisted of uric acid, but that the bulk of most calculi consisted of this. But, whatever might be the nucleus, we still had to get at an explanation of the formation of calculi. He admitted that mucus was a bad term; but it did not follow because the animal matter left after removal of the earthy matter of calculi had not the reaction of mucus, it was not originally mucus. He had been a pupil of Mr. Rainey, and thought that his observations had remained in an obscurity which they did not deserve.

HARVEIAN SOCIETY OF LONDON.

FEBRUARY 18TH, 1875.

W. H. BROADBENT, M.D., President, in the Chair.

TREATMENT OF PRIMARY DISEASES OF THE HEART.

BY J. MILNER FOTHERGILL, M.D.

DR. MILNER FOTHERGILL read a paper upon the treatment of primary diseases of the heart. He said that the successful treatment of diseases of the heart, perhaps more than that of any other class of ailments, rested upon an accurate diagnosis. It was of the utmost importance, then, to decide in each case as to whether the heart symptoms arose from some affection of the heart itself, or they were secondary, and due to some disturbance in the vascular system, standing in a causal relationship to them. The treatment of the first class of heart affections was directed to the condition of the heart itself. In the second division, the true line of practice was to remove the exciting cause, and thus to relieve the heart. The primary affections of the heart were valvular or muscular. When a valve was injured, a compensatory growth of the muscular structure usually followed. If the disease were stenosis, then hypertrophy of the muscular chamber behind the lesion enabled an equal amount of blood to be driven through a narrowed opening in an equal time—and thus perfect compensation was attained, as long as the muscular wall is structurally sound. This was best seen in aortic stenosis. Hypertrophy at other times was developed not to overcome some obstruction in front, but to limit dilatation when the muscular chambers were distended by an incoming current of blood of unwonted force. This was the case in aortic regurgitation very markedly; and was also common in mitral regurgitation when the left ventricle was distended by an inrush of blood

rom the gorged auricle and pulmonary veins. At other times the disease consisted of muscular debility, without valvular lesion. Cases were given illustrating the complete recovery of the heart from conditions of temporary dilatation. The line of treatment pursued in the cases was rest, at first, and the steady administration of digitalis and iron. The administration of digitalis might be continued for years uninterruptedly, without the production of those toxic symptoms which were supposed by older writers to indicate some cumulative action in this drug. As well as acting directly upon the heart in advanced cases with dropsical effusion, Dr. Fothergill spoke strongly in favour of the use of cathartics to relieve the venous congestion. He gave a case where two scruples of compound jalap powder were given every alternate morning, till eight doses had been taken, with excellent effects. The depressing effect of free purgation is more than compensated by the relief afforded in these cases. Digitalis and iron were also given, and the catharsis was only supplementary to the direct treatment of the heart itself. To illustrate what might be attained by such direct treatment of the heart, Dr. Fothergill adduced a case of mitral regurgitation in a young man, in whom a murmur could no longer be heard, and the subjective symptoms of disease of the heart had also vanished. Here the vela of the mitral valve were injured, and when the left ventricle was dilated, the injured valves were no longer equal to closing the ostium on the ventricular systole. The reduction of the ventricle to its normal size had resulted in the valves being once more competent; and as long as the ventricle can be maintained in a normal and undilated condition, the equivalent of a cure is attained. In mitral disease the use of digitalis is almost universally admitted, but there is less agreement as to its use in aortic disease. In Dr. Fothergill's opinion, its utility in aortic stenosis was obvious. In aortic regurgitation in the early stages, it was contraindicated, and an agent of precisely opposite qualities—one that would lessen the force of the ventricular contraction, and at the same time increase the number of beats—should be adopted, if we possessed such an agent. In the later stages, however, when the muscular walls were failing, and death threatened from cardiac syncope, then digitalis was useful as a palliative agent. Valvular disease of the right side of the heart, and especially tricuspid disease, was little amenable to treatment, because no muscular hypertrophy could be brought to bear on it. Dr. Fothergill summed up the treatment of primary diseases of the heart as follows: 1. It is of the utmost moment in these cases to reduce the demand upon the heart to a minimum. 2. Much relief may be afforded where dropsy is present, by unloading the congested venous system; and for this end cathartics are very serviceable. 3. The heart must be acted upon directly, by means of agents which increase the vigour of the ventricular contractions, of which digitalis is the chief. 4. To improve the general condition by the use of chalybeates and suitable food is also very desirable. Digitalis and iron may be continued for years, not only without any evil consequences, but with much advantage in many cases.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on Friday evening, the 12th February, the Vice-President, Dr. E. HAMILTON, in the chair.

Dr. KENNEDY read a paper on

THE STRENGTH OF MUSCLE,

which will be found at page 246.

The VICE-PRESIDENT remarked that Dr. Kennedy's paper raised some very interesting questions, and brought them into the debatable land of vital force.

The Rev. Professor HAUGHTON said he had come there that evening for the purpose of hearing Dr. Kennedy's observations, and he was happy to say he concurred in at least 97-100ths of them, but he failed to get any information from the paper. There was not a single fact or datum or experiment which could enlighten him that had been brought forward by Dr. Kennedy. It was not the fashion now as much as it used to be to read the Holy Scriptures, particularly the Old Testament Scriptures but some of them might remember that when the wicked king Balak brought down the prophet Balaam to curse

Israel, the result was that the prophet blessed Israel altogether. He thought Dr. Kennedy, in making his attack on his (Professor Haughton's) book on "Animal Mechanics"—he would not say his intention was to curse the book had blessed it altogether. He would tell them the points on which he entirely agreed with Dr. Kennedy. That gentleman had laid great stress on temperament, and in that he entirely concurred. The question of temperament must modify all our experiments on muscles. He did not find, however, that Dr. Kennedy had made any, or produced any experiments, to show that white, red, and brown muscles differed from one another. He was certain they did; but they had not got from Dr. Kennedy what were the co-efficients of these different muscles. He was certain that the muscles of the wing of a grouse were different from those of the wing of a goose, or a duck, or an eagle, or from the muscles of a man. This was all summed up in the word "co-efficient," and he would be indebted to Dr. Kennedy if he would show what was the co-efficient per square inch of contractile force of the various muscles. He (Dr. Haughton) had pointed out in his book the number of fibres per square inch in a muscle. He was perfectly certain that the particular muscle, as pointed out in his book, possessed, as a result of this, if not a greater contractile force in a given contraction, a greater power of endurance. He had shown that, as the nerve supply and the blood supply of a muscle necessarily passed between the fibres, the larger the supply of fibres in an inch the greater the supply of nerve force and of blood, and the greater, consequently, the power of endurance. This particularly applied to the heart. He was sure that temperament had a great deal to do with both intellectual and muscular power, and that our mental power was not to be measured by the size of our brain vessels. Being a small man and a plucky fellow himself, he agreed with all that Dr. Kennedy had said as to the inferiority of big fellows, and no doubt all the small men in the meeting would concur with him (laughter). With regard to the gorilla, he believed he was the only person in the room who had ever dissected a gorilla, and he should like to know from Dr. Kennedy where he got the measurements he had mentioned. He had examined a skin stuffed with straw; but he was sure that it by no means represented the gorilla as he was when alive and well. He (Dr. Haughton) had compared the muscles of a gorilla with those of a chimpanzee and of a man. The thigh of the gorilla was equal to that of a man, the calf of the leg was less, and the muscles of the arm were much stronger. The gorilla had longer arms, and a greater cross-section of muscle in his arm, for a very obvious reason: Man was not intended to live by grasping his prey, but by an appropriation of his arm and hand to the higher function of the brain; and, as Professor Dawson observed, in proportion as an animal devoted its fore-limbs to the purposes of the brain these fore-limbs diminished in size, and for that reason the fore-limbs of the man were smaller than those of the gorilla. He fully agreed with all that Dr. Kennedy had said of the penniform muscles, and he had described them in his book. Dr. Kennedy had forgotten, however, the most important of all the penniform muscles, the supra-spinatus, the most characteristically penniform in the whole animal kingdom. He did not know any animal in which it was not developed. In the case of man it was a simple muscle with long fibres, but in herbivorous animals, for obvious reasons—in the ass, the horse, and the cow, for instance—it was turned into a penniform muscle. In all these matters, in the nature of muscles, temperament, &c., he could not find out where Dr. Kennedy differed from him. He now came to the small three per cent. in which they differed, and if Dr. Kennedy would only reconsider the matter, he had no doubt he would turn their ninety-seven per cent. of agreement into 100 per cent. Dr. Kennedy objected to his theory of the weights of muscles, and the reason was that he completely misapprehended the whole scope and object of his (Dr. Haughton's) book. Dr. Kennedy said that the strength of a muscle was not in proportion to its weight. He entirely concurred in that observation, and he called on Dr. Kennedy to show a single passage in his book on "Animal Mechanics" where he had confounded the strength of a muscle with its weight. In attacking this part of his theory Dr. Kennedy was not perhaps aware that he did not attack Dr. Haughton, but the celebrated Professor Borelli, professor of mathematics and anatomy in the University of Naples, who wrote a book on the subject of muscular action, which was published under the authority of the Pope more than 200 years ago. In fact, he (Dr. Haughton) had merely formulated what Borelli had laid down the data for in more modern language. Dr. Kennedy confounded two totally distinct things, and which

could not be confounded for a moment without the greatest confusion of ideas—viz., the *strength* of a muscle with the *work* done by a muscle. He (Dr. Haughton) took it for granted that the strength of a muscle meant the number of pounds pull it can give on a dynamometer or some such instrument. He had nowhere stated that the *strength* of a muscle was in proportion to its weight, but he said in the most distinct way, and he had proved it, and for 200 years no one who had made an experiment denied it, that the *work* done by a muscle was proportioned to its weight. According to Borelli's proposition, which he had tested and proved, the *vis*, or strength of a muscle, was in proportion to its cross-section, and a muscle two feet long and a square inch in cross-section would be equal in its work to a muscle one foot in length and two square inches in cross-section. Having illustrated his proposition by diagrams, Professor Haughton proceeded to say that Borelli was the first person who stated the elementary fact that was now universally recognised as the basis of animal mechanics—that the work done by a muscle is proportionate to its weight. The proposition that the work done by a single contraction of a muscle is an absolute constant rested on the basis of experiment. Experiments were made by Mr. Stanley Jevons and others of an interesting kind—such as throwing a weight, varying from 1 lb. to 14 lb., and finding what is the greatest distance you can throw the weight with a certain contraction of the muscles, and the result of these experiments had shown that the total work done by the contraction of a muscle was constant. That was the whole basis of animal mechanics, and it turned away their attention from the strength of a muscle to the work done by a muscle. When a muscle contracts a certain amount of work is given out by the body. When that was discovered by modern investigators, then they must fall back at once on this proposition, that according to Borelli the work done in a single muscle must be measured by the weight of the muscle. That rested on a basis which it was not possible to deny, and if Dr. Kennedy reconsidered the subject he would perceive the error into which he had fallen. The point once established that the work done was the thing to be measured, not the mere force of the muscle, it led to most important results. Groups of muscles could then be compared with each other in the most simple and direct manner. They could take in any animal a group of muscles doing one kind of action, and other muscles doing the same kind of work, always remembering the distinction of co-efficients, and they could compare in the most simple manner the relative amounts of work that were bestowed by nature on different actions in different animals. They had only to get the animal in a healthy condition and measure rapidly after it was killed the weights of the different groups of muscles employed in different groups of action, and they would have an universal test on which they could base different muscular types, and which would enable them to classify animals with great precision. Many Germans and Americans had taken up the idea the germ of which he had brought forward in his book, and scores of them were now weighing the muscles of every description of animal, so that after a few years the relative weights of muscles bestowed on different animals would form a part of the classification of those animals. He was glad the views he had put forward were accepted by persons who, with great respect for Dr. Kennedy, he regarded as much higher authorities on that question than he was.

Dr. HENRY KENNEDY, in reply, said it appeared to him that Dr. Haughton had given up the whole point; for he started by admitting that temperament did much, and small men were the strongest, which was in effect giving up the whole question at issue. He (Dr. Kennedy) might have mentioned many other instances of extraordinary strength in persons of small size. One gentleman of small stature, still living, he recollected when practising in Maccadd's Gymnasium, and no man could turn his arm, and he was able to raise 84 lbs. with the greatest ease. On looking at this man one would be struck at once with the size of his head; but his arm was a moderate one. He thought Professor Haughton must be mistaken in reference to the gorilla. The stuffing might be imperfect; but if it were stuffed twice the size it was it would not be the size of the arm of a large muscularly developed man; yet Dr. Haughton would not venture to say that the arm of a gorilla was weaker than the arm of a man, which was so much larger. He thought, but was not sure, it was Livingstone who mentioned that he saw the animal seize a gun and twist the barrel with the greatest ease. As to the question of the work done, (Dr. Kennedy) did not find himself tied necessarily to the amount of the work done; he believed it merely meant

endurance: but whether the work done or the brute force was to be considered, it appeared to him that the points conceded by Dr. Haughton, for he admitted that temperament and small size were modifying causes of the strength of a muscle or its endurance, amounted virtually to a giving up of the whole question. There was one point which he had forgotten to allude to: Dr. Haughton had brought forward a calculation as to the muscular power of the uterus; but Dr. Duncan, of Edinburgh, an eminent writer on obstetrics, had shown that Dr. Haughton's estimate of the power of the uterus was erroneous.

Dr. HAUGHTON rose to order. Dr. Kennedy had no right to introduce a new subject, and he was moreover inaccurate, for Dr. Duncan had admitted that the calculations referred to were correct.

Dr. KENNEDY withdrew the observation. He was glad he had brought the paper forward. It was pleasant to hear Dr. Haughton speak in his own pleasant way; but he confessed he had not disturbed his (Dr. Kennedy's) opinion as to the views which he had stated in his paper.

The Society then adjourned.

DUBLIN OBSTETRICAL SOCIETY.

THE usual monthly meeting was held on Saturday, February 13th, 1875,

Dr. LOMBE ATTHILL in the Chair.

Dr. T. MORE MADDEN read a paper on

METRO-PERITONITIS FOLLOWING THE USE OF THE ORDINARY FEMALE SYRINGE—A PLEA FOR THE VAGINAL IRRIGATOR,

in which he observed that the use of the vaginal syringe is the most common, and until recently was almost the only local treatment prescribed in uterine disorders. As this instrument is now so generally employed in all cases of real or suspected disease of the womb, that is to say, in nine-tenths of the complaints peculiar to women, and as it is freely ordered by medical men, and habitually used by patients without any special caution or apprehension of possible danger, the following case appeared to the speaker not undeserving of the consideration of the Obstetrical Society:—Mrs. W—, a healthy young lady, æt. 24, was delivered of her first child on the 16th of July, 1874. The labour, which was very tedious in the first stage, was rendered difficult by rigidity of the os uteri and malposition of the child's head, and had to be completed with the aid of the author's long forceps, an instrument of a peculiar construction, which he had elsewhere exhibited and described. After delivery her convalescence presented nothing unusual. On the 24th of August, however, she called on Dr. More Madden, complaining of pain in the back, leucorrhœa, and a distressing bearing-down sensation, which prevented her from walking, or even standing with any comfort. On examination, the os was found patulous, the uterus subinvolved and slightly prolapsed. She was ordered rest in bed, a tonic was prescribed, and she was directed to use an astringent vaginal injection. A couple of nights afterwards Dr. More Madden was sent for, but being away from home, Dr. Egan, of Talbot Street, saw her, and found that she was suffering from intense uterine colic, which had suddenly come on whilst she was using the injection before going to bed, a couple of hours previously. The local pain still continued unabated; but there was now such extreme prostration, failure of the pulse, sighing, respiration, and coldness of the skin, that, having first promptly administered stimulants and applied sinapisms over the heart, &c., Dr. Egan considered her condition so precarious that he called in the assistance of Dr. Johnston, of the Rotunda Hospital, in consultation. After some time the remedies adopted were successful in allaying the severe uterine colic and in restoring the circulation to some extent. On the following morning Dr. More Madden found her still in a state of extreme prostration, suffering from frequent paroxysms of violent uterine pain, and almost continual retching, with great tenderness over the abdomen, and especially over the uterus, which was nearly as large and hard as it should be immediately after delivery. Her pulse was 140 in the minute, and so weak that it could hardly be counted, respiration sighing, and countenance pale and anxious, and skin cold and clammy. Poultices

and anodyne stupes were applied to the abdomen, hydrocyanic draughts given to allay the retching, and her strength supported by enemata, beef-tea, and brandy. When again visited, the same evening, the sickness and uterine pain continued unabated; she was suffering from constant thirst, but no sooner did she take any fluid, or even a small piece of ice, than it was immediately rejected. She was therefore directed to take nothing whatever by the mouth, and a drop of dilute hydrocyanic acid was added to each enema. This unusual expedient, the writer observed, certainly diminished, although it did not stop the vomiting. Notwithstanding the great depression of the pulse, the local uterine inflammation was so marked that Dr. More Madden did not hesitate to apply a few leeches over the uterus, and had the satisfaction of finding that not only was the local pain thereby lessened, but that the pulse actually became fuller and less compressible than it had been before the application. A few drops of the solution of muriate of morphia were also injected hypodermically to relieve the suffering. On the following day the symptoms and treatment were almost unchanged. On the 1st of September she had slept a little during the previous night, her pulse had fallen to 120, and the uterine pain and tumefaction were diminished, although the abdomen was intensely tender, and the retching and inability to take any nourishment by the mouth continued. Dr. More Madden now had the advantage of a consultation with Dr. M'Clintock, and had the satisfaction of having his view of the case confirmed by that eminent gynecologist, who, in addition to the measures already described, suggested a trial of the oxalate of cerium in a small pill every four hours, together with "Dr. Halahan's egg-drink," to allay the incessant retching. These pills and drink in teaspoonful doses, though at first rejected, after a few repetitions were retained on the stomach, and she was better on the following day. Still, it was found necessary to continue the nutritive enemata, &c., until the 5th, when she was able to take a little iced chicken-jelly by the mouth, and from this time the symptoms gradually subsided, and she regained strength, so that a week later she sat up for a couple of hours, and was soon convalescent. In the foregoing case the uterine colic and subsequent attack of metro-peritonitis followed so immediately the use of the vaginal syringe as to leave no doubt as to their being caused by the fluid having been injected through the patulous os into the uterus and thence by the Fallopian tube into the peritoneal cavity. The possibility of an accident of this kind attending the use of the ordinary syphon syringe is practically ignored by the majority of gynecologists. Still, although such cases are comparatively rare, similar instances have been recorded by other writers; but they would appear to have made less impression on the minds of practitioners than the importance of the subject merited. Dr. Tilt says: "Only once have I been led to believe that the patient injected some portion of the fluid into the cervical canal. A lady was suffering from chronic uterine inflammation, the womb was low and slightly retroflected, the os uteri patulous, and after injecting a solution of acetate of lead, as the patient thought, in the usual way, she was suddenly seized with severe uterine pains, rigors, and intense cold. She got better when in bed by means of abdominal poultices and hot drinks, and no bad consequences followed this attack." Other cases of the same character were also quoted from Dr. J. H. Bennett and M. M. Bernutz and Goupil's works. These three references were the only allusions which the speaker was aware of to the dangers which may attend the use of the common vaginal syringe, and the paucity of similar observations appears certainly an argument that this accident is by no means frequent. Still, the mere possibility of such grave or even fatal results should render gynecologists more cautious than at present in their recommendation of that universally employed and much abused instrument. Dr. More Madden has long been impressed with the possible ill effects of the ordinary vaginal syringe, as well as the inconvenience and imperfection of this instrument. The force with which fluid is injected by it into the vagina, or even into the uterus, may, as in the case just related, be so great as to produce the most serious effects, and in all cases its action is necessarily imperfect. In order to produce any permanent benefit, for instance, in a case of congestion or inflammation of the vagina or cervix uteri, the injected fluid must be thrown against the inflamed or congested part for a long time continuously, and this cannot possibly be effected when a syringe is employed, as the fatigue of working the instrument is so great and the position of the patient is of necessity so irksome as to prevent its being used for more than a few minutes at a time. To

obviate these inconveniences various contrivances have been devised by different gynecologists. Dr. More Madden, however, still prefers the improved utero-vaginal irrigator, which he had exhibited before that Society two years ago, and a description and woodcut of which may be found in the second volume of the Dublin Obstetrical Society. With such an instrument the accident which formed the subject of this paper could not possibly have occurred, as it is merely a syphon which can be set in action or stopped in an instant at the will of the patient. This irrigator is very portable, can be readily used wherever a vessel of water can be obtained, and is capable of sending a gentle continuous stream of water, plain or medicated, and at any temperature, into the vagina, or even into the uterine cavity itself, if ever that measure, rarely required in gynecological as distinguished from obstetric practice, should be considered expedient, and this, moreover, in any position, and for any length of time that may be advisable, without causing the patient the slightest fatigue. The advantages of this irrigator over the awkward and imperfect vaginal syringe generally employed Dr. More Madden has proved in his practice during the last few years, and the comfort and benefit which his patients have derived from its use leads him to recommend gynecologists who have not hitherto employed the irrigator to give a trial to this simple, easily constructed, and easily used instrument as a substitute for the common syringe in many cases of uterine or vaginal disease. Cases such as that just related are also of some interest in their bearing on the recent discussion as to the safety of strong astringent injections into the uterus immediately after delivery in order to arrest hæmorrhage. Against this practice it has been argued that there is some danger of forcing the injected fluid through the open uterine sinuses into the circulation, or through the Fallopian tubes into the peritoneal cavity, and thus causing death, in the first case from embolism, and in the latter from peritonitis. As Dr. More Madden on a former occasion, when this subject was under the consideration of the Obstetrical Society, expressed a strong opinion as to the improbability of such an accident being thus occasioned, he now felt bound to state that the case he had related had certainly to some extent modified his views on that point. For if metro-peritonitis could be thus excited by a fluid injected into the uterus five weeks after parturition, it was of course still more possible that a similar effect might be similarly occasioned immediately after delivery, when the uterine vessels and passages were far more likely to be pervious; although such a possibility would in no degree prevent him from resorting to a remedy the value of which he had learned by practical experience in any urgent case of severe post-partum hæmorrhage which could not be otherwise controlled.

The PRESIDENT said that Dr. More Madden's paper opened up a very important subject for discussion. He did not think the occurrence of uterine colic following the injection of fluid by the ordinary syringe was so rare, inasmuch as he had had two cases of it in his own practice. Altogether he had had three cases in which uterine colic followed injection into the uterus—one following the injection of only five minims of glycerine, as recommended by Dr. Marion Sims, and it resulted in intense colic, but no peritonitis or endometritis followed. Some two years ago he was called late at night to see a patient whom he had directed to use a weak solution of borax injected into the vagina with an ordinary syringe. He found her in a state of very great collapse, and suffering intense pain over the region of the uterus, with sickness of stomach. The symptoms were soon relieved, and no inflammation followed. A less severe attack occurred in a patient who used tepid water only. He thought these cases of colic following the injection of fluid into the uterus far from being of very rare occurrence, and in several instances he had been led to desire the central hole in the nozzle of the syringe to be stopped, in order to avoid as much as possible the chance of an accident. He was not sure that the data given by Dr. More Madden carried out his theory that the fluid passed into the Fallopian tubes and thence into the peritoneum. He did not think that a stimulating fluid would be at all likely to pass through the Fallopian tubes, and he thought the phenomenon which occurred in Dr. More Madden's case could be explained on the supposition of the occurrence of a severe attack of endometritis followed subsequently by peritonitis. Exactly the same train of symptoms which Dr. More Madden had described—the prostration, the collapse, the incessant vomiting—occurred in a patient of his (the President's) where he had swabbed out the uterus with perchloride of iron. The patient was suffering from profuse hæmorrhage, occurring

some weeks after abortion; the os was patulous, and he had no difficulty in passing a pledget of cotton saturated with the styptic into the uterus; this was followed by a train of symptoms quite similar to those related by Dr. More Madden, but in this case none of the fluid could have gone through the Fallopian tubes. He (Dr. Atthill) thought Dr. More Madden right in stating that these vaginal injections, even so mild as glycerine, are not perfectly free from danger. He (the speaker) greatly preferred the irrigation which Dr. More Madden had spoken of to the use of the vaginal syringe. The President stated that recently he had acted on the suggestion of Dr. Emmett, of New York, who had carried out this vaginal irrigator very extensively. Dr. Emmett advocated strongly the vaginal irrigation with water varying in temperature from 95° to 105°. He based his treatment on the analogy that existed between the effects produced by it and an ordinary linseed-poultice, or any other hot application. The practice was to employ this douche when the patient was on her back, with her hips elevated. When they applied a poultice they found that five or six hours elapsed before the bloodless condition of the skin was produced, whereas in the case of the vagina they could not carry out the application of the vaginal douche for more than half-an-hour or forty minutes. He had also found benefit to occur from the use of cold water. In one case of chronic metritis, however, it aggravated the patient's sufferings. Before he saw her the patient had been under treatment of various kinds. He advised her to use this douche, two gallons of tepid water, temperature 105°, and in a few days she derived the most perfect relief. The great difficulty met with in using the douche was the considerable quantity of water that was requisite, rendering it necessary to empty the bed-pan every five minutes. In consequence of that objection he had recently had made a bedpan (which he exhibited to the Society) which was of the ordinary description, the only novelty it possessed being a tube attached by means of which the water was carried off. It was necessary, however, that the pan should be placed on a rigid surface. He agreed with Dr. More Madden that irrigation was better than the use of the syphon-syringe in these cases.

Dr. JOHNSTON said, that as Dr. More Madden had mentioned his name, he thought he was labouring under a mistake, as he had no recollection of seeing the patient whose symptoms Dr. More Madden had described. He (Dr. Johnston) thought that the colic might not be attributed to the mere injection into the uterus. He would rather say it must be owing to some irregularity or carelessness in her mode of hygienic treatment. At the Rotundo Hospital they frequently found in their chronic wards cases occurring of endo- and metro-peritonitis, owing to exposure to heat, but in no one instance had he found an evil result arising from the injection of cold water into the uterus. He thought the symptoms in the case stated by Dr. More Madden might be attributed just as much to the mode of the patient's living as to her having used the injection.

Dr. KIDD remarked, that with regard to uterine colic following vaginal injections, he must say that in his experience it was not a very uncommon event. Patients would use vaginal injections for weeks without suffering any inconvenience, and then it in some way happened that they got uterine colic. As a rule, it occurred almost while the patient was using the injection, but sometimes it did not take place for a considerable interval, perhaps one or two hours after the injection had been used. In one instance, at least, he had known that to occur. He had never seen it followed by an inflammatory attack. It produced a great deal of pain for the time being, and sometimes collapse, but warm applications and stimulants and anodynes generally afforded relief. It frequently occurred where the os was very patulous, and where there was a retroflexion; for the explanation of it was that the fluid got up into the cavity of the uterus and that the retroflexion prevented it returning easily. He was not prepared to say this definitively, as, as far as he knew, it had not occurred in any case under his observation where there was a retroflexion of the uterus. A very eminent gynecologist in London had stated to him in private conversation that he had never known colic to occur where warm injections were used, but generally in cold injections. He referred to Dr. Greenhall. He (Dr. Kidd) very generally recommended that the injection should not be perfectly cold.

Dr. McSWINEY said they had heard a most interesting and valuable discussion on the subject of uterine colic, but he took leave to say that he thought Dr. More Madden's paper referred to something else. He had related a case in which he

had clearly diagnosed the existence of inflammation of the peritoneum. It was very well known to most persons that the injection of various substances into the uterus might produce uterine colic. He would like to know whether it was within the experience of obstetricians that inflammation might be produced by the introduction into the vagina of an astringent lotion, or warm or cold water. The literature of the subject was, he thought, very scanty, and there were very few cases recorded where serious inflammation, extending over days, and accompanied by all the ordinary signs of peritoneal inflammation over the region of the abdomen, was produced by the use of an irritating vaginal injection.

Dr. McCLINTOCK said that the communication with which the Society had been favoured by Dr. More Madden raised a very important practical question. Everyone who dabbled in the slightest degree in midwifery thought he was perfectly safe always in prescribing vaginal injections. Dr. More Madden's case was only another instance of what they were all familiar with—that the simplest remedies, the most simple operations, and apparently the safest, would occasionally, and in very rare instances, prove highly dangerous and destructive to life. They all remembered the case of the simple operation of tapping for hydrocele, mentioned by Sir Astley Cooper, which showed that the simplest incision might be followed by the death of the patient. But such exceptional instances were not to deter them from the use of a remedy, whatever it might be, whether surgical or therapeutic. They could not say positively as to the cause in any of these cases where serious symptoms had followed the use of the injection. He did not think they could define the cause for the production of the unfavourable symptoms, because they never could say whether any of the fluid had really penetrated into the cavity of the uterus or not. It would seem highly probable that such was the case, and he would venture to say that in a case such as that brought before the Society by Dr. More Madden the circumstances were highly favourable for the entrance of the fluid into the uterine cavity, for the lady was, comparatively speaking, recently confined; it was before the uterus had regained its perfectly normal condition, and it was prolapsed. Previously he had been in the habit of telling his patients that they might use the sponge freely, and that it could not do any possible harm; but from what had fallen from others that evening, he saw that such a direction would not always be a safe one. He had, on several occasions, seen sharp, severe pain follow the use of an injection, but in every instance it was where the injection used was cold. When patients came for the first time under his notice he always told them in the first instance to use the water tepid, and gradually to reduce the temperature. He had had an opportunity of seeing the patient to whose case Dr. More Madden had been referring, and there was no room for doubt on his (Dr. McClintock's) mind that she had had a most serious attack of metro-peritonitis. The case was, he thought, a very striking one, and one that they should not let slip from their minds, but keep before their recollection.

Dr. FITZPATRICK said that in the discussion that had taken place, there had been no reference made to the kind of instrument used. The idea that they were to be stopped from the use of the ordinary vaginal injection by the fear of producing metro-peritonitis or anything else was perfectly absurd.

The PRESIDENT said he agreed with Drs. McClintock and Kidd that cold water was objectionable for vaginal injections.

Dr. DARBY said he thought it was physiologically impossible to inject fluids into the peritoneal cavity through the uterus.

Dr. MORE MADDEN, in reply, said that he had only to express his gratification that his brief paper should have led to so very interesting a discussion. The President had related cases of great importance, exactly bearing out his (Dr. More Madden's) views on the subject. The cases were very similar, with the exception that in his (Dr. More Madden's) case peritonitis occurred, and in the President's it did not. With regard to the irrigators, various descriptions had been used, and in addition to the valuable apparatus shown by the President that evening, he (Dr. More Madden) had exhibited an instrument for the same purpose two years ago, and others had done the same. With regard to Dr. Kidd's views as to these cases being caused by retroflexion of the uterus, there was no retroflexion in the case he (Dr. More Madden) had related to the Society. The uterus was carefully examined by Dr. McClintock and himself, and there was no diagnosis of retroflexion in the case. Dr. Fitzpatrick had stated that he

declined to give up the use of the vaginal syringe. Well, that was entirely a matter for his own consideration. He (Dr. More Madden) thought that Dr. McClintock had summed up what was the object of his paper—that it was simply to show that the use of the vaginal syringe was not a perfectly safe and harmless procedure at all times, and that in the majority of cases the irrigator was preferable to it. In the case before the Society the symptoms were first those of uterine colic, secondly those which were produced by some of the fluid having passed from the Fallopian tubes into the uterine cavity and leading to metro-peritonitis.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 5TH, 1875.

Dr. C. H. F. ROUTH, President, in the Chair.

ABSTRACT OF DR. ROUTH'S PRESIDENTIAL ADDRESS.

AFTER a few prefatory remarks, and after passing a high eulogium on their late President, Mr. de Méric, Dr. Routh proceeded to consider in what manner a medical mind could best regulate medical work. Referring first to the Divine attributes and character of mind, he pointed out how strange it was that amid much great and noble work done, yet the mind had in many instances fallen far short of its powers. In religion, in law, and in medicine, there were marked evidences of error, although in the end truth generally prevailed; but in the progress of advancement much violent commotion took place—in medicine especially. In tracing the causes of these, he believed, 1st, this was due to a sort of moral Darwinism in its professors, who were prepared for progressive development, but opposed to abrupt and lofty transitions. This error in natural Darwinism he exposed by giving examples of antagonisms in nature, or new platforms; and by analogy, the same had existed and would occur in medical science, of which he also gave examples. Special subjects were also minor platforms upon which a medical mind must work, and although to be preceded by general knowledge and controlled within proper limits, were evidences of progress and perfecting, and had been too violently opposed.

2nd. Another cause which had arrested progress was that we were apt to take too material a view of medical science. Facts were often material, but it was the manner in which they were used and explained which made the science. The same facts might be very differently construed. The struggle was one of *mind*, not *matter*. Hence, in the confusion some became so wedded to matter that they actually looked upon mind as matter, and thought as a cell secretion or force developed. Combating this view, he pointed out that no matter had yet developed any force akin to instinct, still less to mind. A chemical experiment was very different from a vivisection. Medicines might act very different on animals and man, on hot or cold blooded animals. Some diseases were obnoxious to animals and innocuous to man. Here were several varied platforms on which the medical mind might work. But to make anything of them at all, the power used must be mind upon the matter, and he was only successful as a practitioner who did so. He referred to the Contagious Diseases Act as tending to materialise a woman, although he admitted some moral good might incidentally be done, but feared the army and navy medical officers would themselves suffer from this materialisation, their mental being disregarded, and themselves considered as machines out of order, when proving reactive, continue to be branded as deserters and dismissed the service.

A third cause which had arrested progress was our great disregard to the discoveries of those who had preceded us.

By reference to art and architecture among the ancients, he showed how they excelled us beyond comparison. He showed that the sanitary arrangements in the way of baths of every kind was far superior to that of London, the sewers were immensely larger; the water supply better and continuous, proving that they knew that water found its own level, but preferred running water in aqueducts to underground pipes; that for a thousand years in their census they united a sanitary officer and registrar-general. They had colleges of physicians and veterinary surgeons, and even midwives.

He then referred fully to the subject of fibrinous concretions of the heart, which were discovered by Gould in 1684, and

then described by him, and by Chisholm in 1799, all forgotten till, in 1851, Dr. Richardson, one of their distinguished Fellows, had disinterred these works, and placed the disease beyond doubt, as to prognosis, diagnosis, and treatment, long before Virchow and other Continental writers had written about embolism and thrombosis.

He then referred to transfusion, originally practised on Pope Innocent, by a Jew, in 1492, and forgotten till 1865, when experimented upon by the Royal Society of England, till forbidden in France by prelates, it fell into desuetude till again revived in England by Blundell. He showed from Dr. Aveling's writings what the causes of this oblivion were, and how it was now fully recognised as a proper operation.

He next referred to the controversy on the use of the speculum vaginæ which took place in London twenty-five years ago, showing it was used in the time of Domitian, and had been found in the ruins of Pompeii, and yet had been forgotten for centuries—now it was everywhere used.

He next dwelt upon the question of cremation and burying in wicker baskets, both old customs, yet now remembered, and likely to be employed again.

A variety of obsolete practices now coming into vogue were cursorily mentioned, all of which proved we erred in neglecting ancient usages in practice, among which there were many still forgotten, which could be re-adopted with great advantage, if sought after and disinterred.

Dr. Routh concluded by a peroration pointing out the great discoveries of modern times, and looked forward to the grandest results in the future from the combined experience of the past and present.

Dr. JAGIELSKI then read a paper on

"SPIROMETRY," ILLUSTRATED BY A NEW INSTRUMENT, DIAGRAMS, AND TABLES,

a subject which has never before been noticed in this Society. After having given a definition of the word spirometry, and the various names used for the same instrument, as well as of the meaning of the term "vital capacity," or "vital volume," he detailed the origin and the gradual development of its application in physiology and pathology, paying eulogiums to the inventive and speculative mind of our great Hutchinson, whose masterly work forms a lasting and glorious monument to himself in medicine; amongst his followers he gives a long list of those distinguished in this special field, in England, Germany, France, and Holland. Then he proceeded to point out the various factors which influence the vital capacity, under normal physiological circumstances, amongst which the height, the weight, the thoracic mobility, thoracic circumference, age and sex show a certain reliable dependency for estimating the proportional and progressive value of vital capacity of men in health. In regard to the height, it is generally accepted that every inch of it causes eight cubic inches of air to be given out by a forced expiration. It is the length of both, i.e., of legs and trunk which chiefly regulates the vital capacity, and although Beizel says it seems absurd to think that the thigh and skull can exert an influence upon the air capacity of the lungs, yet it strikes me, says Dr. Jagielski, on deeper reflection, and nobody has attempted yet to explain these various facts, that physiology may give us the key to this discrepancy *par apparence*, and that the amount of blood represented by skull and legs, which necessarily must be also decarbonised and oxidised in the lungs, may explain the adequate relation, or *de facto* proportion between the height and the vital capacity. The researches of Fabius, Kuchenmeister, and Arnold were here adduced, which showed in pregnant women a much larger vital capacity on expiration than their height and thoracic circumference let suppose, in spite of the increased uterus and the pressure upon the diaphragm. The table of height and its corresponding vital capacity was here further considered and demonstrated on a diagram, as well as the weight in relation to height. Very corpulent individuals show the lowest vital capacity; they may, therefore, blow fifty cubic inches below the average, and yet have no disease of the lungs. The thoracic mobility is not constant, and according to its increase the vital capacity increases also. The thoracic circumference is not in a direct relation to the vital capacity. Age and posture have some influence, as well as a full stomach, &c. These observations constitute the "general standard" of calculating the vital capacity on an average. The "individual standard" is the more reliable way of coming to right conclusions; it consists in taking the vital capacity of the same individual at various times of his life, and in comparing its value accordingly. After an explanation of the meaning of "breathing air," complementary,

residual, and reserve air, Dr. Jagielski recommends certain rules how to obtain the quickest and highest value of vital capacity from the readings of the spirometer, the exercise of deep inspiration and expiration in a good air being beneficial to health, and tending to strengthen the lungs especially. He advises people with even very little voice and some musical ear to cultivate the singing exercise in an artistic way, as he observed himself in Italy very good effects from artistic singing in at first apparently weak-chested singers, who all felt an increased appetite directly after their singing exercise. The spirometer will show this steady improvement on the same individual by the increase of vital capacity. Under *b*. he considered the vital capacity under abnormal circumstances, and in unhealthy conditions of the body. If a man breathes at a certain time 225 cubic inches of air, and at another time he can expel from his chest but 175 cubic inches, it is evident that some cause must produce this deficiency, it may be in the lungs or it may not, but certainly the spirometer points out the deficiency. It is, therefore, the physician's duty to take up this spirometrical hint in order to come by our other means of scientific investigation, our experience and reasoning power to a positive strict diagnosis if possible. What then are the causes of this deficiency which we have to consider? They are evidently of a twofold kind; they may be general and they may be local. They may consist in a general feeble organisation or constitution, less capable of resisting the deteriorating influences to which an individual is exposed; there may be a want of muscular power in consequence of impaired general strength, and of vital power and nerve energy in some cases; or there may be a weak digestion, an impaired nutrition, and so many other functional disturbances which weaken the respiratory power; on the other hand, there may be disturbances of the mind, sorrow, anxiety, &c., which reduce physical strength, or there may be a real tendency to pulmonary consumption. Amongst the local causes we may mention flatulency, liver disease, with increased size, tumours in abdomen, &c., and in the thorax there may be congestion, inflammation of lungs, pleuro-pneumonia, pleuritic effusion, swelling of mucous membranes of bronchi, emphysema, empyema, hæmato and pneumothorax, heart disease, aneurism of aorta, intra-thoracic tumours, curvature of spine, paralysis of the thoracic muscles, &c. Special cases followed these general hints, in illustration of the valuable application of spirometry in modern times, so as to enable us to demonstrate disease when no other physical means would discover the slight changes within the lungs at this early period. Dr. Jagielski called attention also to acute military tuberculosis, a disease so little recognised in its earliest commencement and so thoroughly unmanageable and unamenable to treatment, and when once broken out in its full violence, leading so rapidly to a fatal end. He further referred to the tables appended, which showed the general vital capacity in health in relation to a certain height, and the corresponding spirometrical readings in the first, second, and third stage of phthisis pulmonalis. In proof of this he reported several prominent cases in spirometrical literature, amongst which that of the giant Freeman, as reported by J. Hutchinson, which excited much interest; this patient had lost 12 stone during his sufferings from pulmonary phthisis. Dr. Jagielski's opinion is that we should attend most anxiously and without exception to all cases where a diminished vital capacity has become evident, and the earlier we consult the spirometer and listen to its warnings the greater will be the result of our therapeutic interference, and we may in that way even be able to prevent the outbreak of disease for ever, or to delay it for many years or months. In any case, he says we shall have performed a part of our high and noble duty if, guided by the fall of spirometrical readings in an individual case, we shall have advised our patient, who may yet appear to enjoy good health, to be aware of the discrepancy of vital capacity, to try by all means of diet, gymnastics, hygienic habits, climate, proper occupation, &c., not only to maintain his *status quo* of health, but to improve it by all means, and to endeavour to attain or exceed his general standard of breathing volume if possible.

Under no circumstances have we a right to declare a man healthy as long as his vital capacity remains below the average, however unable we may be to see or make out the cause of this deficiency. If, on the other hand, we have done our best to satisfy our own conscience, we may also feel sure that some good may result to our patient, who puts all his trust in our ability and good will. But the spirometer will help us considerably in many instances if skilfully used, and

it is not to be looked upon so lightly or superficially as some authors in their books on consumption and diseases of the chest do. Why? evidently because the spirometer is not able to give them a direct and palpable diagnosis without any further mental exertion and trouble; because it will tell them nothing of the distribution of air in the lungs, nor will it point out the side and region receiving too much or too little air; for these reasons they say the spirometer is of no use. But then Dr. Jagielski continues, if you cannot ask all that of the spirometer to call it useful, let us utilise at least that little we can obtain from its readings. If, however, we shall get into the habit of using the spirometer as much as the balance to ascertain the weight of a person then we shall be able to conclude quite as much and more from the knowledge of deficient individual vital capacity. It will teach us the state of general health of an individual, and tell us when we have to exclude a man from a certain work or occupation. In the instance of recruits, it is generally admitted that the spirometer will ascertain roughly and rapidly the pulmonary soundness of a body of men, and therefore the results are accepted as significant.

The Medical Press and Circular.

ARMY MEDICAL REFORM.

We understand that, in reply to a circular issued on the subject of the grievances of army medical officers, a committee of the Council of the College of Surgeons in Ireland appointed to inquire into the matter, have received many valuable suggestions for the improvement of the department from several of their Fellows and Licentiates in the service. We believe the military surgeons consulted were unanimous in recommending the following, viz.:—

The compulsory retirement of administrative officers at sixty years of age, executive officers at fifty-five, as heretofore. Promotion after a fixed number of years, twelve in the opinion of the majority. Forage, a stable and a groom to be an appanage of rank, the latter to carry with it all the privileges and allowances of the corresponding military grades. A voluntary retirement of 18s. 6d. after twenty years' service, to be increased to £1 per diem if invalidated by a medical board.

No ambiguity in the wording of any warrant affecting the officers of the department.

Stores to be in charge of a purveying staff. Individual regimental medical officers to be compensated for any losses they may have sustained. The question of the organisation of the department was not touched upon.

In our last number we commented upon the very great unpopularity of the service as a life career for a young surgeon. We trust that the Council of the College may do something in the way of improvement, by adopting in their entirety the foregoing propositions, which appear sensible, and to the point. In the late Naval Medical Warrant the regulation was laid down that no administrative officer should serve after he had reached [sixty years—a regulation of great importance, the advantage of which we hope will be strongly urged.

Without compulsory retirements at the top of the ladder the juniors can never hope for advancement in position and emoluments, and we fully concur with the late remarks of a medical contemporary upon this subject. It seems to us that all reasonable demands would be gained in the way of promotion if the latter was guaranteed after fifteen years service, or rather that no medical officer should be required to serve longer in the junior grade, for as the present

numbers in the senior ranks decrease, promotion will probably regain its normal flow. There can be no question that forage for a horse, a stable, and a groom should be allowed to every military surgeon ranking as a field officer. This privilege of drawing forage was guaranteed by Clause 17 of the Royal Warrant of 1858, as were the other advantages of the corresponding military grades. As long as we can remember, an adequate retirement after *twenty years' service* has been demanded by our military *confrères*, and the terms proposed, which we believe are identical with those of the Parliamentary Bills Committee of the British Medical Association, do not seem very outrageous. Surely after twenty years' service in every clime a man should look confidently forward to his pound a day if in broken health and unfit to serve? Upon the future organisation of the department we do not venture to offer an opinion, excepting this, that in our view it should be either one thing or the other. Our contemporary the *Globe*, of the 18th inst., gives circulation to a rumour that a "royal medical staff corps" is to be formed, the officers of which should be "executive" as far as the command of the army hospital corps is concerned, and that to this staff corps should be given sole charge and control in the military hospitals, subject only to the authority of the general officer commanding, and that medical officers should be relieved of all charge of stores and medical comforts, and that all medical officers should be placed upon a foreign service roster, and that they should proceed abroad as their turn arrived, irrespective of any appointment they might be holding at the time. Such a system impartially administered would, at all events, be an improvement upon the present arrangement, which appears to be neither staff nor regimental. A great deal has been written upon the grievances of the department, but nothing appears to us so great a grievance as that some officers should contrive to pass the greater portion of an official lifetime at home, while their less fortunate brethren on the staff have in consequence been obliged to serve far longer in all sorts of abominable climates. In the Guards, medical officers who do not take their turn of foreign service are, we believe, precluded from promotion to the rank of administrative officers, and we think very justly, as they could have no practical experience of tropical disease. A somewhat similar rule might be introduced with advantage into the general service. We should say ten years' foreign service should be a *sine qua non* for promotion.

THE FRAUDULENT TRADERS PROTECTION BILL.

THE Council of the Pharmaceutical Society, which occupies, in the matter of adulteration, an awkwardly intermediate position between the shop-keeping interests of chemists and the desire to maintain the reputation of pharmacy untainted by the imputation of trade dodgery, has had a serious debate upon the Adulteration Bill of Mr. Sclater-Booth, from which we take a few extracts.

One member considered "that the law ought to punish those who were really the guilty persons; whereas a man who bought an inferior article and sold it in the same state, if a small amount of impurity were found in it,

might be fined or punished. The present amended Bill, he believed, was one which would not pass in its present form, and in fact there were many clauses in it which opened the door to extensive adulteration and to undoing the good work which the present Act had done."

Mr. Frazer said that "the present Bill as it now stood was very imperfect; the Select Committee, he believed, having been overweighed by manufacturers, and the Bill, therefore, tended to protect the fraudulent dealer, and not the public, in whose interest it professed to be framed. His own view was rather in accordance with that put forward in the MEDICAL PRESS AND CIRCULAR to the effect that the only honest method of dealing with these matters would be to allow traders to sell anything they liked so long as it was not injurious to life, but to force them to state honestly the true constituents of what they sold. Rather than pass the present Bill he should prefer to abolish the old Act and fall back on the common law, which punished imposition or misrepresentation; whereas, if the present Bill became law, he might sell scammony containing three-fourths of flour with impunity, simply because it did not contain anything injurious to health. If any resolution were passed, he should prefer one, though he did not suppose it would find a seconder, to the effect that the present Act had tended greatly to the protection of the public, and that the present Bill would lessen that protection. Any hardships which had arisen under the present Act he believed to have arisen more from its administration than its principle."

The speech of the occasion was, however, that of Mr. Schacht, who distinguished himself by an enunciation of opinion which we should have considered to be ironical if we did not observe that it was taken quite *à sérieux* by subsequent speakers.

"His own opinion," Mr. Schacht said, "was that the buying public ought to be fined. Here was an opinion put forward that the responsibility ought to be taken from the retailer and put on the wholesale dealer, and from him to the importer, and possibly from him again to the manufacturer. But suppose you got to the manufacturer, what would be his defence? He would say that he would much rather manufacture a perfectly pure article, but he was required by his customers to produce something imperfect at a lower price. The wholesale dealer would say the same thing, and so it would go on; the retailer also would say that he would much rather sell a perfectly pure article, but his customers insisted on having two-pennyworth of stuff for a penny, and thus he was obliged to supply them with an inferior article. That was the whole story. It was really the public who were to blame, and he thought they ought to pay the penalty of their misdeeds by being poisoned."

A deputation was appointed to wait upon the Government, and of the proceedings of this deputation a brief account is given in the society's journal.

It was pointed out, we are told, that the proposed amendments appearing on the notice paper of the House of Commons included one to erase the word "knowingly" in almost every case in which it occurs in the Bill. The injustice of doing this, so far as regards the retailer, was urgently represented, and great stress was laid on maintaining the principle expressed by that word in the Bill.

The word should be properly interpreted *fraudulently*, and it should certainly be open to an accused party to prove that he had not been guilty of fraud. He might do this in various ways, one being a *proof* that he bought his drugs in the best market, at a fair price, and with a reasonable belief in their purity; and *proving* this he should be regarded as an innocent man.

Both the speakers and the Editor seem to have forgotten altogether the fact that the retailer's responsibility for the good quality of his goods, which they think it monstrous to impose upon druggists and grocers, is placed by the law and by custom upon every other trader. To require that articles of food and drugs shall be what they profess to be demands on the part of the vendor no analytical skill whatever. It would indeed be ridiculous, unjust, and impracticable to oblige the seller of a tin of mustard to answer for its purity of *his own knowledge*; but it is fair and simple to compel him to obtain a warrant of that purity from the manufacturer. The retailer has only to state explicitly to the manufacturer what it is that he wants. If he receives an inferior article, sells it, and is prosecuted, he has a safe and immediate remedy against the manufacturer who cheated him, and that trader will take good care that he supplies nothing but what is unmistakably demanded of him.

Notes on Current Topics.

Veiled Obscenity.

THE *Irish Builder*, referring to our recent article on this subject, says:—

"THE MEDICAL PRESS, in an article under the title of 'Veiled Obscenity,' shows up the rascality of obscene quacks. It says that a Dublin daily in which the advertisement was found 'was entirely unconscious (?) of its character, and at once stopped it.' We regret to say that other Dublin weeklies and dailies continue the advertisement alluded to, and others of quite as bad a character. On several occasions we have made war upon these scoundrelly class of medical quacks, and unearthed them in their dens in London and Dublin, giving their real names and addresses, for which we were threatened with actions at law. We hold that the proprietors, or editors of the papers which publish this class of advertisements are nearly as bad as the quacks themselves. We assert, and can prove, moreover, that the said proprietors, editors, and newspaper managers are quite conscious of the infamy and iniquity they are aiding and abetting by the publicity they afford these consummate scoundrels, some of whom are convicted swindlers."

The latter phrase of our contemporary's justly indignant remarks involves a very serious charge against the Dublin press. We are of an unhesitating opinion that the editor or proprietor of any newspaper who admits to its columns the advertisement to which we referred, being aware of its character and objects, is guilty of selling the morality of his journal, and insulting the decency of his readers for the sake of the miserable gain obtained from the trade in such advertisements. He is a wilful participant in an infamous plot against the morals of the public, and to our mind—almost as worthy of the intervention of Lord Campbell's Act as the obscene print-sellers of

Holywell Street. We shall certainly not flinch from publishing the name of any journal in which we find this disgraceful announcement, if we find that the advertisement has been continued after the editor has had knowledge of its nature.

Suspended Animation in New-born Children.

DR. C. R. BUCKINGHAM (*Boston Medical and Surgical Journal*, No. 7, 1875), advises in such cases to take the child up in a dry towel, hold it with the scapulae on the palm of left hand, the finger and thumb embracing the occiput, the finger and thumb of right hand should close its nostrils. Apply the mouth to the child's mouth, and try to inflate its lungs, and press the head forcibly backwards, to close the passage to the oesophagus. Inflate from 10 to 15 times a minute.

Ophthalmia Neonatorum.

DR. DENBY (*Boston Medical and Surgical Journal*, No. 7, 1875) says that Dr. Williams, of Boston, stands almost alone in condemning the use of nitrate of silver lotions in this complaint. As soon as the purulent secretion commences, the upper and lower lids should be everted, and being freed from secretion, a large camel-hair brush, dipped in a solution of nitrate of silver, of ten grains to the ounce, is passed over them, then dipped in cold water and several times applied. The pain, at first acute, soon subsides. Only in exceptional cases will this be required again towards evening. If this be not sufficient, the stick of nitrate of silver of Graefe, the *lapis mitigatus*, formed with twice the bulk of nitre to one of nitrate of silver, may be applied. These are not dangerous remedies, says Dr. Denby, and they supersede all other treatment, except strict attention to cleanliness.

Fungous Disease of the Ear.

DR. J. P. CASSELLS, of Glasgow, contributes to the January number of the *Glasgow Medical Journal* an interesting and instructive paper on "Fungus Ear Disease" (*Otitis parasitica*), a form of disease which he believes has been almost overlooked in England. He, it appears, came to this conclusion from the fact that, in 1874, Hinton "had not seen such a form of ear disease, nor did he know of an aural surgeon who had." From this circumstance Dr. Cassells formed the determination to investigate every case of ear disease with more care the symptoms of which gave reasonable grounds for suspecting the presence of aural fungus. The result was that in May, 1874, he discovered three cases, and in June, a case in which fungus (*Aspergillus nigricans*) was found in both ears, since which he has seen several cases in private practice. He goes on to say that no English observer had hitherto recorded such a case, and therefore the discovery was considered sufficiently important to merit publication. In this, however, he is mistaken, for in April, 1857, a member of the profession, Mr. John Grove, published a case in the *Quarterly Journal of Microscopical Science* (1857), and gave some admirable drawings of the fungus fruit and its floccular mycelium, magnified 400 diameters, and which were found to ramify beneath the

surface and amongst the hexagonal pavement epithelium. This gentleman tells us also that in the previous September of 1856 he met with a beautiful specimen of fungoid growth removed from the ear of a gentleman who had suffered much from what was thought to be inflammation of the external meatus auditorius. At the end of some days' treatment it was noticed that a peculiar flocculent mass came away after syringing the ear, and which upon examination proved to be a fungus. The disease was speedily cured by the daily use of an alum injection.

Mr. Grove adds that "the only instance of a growth of the kind in a like structure, is given in Robin's work," and he quotes from a paper by Mayer, in "Muller's Archives," who speaks of a fungoid growth found in some cysts removed from the ear of a child, eight years old, who suffered from a scrofulous discharge from the external meatus. He then proceeds to give certain marked differences in the fungus, its mycelium, character of its spores, and shows in what respects his own case differs from that described by Robin, and it is tolerably certain, both from his drawings and description, that Mr. Grove published in 1857 a previously unobserved fungoid growth occurring in the human ear. Nevertheless, Dr. Cassell's paper, read before the Medico-Chirurgical Society in November, 1874, and lately reproduced in the *Glasgow Medical Journal*, is one of considerable interest, and will serve to direct the particular attention of aural practitioners to "otitis parasitica."

The Nobility of Labour again.

A CURIOUS bit of evidence respecting the condition of the mining population in the north is given by the *Durham Advertiser*. The other day an eminent dentist in that city received the following note from a pitman :—

"Lanchester, Fuby 6th. Ser, I nockt 5 teeth down my wifes throate on Saturday, and I wunt them put in again. Will you tell me wat it will cos, and she will come and see you nex weak."

The question of terms having been satisfactorily settled, this business-like order was duly executed and paid for.

A Toothsome Beverage.

It appears from the recently issued report of the Inland Revenue Commissioners that one person has been detected and convicted of selling methylated spirit as a beverage. The spirit had not been purified, but only sweetened, coloured, and reduced in strength. The Commissioners state that it is difficult to understand how the taste of persons could become so depraved; the spirits were consumed by persons who were in very humble circumstances.

The Metropolitan Hospital Sunday Fund.

A MEETING, under the presidency of the Lord Mayor, was convened for Tuesday last, to consider the resolutions passed at the meeting of the 8th inst. Several letters were read from members of the Council, among them one from Sir James Paget, declining to serve on the Council if these resolutions were carried into effect. The Rev. Canon Miller and other ministers protested against the proceedings at the last meeting, at the same time observing

that as the money must be collected before it could be distributed, it would have been better to have consulted those who were to preach for the Fund rather than those who in all probability would never take any further interest in the matter.

Sir Rutherford Alcock moved, and the Rev. T. J. Rowsell seconded, the following proposition :—"That the Council declines to act upon the resolutions passed at the public meeting on the 8th inst., believing that those relating to the constitution of the Distribution Committee, and restricting its discretionary power, would, if carried into effect, prove adverse to the just and generally satisfactory administration of the Fund."

An amendment to this was proposed by Mr. Brudenell Carter, seconded by the Bishop of London :—"That this Council, having been appointed by the annual public meeting held on the 4th of January, to make arrangements for the collection and distribution of the Metropolitan Hospital Sunday Fund for the current year, declines to hold itself bound by, or to accept otherwise than as recommendations worthy of being considered, the resolutions of any meeting held during its tenure of office."

This resolution was carried, together with another proposed by the Rev. Dr. Kennedy, to the effect that, before any further action be taken, the ministers of religion throughout the metropolis, with one member of each congregation, be invited to a conference at the Mansion House on the subject.

Societe Belge de Microscopie.

A YEAR or two ago it was announced that the Brussels savants were intent upon establishing a microscopical society upon the model of the English societies. The attempt, we are now told, has been attended with great success, a large number of Belgian scientific and medical men having already joined it, and its influence will no doubt be proportionally great upon the future of microscopical research. The Society, at its last meeting, unanimously conferred upon Mr. Jabez Hogg "the highest title it has to bestow—viz., that of Membre Honoraire, in consideration of his valuable contributions to microscopical science."

Unsatisfactory State of the Public Health of Ireland.

THE Registrar-General reports that the death-rate of Ireland for the quarter ending last December was considerably over the average of the same quarter of the previous five years, partly owing to the increased fatality from scarlet-fever, and partly to the large mortality amongst old people caused by the variable weather during the quarter. The deaths from scarlet-fever in the province of Ulster last quarter were more than double the number in the September quarter; in Connaught, also, the disease spread considerably; whilst in Leinster and Munster it remained stationary.

The health of Ireland during the last quarter of last year was far from satisfactory. The number of deaths registered were 1,147 more than those registered in the same quarter of the previous year, and as many as 3,069 more than those which occurred in the same quarter of 1874. Scarlet-fever destroyed not less than 1,427; the worst

"not less" are used by the Registrar-General advisedly, for there can be little doubt that very many deaths resulting from scarlet-fever have been returned under the head of dropsy.

The wave of scarlet-fever broke with unequal force over the four provinces. Ulster suffered most, having lost 812 persons; next in order came Leinster, where 442 deaths occurred; then in Connaught there were 104 deaths; and the remaining 69 deaths took place in Munster. During the first quarter of the last year scarlet-fever killed 760 persons; in the second quarter 731; in the third quarter 978; and, as before stated, in the fourth quarter 1,427, thus making a total of 3,894 victims to the plague.

The report of the Registrar of Kilrea district, Ballymoney Union, affords further proof, if such were needed, of the very contagious nature of the disease, and of the extreme tenacity with which the *materies morbi* clings to a habitation where scarlatina has existed. He says: "The contagion was brought from Coleraine into the family of a labourer of this town, with whose three young children it rapidly assumed a malignant form and ended fatally. When the first case appeared the other children were removed from the house, but on their return, within a month, they soon caught the disease, though the premises had been limewashed and thoroughly ventilated. About the same time it attacked the eight children of a farmer living in a hilly part of the district, and two of them succumbed. In these latter cases the contagion was also traceable to another district."

At Rathcoole, Celbridge, the Registrar reports that an outbreak of the disease in his district was due to its importation from a distant wake.

Diphtheria, which, as is known, is usually concurrent with scarlatina, caused 173 deaths—84 in Ulster, 56 in Leinster, 28 in Munster, and 5 in Connaught. In Coleraine Union there were 10 deaths from it, of which 8 (out of a total mortality of 29) occurred in Articlave district.

Whooping-cough proved fatal in 376 cases, against 592 in the same quarter of the previous year, a decrease which is ascribable to the great mortality of children from scarlatina.

Fever caused 634 deaths, against 640 in the same quarter of 1873, and 705 in the third quarter of 1874.

Small-pox numbered 148 deaths, against 128 in preceding quarter, and 79 in the last quarter of 1873. Of these deaths, 108 occurred in Connaught, 39 in Ulster, 1 in Munster, and none in Leinster. In the Swinford Union 53 deaths took place from the disease alone, and the Registrar of Kiltimagh district in that union reports that the disease "is still making its ravages in the district, owing, in great measure, to inoculation." Of 49 deaths in Balla district, Castlebar, no less than 23 resulted from small-pox, and the Registrar reports that inoculation was carried on to "a fearful extent." This is the union where the guardians the other day decided to postpone any vaccination or inoculation prosecutions for another month.

Birmingham Medical Institute.

MANY of the medical men at Birmingham, and nearly all the local papers, seem on the side of admitting professed homœopaths to membership of the Birmingham

Medical Institute. Mr. Pemberton has sent round to fourteen medical men a circular to be signed, to the effect that the signer of it is of opinion that all those practising as professed homœopaths, however legally qualified, should not be elected members so long as they assume a mode of practice and maintain a name calculated to mark them from the general body of practitioners.

John Hunter on Ovariectomy.

JOHN HUNTER is reported to have said: "I cannot see any reason why, when the disease can be ascertained in an early stage, we should not make an opening into the abdomen and extract the cyst. Why should not a woman suffer spaying as well as other animals do? The merely making an opening into the abdomen would never be followed by death in consequence of it."

Excessive and Long-maintained High Temperature after Injury to the Spine—Recovery.

MR. J. W. TEALE has brought before the Clinical Society a case in which a temperature ranging from 108 to 122 deg. and upwards had been maintained for a period of nearly nine weeks. The case had also been seen by Mr. Pridgin Teale. The patient, Miss G., was thrown from her horse on September 5th, 1874, as the animal was trying to take a five-barred gate at a standing jump. The horse fell upon the lady, and rolled two or three times backwards and forwards over her chest, as she lay on the ground, which was covered with large rough stones. Temporary unconsciousness followed. The fifth and sixth left ribs were found to have sustained a simple fracture in the middle of their length; she was conscious, but collapsed, complained of great pain in the back, and was severely bruised at various parts of the body. For several days after the accident, there was some feverishness; the temperature reached 101 deg., but became normal in a fortnight. The ribs united readily, and the patient was apparently convalescing, though she had pain and tenderness over the spine, especially about the sixth dorsal vertebra. It was considered that the pain and the slight feverishness were due to subacute inflammation of the spinal ligaments, and perfect rest on a water-bed was advised. During October the temperature remained at 100 or 101 deg.; there was pain, with tenderness, over the spine; sleep was disturbed; occasional twitchings of the legs occurred; and there was a feeling as of a cord tied tightly round the waist. The arms were unaffected. Leeches and ice-bags to the spine were employed; but the temperature slowly rose until, on November 3rd, it was 103.5 deg.; on November 6th, 106 deg.; and on the 7th, 107 deg. The respirations were unaffected; the pulse did not exceed 100. On November 7th it was thought that she had inflammation of the spinal ligaments and intervertebral substances, and possibly of the membranes of the cord, but that the cord itself was not primarily affected, except by pressure of neighbouring inflamed parts, as there was no paralysis of sensation or motion about the legs or sphincters, and it was determined to bring the system gently under the influence of mercury, by means of ointment applied to the thighs. On November 8th the

temperature was 110 deg. ; on the 11th, 12th, and 13th it was 111, 113, and 114 deg. ; whilst on the 14th the index of the thermometer was buried in the bulb at the top of the instrument at a point above 122 deg. The pulse rose to 120, and became small, thready, and at times scarcely perceptible. Rapid emaciation occurred ; there was intense pain along the spine, which was relieved by frequent hypodermic injections of morphia, and death from exhaustion seemed imminent. At times the power of swallowing was lost, once for forty-eight hours ; nutrient enemata were given, and ice-bags applied to the spine. On November 16th the mercurial ointment was discontinued, the gums being slightly tender ; and there was from that date an improvement in the general symptoms, though the temperature remained still as high as ever. The power of swallowing returned ; the pulse fell to 110, and improved in quality ; the spinal pain diminished ; the twitchings in the legs were less frequent, and the patient could raise the legs more freely. The extraordinarily high readings of the thermometer ceased now to cause alarm, the patient having lived so many weeks with a temperature hitherto supposed to be incompatible with life. On December 12th the tongue became suddenly swollen, causing great distress, which subsided in about twenty-four hours. Thenceforward more decided improvement set in. The appetite increased ; flesh and power were regained more rapidly, though the temperature still ranged from 110 to 114 deg. On January 7th, 1875, the temperature fell to 104 deg. ; on the 8th to 102 deg. ; and on the 10th it was normal. On the 12th the patient could take a few steps about the room, a slight drag of the left leg being perceptible. On the 22nd she walked one hundred yards in the open air. Mr. Teale thought that the result proved that the cord itself had not been seriously implicated, and that an excessive and long-maintained high temperature was not necessarily destructive of life. He said that seven thermometers had at different times been used to register these high temperatures, four of which had been since verified at Kew. Only one thermometer could be found which registered a temperature above 118 deg. ; that one was marked up to 122 deg., and with that instrument the highest readings were taken. On December 1st, for the fifth time the index was buried in the bulb ; as it was then found it still remained, and had been brought to the meeting for inspection. It was marked to 122 deg. The temperature was often taken in both axillæ at the same time, the instruments being reversed at each visit. The temperature between the thighs was generally found nearly to correspond with that registered in the armpits. Once, on December 10th, the temperature in the rectum was taken, and was found to be 111 deg., that in the axillæ at the same time being 110.4 deg. The patient could never bear the thermometer to be placed beneath the tongue. The thermometers were inspected by two or three trustworthy witnesses before and after each application, and the results were always immediately recorded in writing. No hot-water bottles were near the axillæ, as had been good-naturedly suggested. Sometimes when the thermometrical readings were highest, the hands, feet, and forehead were icy cold. The urine, during the period of high temperature, was very scanty, and a mass of lithates ; it was passed with difficulty into hot towels, so that neither

the amount of urea it contained, nor the specific gravity, could be estimated. It was found to be free from albumen on three or four different occasions. The bowels were relieved every third day by enemata ; the menses recurred once after the accident at the proper date, and were then suppressed until January 26th, when they commenced and pursued a normal course. A large chart of the thermometric readings was exhibited to the members of the Society, and showed the rapid alteration of temperature which had occurred, without apparent alteration in the condition of the patient ; thus, on November 12th, at 10.10 p.m., the temperature was 113.6 deg. ; on the 13th, at 4 a.m., it was 122 deg. ; on the 13th, at 10 a.m., it was 114.3 deg. During seven weeks the temperature never fell below 108 deg., and rarely below 110 deg. Whether the high temperature was due to lesion of the ganglia of the sympathetic, Mr. Teale could not venture to surmise. There was never at any time distinct loss of sensation. The temperature was usually higher in the left than the right axilla ; the left leg was now slightly the weaker ; and it was the left ribs which were broken. Mr. J. W. Teale regretted that, since his paper had been forwarded to the Secretary, his patient had had a relapse, from which she was still in some degree suffering. After Miss G. had been convalescent for five weeks, he had reluctantly consented to her return home, and the effect of the railway journey, of 100 miles, had been in some measure to bring back the pain in the back, and a return of the high temperature, which had ranged from 105 degs. to 110 degs., and which was now again slowly falling. There had been no relapse of the more serious symptoms. Mr. Callender said that in no case of injury to the spine with recovery had he known the temperature to be above 107 degs. Dr. Greenhow had had cases of hyperpyrexia in rheumatic and typhoid fevers often under his care, but had never witnessed a rise so high as this. He had seen a patient with a temperature of 110 degs., but never one to recover. Dr. Farquharson contrasted this with a case observed by Van der Kolk, in which, with dislocation of the first dorsal vertebra and injury of the spinal cord, the temperature fell to 82. Some observers held that, if the cord was injured near the brain, the temperature was high ; others asserted the contrary. Dr. Murchison had laid it down that in fever a temperature of 107 degs. was incompatible with life, even for a day. At post-mortem examinations in such cases, fatty degeneration of the brain and heart was found to have occurred. Mr. Hutchinson expected that the maximum temperature laid down by authorities as compatible with life in fevers would not apply to cases of injury to the spine. After injury to the spine low in the neck, there might be very high or very low temperature without apparently any reason. He mentioned the case of a man who had received an injury to his cervical spine, producing paraplegia, and had a temperature which never rose above 4 degs. below the normal. He was quite cold, even to the penis, which was turgid with blood, so that there was continual priapism ; his face was quite cold, although he looked to be very well. He died on the fifth day. In such cases, however, there was mostly an exaltation of temperature, often to 110 degs. within twenty-four hours after the accident. He thought the mischief in Mr.

Teale's case was in the spinal cord, although it was not a seriously disorganising disease. Mr. Pridgin Teale wished to add his testimony to the accuracy with which the case had been recorded. He himself took the temperature when it was at 110 degs., and three weeks subsequently at 114 degs. It was clear that we must give up the idea that temperature *per se* was an element of high danger. No injuries apparently were capable of raising the temperature so quickly to a high degree as those of the nervous centres. A gentleman, who at 5 a.m. received a compound fracture of his skull with crush of brain, was found at 5 p.m. to have a temperature of 109 degs., and was then dying. With apoplexy the temperature of the body often rose enormously. He hoped the time might shortly come when physiology might be able to throw some further light on these various points. In reply, Mr. J. W. Teale said that the pulse of his patient never exceeded 120, and was usually between 90 and 100. The respirations were never anything but normal, though sometimes excessively feeble.

The Sanitary Necessities of Ireland.

We are glad to observe from the quarterly reports of sanitary medical officers throughout Ireland that the Public Health Act has already in many districts produced good results, for which desirable consummation we have to thank the courage and energy of the medical officers themselves, and certainly not the large-mindedness, ardour, or generosity of the guardians. We need hardly say that, speaking generally, where an effort for the sanitary improvement of a district has been made, it has been made, at least, with the toleration of the guardians, and frequently against their passive opposition. For the information of our legislators, who, we believe, will be pestered with petitions against the operation of the Irish Public Health Act, we quote one or two of the reports of the sanitary medical officers as an illustration of the condition of things which Irish guardians think is quite well enough.

The Registrar of Cootehill district reports the prevalence of scarlatina in his district, and says:—

"On the 24th December I was called on to see a family, six in number; four were ill with scarlatina, crowded in a small room; in an adjoining room six cows were kept at night; the manure was a foot deep in the apartment occupied by the cattle (which is the better room of the two). I have reported the case to the relieving officer and the sanitary authorities. I have since heard one of the number is dead from ascites, consequent on scarlatina and the filth of the place."

The Ardmore (Youghal) Registrar says:—

"The sanitary state of this district is disgraceful. The principal well in the village, while in its present condition, is nothing more than a shallow hole in the ground, into which all kinds of filth and dirt drain."

And the medical officer at Bruff (Kilmallock) reports:—

"The residences of the labouring classes are, for the most part, small, wretched hovels, without any accommodation whatever; in some there are neither back-doors nor chimneys, and the windows are so small as to be of no practical value for ventilation. Where this state of things prevails, as it actually does in the narrow lanes of this town and also in the country districts, the consequences are—within, overcrowding, increased invariably by the presence of a pig-sty, and occasionally by a horse or an ass; and without, the collecting of dung, house-soil, and filth into heaps or pits close to the doors. I am at present attend-

ing a poor man for inflammation of the lungs in one of those miserable abodes in which are crowded together six in family, a horse, and a pig, *all in one room*, capable of containing not more than about 700 cubic feet of air. Until something is done to improve the dwellings of the labouring classes and to construct them on better hygienic principles, the progress of sanitary matters in this country will be slow indeed."

DR. ALFRED MEADOWS, Vice-president of the Obstetrical Society of London, has been elected a Corresponding member of the Medical Society of St. Petersburg.

At the annual general meeting of the Royal Irish Academy for the election of a president and council for the ensuing year, Dr. Stokes, F.R.S., was re-elected to the office of president.

THERE was a very large attendance at the Albert Hall on Saturday evening, when the Amateur Orchestral Society gave a concert in aid of the Middlesex Hospital funds.

THE inter-Universities annual struggle on the Thames on Saturday ended in a very hollow victory for Oxford. The want of *physique* was painfully apparent at the close of the race in some of the Cambridge men.

A NEW medical journal made its appearance last Monday, entitled *The Medical Enquirer*. Its mission appears to be representative of the objectors to the Contagious Diseases Acts, and the repeal of these measures.

A MEETING will be held at Willis's Rooms to-morrow, the 25th March, at 4 o'clock, to consider the subject of a Memorial to the late Sir Ranald Martin, when his friends and admirers are invited to attend. Sir T. Galbraith Lcgan, K.C.B., has kindly consented to preside.

THE appointment of a surgeon to the County Dublin Prison, at Kilmainham, vacant by the death of the late Dr. Thornhill, took place on Friday last, the choice being vested in the Board of Superintendence, and the salary of the office £150. The candidates were multitudinous, and Dr. Rutherford Kirkpatrick was chosen.

DRY SYRUP is the name given to concentrated medicinal compounds in powders, which when dissolved by the aid of heat in the proper menstruum, make the syrup of the article employed. The *Chemist and Druggist* says that the plan seems well adapted to almonds and similar articles, the liquid syrup of which is with difficulty kept from change.

At a special meeting of the Council of the Royal College of Surgeons of England, held on Wednesday last, Mr. J. Cooper Forster, M.B., F.R.C.S., Surgeon and Lecturer on Surgery at Guy's Hospital, was elected a Member of the Court of Examiners of the College, to the vacancy caused by the resignation of Mr. John Hilton, F.R.S.

At the annual general meeting of the Royal College of Physicians of London, held on Monday last, Sir George Burrows, Bart., M.D., F.R.S., Physician-in-Ordinary to the Queen, was re-elected President of the College.

A BAD accident occurred to a medical student of St. George's Hospital last week. The deceased was engaged in a football match, when from the abominable system of "hacking" now in vogue, he received such severe injuries as to cost him his life. This is not the first death from football, and if Mr. Branson's death should call the attention of the proper authorities to its many evils, the legacy of his painful end will perhaps save the lives of many others, and good will come out of evil.

MR. SAUNDERS, of the Dental Hospital, has expressed his wish that the sum subscribed for the purpose of presenting him with a testimonial should be invested for the endowment of a Scholarship in Dental Surgery. The acting committee draw the attention of the friends of the hospital to the subject, and hope that they will assist in rendering the Scholarship a suitable compliment to Mr. Saunders, and an object of consideration to the dental student.

It is stated by the *Freeman's Journal* that Dr. O'Leary intends to move in the House of Commons for a return which should show the sums paid out of the Exchequer to inspectors and medical officers in this country in 1873-4 under the Act of 1872, distinguishing in each case between the two classes of officers. The hon. member hopes to show by this the contrast between the practice in the two countries, and, having done that, he will proceed to further action, with a view to securing better treatment for the inspectors and medical officers in Ireland.

A MEETING of the Surgical Society of Ireland was held on Friday evening in the Albert Hall, Royal College of Surgeons, when the following communications were read: Mr. Wheeler, on "The Removal of a Sewing-needle from the Pharynx by Pharyngotomy;" Mr. Charles Fitzgerald, on "Some peculiar Symptoms connected with Obstructions of Lachrymal Puncta, Canaliculi and Nasal Canals;" Mr. H. Gray Croly, on "The Treatment of Fractured Patella by Position."

Literature.

THE IRISH MEDICAL DIRECTORY FOR 1875. (a)

THE growth of the profession both in numbers and in its public functions, within the last year, makes itself evident in the issue of the Irish Medical Directory, which is before us, and the perusal of the book has satisfied us that the editors have made a very successful effort to keep pace with the requirements of their constituents. The inevit-

(a) "The Irish Medical Directory for the Year 1875." A Reference Record of the Medical Profession in Ireland, their places of residence, qualifications, public appointments, &c., with a complete *resumé* of the Poor-law, Medical Charities, Legal, Military, and Medico-Educational Services in Ireland, &c., &c. Dublin: 23 Ely Place. London: Ballière, Tindall, and Cox, 20 King William Street, Strand. Price 5s., pp. 640, crown 8vo.

able faults of a first attempt at a serial publication of the sort have gradually disappeared from the Directory in its annual revision since its first issue in 1872, and it is now as nearly perfect as may be, only wanting extensions and corrections from year to year as the movements of the profession may require. We do not attempt to tell our readers what the book contains, because we find it an impossible task to say what it does not. There is no conceivable subject upon which a reference may be required by an Irish medical man which will not be found in its pages. Poor-law, vaccination, lunacy, registration, coronerships, police, Admiralty, sanitation, education, qualification, and a host of other subjects are provided for, not scantily, but in the fullest manner, and if there be anything wanting, it is in the carelessness of those whose business it was to supply the editors with information. It is indeed inconceivable that officials and individuals cannot be induced to attend to those matters for which they are paid, or which most nearly concern them, and it is an opprobrium to the character for business capacity of Irishmen that we find the phrase "No information" so frequently as we do.

The Irish Medical Directory has taken up a rôle of its own. It is not a mere catalogue of medical men, as other works of the same sort are; it aims at being a *vade mecum* of all medical matters, as the noted "Thom" is of public affairs, and it bids fair to be as successful as its revered and robust model. It has grown this year by nearly 160 pages, and though no dearer in price, is nearly three times the size of its first issue. Its extension has been forced upon it this year, for it has added to its pages all that may be gathered together in reference to public health. Accordingly it gives Sanitary Acts of Parliament, regulations, orders, digests, and salaries, and much other matter which we cannot epitomise here. The effort of the projectors of this Directory is in itself most beneficial to the Irish profession, and being thoroughly well carried out, it deserves the sympathy and aid of all Irish practitioners. Even if a medical man never looked into its pages, he might be satisfied to give his yearly support to the rather arduous and responsible task of providing such a volume for the profession in Ireland.

Correspondence.

ON THE PINK AND RED VULCANITES USED IN DENTISTRY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I am informed by friends in the dental profession that very great alarm has been caused to many nervous persons by the publication of my paper "On the Colouring Matter of Pink and Red Vulcanites used for Artificial Gums, Palates, &c.," which appeared in your impression of the 9th of December last. It is said that in consequence of this alarm many persons whose means do not allow them to use more expensive substitutes, refuse altogether the use of rubber-gums, &c., their prejudice in some cases extending even to the uncoloured or black varieties.

Although the Messrs. Ash, who are perhaps the largest, as I certainly believe them to be amongst the very best of the manufacturers of rubbers for dental purposes, have now introduced a *pink rubber without vermilion*, which would seem to satisfy those who are apprehensive of danger to themselves from this source, yet, as I venture to think my paper has been somewhat misunderstood, I crave a little space for explanation. As Wilkes, in the very flush of his popularity is reported to have said he was never a Wilkite, so I may remark that neither in your journal, nor in my paper read at the last meeting of the Odontological Society, nor by any words of mine, have I justified so sweeping an inference as appears to be drawn by those who would represent me as saying or even inferring that these cases of "chronic mercurial poisoning" are commonly produced by pink and red vulcanite. On the contrary, my first paper states that the five cases reported, with seven others not detailed, were all I had met with in the course of fifteen

years. Further, it states that "hundreds of people were wearing these plates, and the peculiar symptoms were only noted in one or two;" and again, "I found that very large quantities of this material were manufactured." [It may be said that the quantity amounts rather to tons than hundred-weights, much, of course, being exported.] Up to the present time, though on the constant watch for them, I have only met with fifteen cases. It is, therefore, quite clear that the poisoning, should there be no other explanation of the symptoms, is still only an occasional or exceptional occurrence. Again, in the paper read at the Odontological Society, I have shown that in all but one case the plates had some "fault," being of a loose and porous structure, defects which can be obviated by care in manufacture. Some obvious precautions as to cleanliness had also been neglected by the wearers in nearly all the cases. This is not intended as a retraction of any statements I have made. If only one in 10,000 of the wearers be affected, it is desirable that the cause should be investigated. But no good object is to be gained by exaggerated statements, and I have no wish to make a "sensational" affair out of these coloured vulcanites.

I am, dear Sir,

Yours very faithfully,

W. BATHURST WOODMAN, M.D., M.R.C.P. Lond.
March 19th, 1875.

DR. MARTIN ON CLAIMS OF DUBLIN MEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I should be most willing to submit to the admirable strictures of Dr. Martin upon my communication concerning the "Antecedents and Treatment of Syphilis" were I quite sure that I deserved them. But Dr. Martin will see how warmly I have spoken in praise of the illustrious surgeon Wallace, the greatest benefactor of syphilitic patients that ever has appeared since the occurrence of that hateful plague among civilised men. He cannot accuse me of undervaluing the services of Wallace, for I only wonder that no monument to that surgeon is to be found in the Dublin College of Surgeons or elsewhere in that splendid school of surgery to which he belonged.

With respect to Dr. Carmichael, I was speaking only of men who had written against mercury in other diseases during the last few years, and hence spoke of Hughes Bennett and Habersham. It was Mr. Lane who spoke of Rose, not I. No one is more indebted than myself to Dr. Carmichael, of Dublin, for it was his pupil, Dr. Robert MacDonnell, who first pointed out to me the dangers of the indiscriminate use of mercury.

As to dualism, I know about Dr. Morgan's very remarkable results, and they have often worried me. Yet I am still a staunch believer that the soft sore is not syphilis.

Yours, &c.,

C. R. DRYSDALE.

CIRCUMCISION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On reading in your two last numbers the letter of Dr. Greene and the remarks of Dr. Levits, it recalled to my mind an incident in my practice while serving as one of the surgeons of the 2nd (Cheshire) Regt., now some seventeen years ago, and which at that time numbered 1,200 men. On making the usual monthly medical inspection I noticed a great number of them had over-long prepuces, and also the fact that the regiment had a very large sick roll, mainly composed of syphilis and gonorrhoea. I constantly told the men that it was my belief that the long prepuce, by collecting filth and contagion, was a great reason why such numbers of soldiers contracted these diseases, and with the consent of the principal medical officers, and at the request of the men themselves, I circumcised over two hundred of them, and being with the regiment over three and a half years, carefully watched the result, which was all I could desire. The men themselves felt convinced it was a safeguard, and by speaking to their comrades, requested me to operate on them. Ever since I feel convinced that the operation is one that is to be commended.

I may mention that among the Jews I learn that masturbation in the young is all but unknown. Thinking these observations may be of interest,

I am, Sir,

G. D. POWELL,

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d. Subscriptions in advance for 1875, at the reduced rate of 21s. per annum, post free, must be paid before the end of this month in London, Dublin, or Edinburgh.

AN AFFECTING DISSECTING-ROOM SCENE.—The janitor of an Indiana-opolis medical college, says the editor of the *New York Medical Record*, was deeply affected on recognising his mother-in-law on the dissecting-table. His grief was the more poignant from the fact that he had himself carried the stolen corpse up three flights of stairs.

Dr. J. S., Manchester.—Your case simply confirms the old adage, "Quid de quoque viro, et cui dicas, sepe caveto."

READY FOR AN EMERGENCY.—According to the editor of *L'Union Médicale*, a female practitioner in Paris was recently so overcome by the gush of blood in a case of post-partum hæmorrhage that she fainted. By the time she recovered the patient was dead.

Mr. HOLLINGSWORTH.—The Registrar of the Medical Council is compelled by a recent statute to provide every newly-registered practitioner with a gratuitous copy of the last published official Register. The new offices of the Council are at 215 Oxford Street, London, W.

Mr. F. F. H., Bath.—The notices referred to contained a misprint, hence the mistake. It has been corrected, and your last communication has rightly interpreted the case. Thanks.

INFANT MORTALITY.—Speaking of the frightful waste of infant life in our large towns, notably in Birmingham, where, according to a recent return, 1,000 died out of 9,000 born during last year under three months of age, our contemporary, the *Pall Mall Gazette*, considers that the mothers and fathers of these children ought to be taught something about the early training of children. From inquiries into the subject, and from the medical report it was found great numbers of the children died from the fact of their having food given to them before their stomachs were able to digest it, and from their having received certain narcotics. Perhaps the best chance of remedying this state of affairs would be to require "all who wish to marry" to produce to the minister who is to unite them a certificate from the Civil Service Commissioners, or some other examining body, showing that they have at least some slight knowledge of nursery management.

Dr. TAYLOR, Nottingham.—It is very gratifying to see such an admirably edited journal as the *Enquirer*, and we hope that it may do much good. The figures by Mr. Stausfeld concerning constitutional syphilis are, in our opinion, the most telling. The Navy Medical Reports certainly tell in favour of the Acts, as also do Dr. Deprés' accounts from Paris. We hear that Mr. Acton intends reading a paper to show that Paris, Berlin, and Brussels are not so infected as London. It would seem, however, as Deprés says, that Paris could hardly be worse, if, indeed, there be 0.000 clandestine prostitutes there, and if all the work-girls are so volatile as he alleges. The *British Medical Journal* speaks of the indecency of sending papers against the Acts to people's houses; but I careful to put into its own columns in general plenty of details in favour of the Acts. Do you understand the editor?

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Lionel Beale, London. Dr. Rob. McDonnell, Dublin. Dr. Hoblyn, Bath. Dr. Kennedy, Dublin. Dr. Th. Thornburn, Manchester. Dr. O'Grady, Will, Aberdeen. Dr. A. H. Buck, New York. Dr. Bathurst Woodman, Finsbury. Dr. Bell, New York. Dr. Mackie, London. Dr. Nevins, Liverpool. Mr. J. L. Milton, London. The Secretary Local Government Board. Dr. Spackman, Harpenden. Dr. Morgan, Dublin. Dr. Sawyer, Birmingham. Dr. Villiers, Marylebone. Mr. Luan, Birmingham. Rev. Dr. Wilder, Sulham. Dr. Alex. Lane, Douglas. Dr. Martin, Portlao. Mr. Wharton, Dublin. Mrs. Baines, London. Dr. Keyes, Cappamore. Dr. O'Reilly, Ratoath. Dr. Kirkpatrick, Dublin. Dr. Graham, Kesh. Dr. Dobbin, Keady. Dr. Mollan, Dublin. Dr. Boxwell, Runcra. Dr. Cryan, Dublin. Dr. McMan, Ballymote. Dr. Beynett, Portlao. Dr. Grealy, Galway. Dr. Anderson, Moira. Dr. Ivers, Ballyshannon. Dr. McCrea, Templepatrick. Dr. Ashe, Londonderry. Boyleau and Boyd, Dublin. Dr. O'Grady, Dublin. Dr. Kelly, Ballinrobe. Dr. Adamson, Bellsby. Dr. Hearn, Bawnboy. Dr. Hease, Clorakilly. Dr. Cruise, Dublin. Dr. Love, Killygordan. Dr. Kennedy, Castlederry. Dr. Carleton, Killoan. Dr. Luther, Cappoquin. Dr. Clarke, Kilrea. Dr. McNeary, Garvaghy. Dr. McMullen, Castledawson. Dr. Davis, Newry. Dr. Birney, Nenagh. Dr. Harrison, Killoogh. Dr. O'Reilly, Clones. Dr. Peirce, Newcastle. Dr. Madigan, Drumcollogher, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED!

The Mechanism of Natural and Morbid Parturition. By J. Mathews Duncan, M.D. Edinburgh: A. and C. Black.

Miracles and Modern Spiritualism. By Alfred R. Wallace. London: Burns and Co.

The Army Medical Service. By A., M., D.

Facts about Breadstuffs. By B.

List of the Fellows, Members, &c., of the Royal College of Physicians of London.

Scleritis Syphilitica. By F. R. Stargis, M.D.

The Patent Question in 1875.

The Treatment of Flatula, &c. By W. Allingham, F.R.C.S. London: J. and A. Churchill.

St. George's Hospital Reports. Vol. VII.

Ultimate Forms of Granulation Tissue in the Ear. By A. H. Birch, M.D. New York.

Researches in the Phenomena of Spiritualism. By Wm. Crookes, F.R.S. London: Burns and Co.

On the Treatment of Secondary Syphilis. By J. L. Milton.

Transactions of the Obstetrical Society of London. Vol. XVI.

Manual of Food and Diet in Health and Disease. By T. B. Chambers, M.D. London: Smith, Elder, and Co.

The Medicinal Treatment of the Unborn Child. By J. Thornburn, M.D.

The Practitioner. New York Medical Record. The Obstetrical Journal of Great Britain. The Clinic. Glasgow Medical Journal. Le Progrès Médical. The Students' Journal. Allgemeine Wiener Medizinische Zeitung. Philadelphia Medical Times.

VACANCIES.

Consumption Hospital, Brompton. Clinical Assistant. Board and residence in the Hospital. Full Particulars of the Secretary. (See Advt.)
 Abbeyleix Union. Apothecary for the Workhouse. Salary, £40 per annum. (See Advt.)
 St. Thomas's Hospital, London. Assistant Obstetric Physician. Honorary. Applications to be sent at once to the Treasurer at the Hospital.
 Charing Cross Hospital. Resident Medical Officer. Board and residence, but no salary. Applications to the Secretary.
 West London Hospital. Administrator of Anæsthetics. Apply to the Secretary.
 Central London Sick Asylum. Election of Medical Officer. Salary, £300 per annum, with furnished house &c. Printed applications will be furnished by the Clerk at the Infirmary, Highgate, N.
 Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 63 Market Street, Bradford.
 Worcester County Lunatic Asylum. Assistant Medical Officer. Salary, £100 per annum, with board, &c. Applications to Dr. Sherlock, at the Asylum.
 Seaman's Hospital, Greenwich. House Surgeon. Salary, £100, with furnished rooms, &c. Address the Secretary.
 London Hospital. Lectureship on Comparative Anatomy. Applications to be sent to the Vice-Dean.
 Wolverhampton Hospital. House Surgeon. Salary, £100 per annum, with board and residence. Address the Chairman of the Medical Committee.
 Calne Union. Medical Officer. Salary, £200 per annum, without extras. Applicants must address the Clerk to the Guardians.
 Swansea Hospital. Assistant Resident Medical Officer. Salary, £70, with board. Address the Secretary.

APPOINTMENTS.

BLAKE, J. R., M.A., F.G.S., Lecturer on Comparative Anatomy at the Charing Cross Hospital Medical School.
 BROOKFIELD, J. S., M.D., M.R.C.S.E., Medical Officer of Health for the Denby Urban Sanitary District.
 BURNEY, W. C. S., L.R.C.S.I., L.K.Q.C.P.I., Assistant Medical Officer and Dispenser to the City of London Union Infirmary, Bow Road.
 CARMICHAEL, J., M.D., F.R.C.P.E., Physician to the Edinburgh New Town Dispensary.
 COE, R. W., F.R.C.S.E., a Consulting Surgeon to the General Hospital, Bristol, on resigning as Surgeon.
 CREAM, H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Cheetham District of the Fratrich Union, Lancashire.
 CUTBERT, C. M.D., L.R.C.S.Ed., Parochial Medical Officer and Public Vaccinator for the South-East District, Edinburgh.
 DAVIES, H. L., M.B., C.M., Medical Officer for the Whitford No. 1 District and the Workhouse of the Holywell Union.
 DE LAMBE, V. R., L.R.C.P.Ed., L.R.C.S.I., Consulting and Visiting Physician to the Waterford District Lunatic Asylum.
 FLEMING, W. J., M.B., F.F.P. & S. Glas., Surgeon to the Dispensary, Western Infirmary, Glasgow.
 HAMMOND, W., M.D., L.R.C.S.Ed., Parochial Medical Officer and Public Vaccinator for the North-West District, Edinburgh.
 HAUGHBY, A. R., M.D., M.R.C.S.E., Medical Officer for the Crews District of the Nantwich Union, Cheshire.
 HOGAN, Dr. E. M. A., Medical Officer for the Glane and Timahoe North Dispensary District of the Naas Union, co. Kildare.
 INGLIS, T., L.R.C.P.Ed., L.R.C.S.Ed., Assistant Physician to the Royal Edinburgh Asylum, Morningside.
 JERSON, E., M.R.C.S.E., a Surgeon to the Durham County Hospital.
 JOHNSON, J., M.D., C.M., L.M., Resident Medical Officer to the Birmingham and Midland Free Hospital for Sick Children.
 KEAL, W. P., L.R.C.P.Ed., M.R.C.S.E., a Surgeon to the General Hospital, Bristol.
 MACDONALD, J., M.B., C.M., Parochial Medical Officer to the Kilnichael District of the Glassary Parish, Lochgilphead.
 MURPHY, G. W., M.D., C.M., L.M., Medical Officer, &c., for the Ramelton Dispensary District of the Milford Union, co. Donegal, and Medical Officer to the Fever Hospital.
 MURPHY, S. F., M.R.C.S.E., Resident Medical Officer to the London Fever Hospital.
 ROBSON, R. N., M.R.C.S., Surgeon to the Durham County Hospital.
 WELSH, J., M.D., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Ballyshannon.

Marriages.

DAVY-COUSINS.—On the 18th inst., at the parish church, Croydon, Francis Arthur Davy, M.D., Staff Surgeon, to Florence Amy, fourth daughter of Chas. Cousins, Esq., of Croydon.
 REID-BASTARD.—On the 10th inst., at West Ham Church, Walter Reid, M.D., Staff Surgeon, R.N., to Florence Mary, only daughter of Richard Bastard, Esq., The Hollies, Stratford, Essex.
 STERLING-HILL.—On the 11th inst., at St. Michael's Church, Soho, Birmingham, James Sterling, M.D., Castlecomer, co. Kilkenny, eldest son of M. Sterling, M.D., Thomastown, to Charlotte Elizabeth, fourth daughter of the late Richard Hill, Birmingham.

Deaths.

BAGNALL.—On the 12th March, George Bagnall, M.D., of Cheltenham, aged 69.
 BOULTON.—On the 16th March, at Field House, Horncastle, Bernard James Boulton, M.D., in his 72nd year.
 GIBSON.—On the 7th March, Dr. Peter C. Gibson, of Picardy Place, Edinburgh, aged 74.
 INGLIS.—On the 18th March, Andrew Inglis, M.D., of Aberdeen.
 IRELAND.—On the 13th March, R. S. Ireland, M.D., of Stephen's Green West, Dublin, aged 87.
 LYNN.—On the 16th March, in Stephen Street, Sligo, at the residence of her sister, Miss Christian Mary, widow of the late Robert K. Lynn, M.D., of that town.
 PYLE.—On the 10th March, at the Cottage, Amesbury, Wilts, Charles Pyle, M.R.C.S., L.S.A., aged 69.

ABBEYLEIX UNION.—APOTHECARY WANTED.
 —The Board of Guardians of the above Union will, on Tuesday, the 23rd instant, appoint a properly-qualified Apothecary for the Workhouse at a salary of £40 per annum.
 By order,
JAMES FINNEGAN,
 Clerk of Union.
 Board Room, Workhouse,
 10th March, 1875.

THE CANCER HOSPITAL (Founded 1851).—SUBSCRIPTIONS will be most thankfully received for this Hospital, which is free. Diet required to be most generous, and medicines of the most expensive kind.—Brompton, and 187 Piccadilly, W.
 Treasurer—Geo. T. Hertslet, Esq., St. James's Palace, S.W.
 Bankers—Messrs. Coutts and Co., Strand, W.C.
 By order, **H. J. JUFF,** Secretary.

RESIDENT CLINICAL ASSISTANTS.—VACANCIES having occurred in the HOSPITAL for CONSUMPTION and DISEASES of the CHEST, those gentlemen who are desirous of becoming candidates for the vacant offices are requested to send in their applications, with testimonials, on or before Monday, the 5th April, and to attend the Medical Committee on the following day at 4 o'clock. Testimonials as to moral character, as well as to medical qualifications, are required. Further particulars may be obtained at the Hospital.
PHILIP ROSE, Hon. Sec.
HENRY DOBBIN, Sec.
 Brompton, March 10th, 1875.

ROYAL COLLEGE of PHYSICIANS of LONDON.—FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, APRIL 5. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.
SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, APRIL 12. Gentlemen who have completed four years of Professional Study according to the College Regulations, are eligible for admission to this Examination.
 Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special Bye-laws.
 Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.
 Pall Mall East. **H. A. PITMAN, M.D., Registrar.**

ROYAL COLLEGE of PHYSICIANS of LONDON.—THE next PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on Thursday, April 22.
 Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.
HENRY A. PITMAN, M.D., Registrar.
 Pall Mall East.

BALLYVAUGHAN UNION, COUNTY CLARE.—MEDICINES, MEDICAL AND SURGICAL APPLIANCES WANTED.—The Board of Guardians of the above Union will, at their Meeting to be held on Thursday the 8th day of April next, consider and receive TENDERS for supplying the Workhouse, Infirmary, Fever Hospital, and three Dispensaries with Medicine, Medical and Surgical Appliances for Twelve Months, from 25th March next. The Medicines must be of the best quality, and are to be delivered at the Workhouse and Dispensaries of the Union free of carriage. All empties must be removed at the Contractor's expense. All invoices to be made out in duplicate, and to contain a number corresponding with the number in the Tender. Form of Tender to be had on application to me (none else will be considered), and when the Contract is declared the Contractor will be required to furnish each Medical Officer with a copy of the Tender, and to enter into a bond with two solvent sureties for the due fulfilment of the Contract. No charge to be made for jars, bottles, &c.
 Sealed Tenders will be received by me up to One o'clock, noon, on the above day.
 By order of the Board,
THOS. COMYN,
 Clerk's Office, 11th March, 1875. Clerk of the Union.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.
PATRON:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.
 To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.
 The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.
 Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.
 Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.
 Each donation of Five Guineas gives the donor a life-vote.
 Annual Subscribers are entitled to one vote for each half guinea paid.
 An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.
 Full particulars as to the working of both Institutions, terms, &c. can be had at the office,
 40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX"

WEDNESDAY, MARCH 31, 1875.

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THE CANTOR LECTURES AT THE SOCIETY OF ARTS FOR 1875.

ON ALCOHOL.

By B. W. RICHARDSON, M.D., F.R.S.

(Continued from page 225.)

Alcoholic disease of the heart.—The heart, not less than the rest of the vital parts, is subjected to deterioration of structure from alcohol. We need not wonder at this when we recall the strain to which it is subjected by the agent, the excess of work it is made to perform. I touched on the mechanical evils that befell the heart from these circumstances in my last lecture, and the structural evils which I have now to specify are not less grave. The membranous structures which envelope and line the organ are changed in quality, are thickened, rendered cartilaginous, and even calcareous and bony. Then the valves, which are made up of folds of membrane, lose their suppleness, and what is called valvular disease is permanently established. The coats of the great blood-vessel leading from the heart, the aorta, share not unfrequently in the same changes of structure, so that the vessel loses its elasticity and its power to feed the heart by the recoil from its detention, after the heart, by its stroke, has filled it with blood.

Again, the muscular construction of the heart fails, owing to degenerative changes in its tissue. The elements of the muscular fibre are replaced by fatty cells; or if not so replaced are themselves transferred into a modified muscular texture in which the power of contraction is greatly reduced.

Those who suffer from these organic deteriorations of the central or governing organ of the circulation of the blood learn the fact so insidiously, it hardly breaks upon them until the mischief is far advanced. They are for

years conscious of a central failure of power from slight causes, such as over-exertion, harass, broken rest, or too long abstinence from food. They feel what they call "a sinking," but they know that wine or some other stimulant will at once relieve the sensation. Thus they seek to relieve it until at last they discover that the remedy fails. The jaded, over-worked, faithful heart will bear no more; it has run its course, and the governor of the blood stream broken, the current either overflows into tissues, gradually damming up the courses, or under some slight shock or excess of motion ceases at the centre.

Other organic changes.—In the eyeball certain colloidal changes take place from the influence of alcohol, the extent of which have as yet been hardly thought of, certainly not in any degree studied, as in future they will be. We have learned of late years that the crystalline lens, the great refracting medium of the eyeball, may, like other colloids, be rendered dense and opaque by processes which disturb the relationship of the colloidal substance and its water. By this means even the lens of the living eye can be rendered opaque, and the disease called cataract can be artificially produced. Sugar and many salts in excess, in the blood, will lead to this perversion of structure, and after a long time alcohol acting in the manner of salt is capable, in excess, of causing the same modification. In the eyeball, moreover, alcohol injures the delicate nervous expanse upon which the image of all objects we have looked at is first impressed. It interferes with the vascular supply of this surface, and it leads to changes of structure which are indirectly destructive to the perfect sense of light.

In yet another mode alcohol perverts the animal mechanism. By some as yet obscurely definable interference with the natural transmutation of the colloidal substances into saline or crystalloidal, it gives rise to the production of an excess of some salines which appear in the fluid renal secretion. These saline matters accumulated in the blood from inability of the excreting organs to dispose of them, are directly injurious, and exist as possible causes for the promotion of cataractous changes in the crystalline lens, and varied changes in

other of the colloidal tissues and membranes. They are also a cause of a disease local in character and produced by the very aggregation of saline product, particle by particle, into a compact mass like a stone. I refer to what is called calculus. In writing the history of one of the districts of England in which calculous disease is very prevalent, I expressed many years ago the view that alcoholic indulgence was one of the most telling agencies in the production of the malady. I have seen nothing since that would lead me to alter that statement.

Organic nervous lesions from alcohol.—Lastly, the brain and spinal cord, and all the nervous matter become, under the influence of alcohol, subject, like other parts, to organic deterioration. The membranes enveloping the nervous substance undergo thickening; the blood-vessels are subjected to change of structure, by which their resistance and resiliency is unimpaired; and the true nervous matter is sometimes modified, by softening or shrinking of its texture, by degeneration of its cellular structure, or by interposition of fatty particles.

These deteriorations of cerebral and spinal matter give rise to a series of derangements, which show themselves in the worst forms of nervous disease—epilepsy; paralysis, local or general; insanity.

But not a single serious nervous lesion from alcohol appears without its warning. As a man who, when drinking at the table, is warned that the wine is beginning to take decisive effect on his power of expression and motion by certain unmistakable indications, so the slow alcoholic is duly apprised that he is in danger of a more permanent derangement. He is occasionally conscious of a failing power of speech: in writing or speaking he loses common words. He is aware that after fatigue his limbs are unnaturally weary and heavy, and he is specially conscious that a sudden fall of temperature lowers too readily his vital energies. The worst sign of impending nervous change is muscular instability, irrespective of the will; that is to say, an involuntary muscular movement whenever the will is off guard. This is occasionally evidenced by sudden muscular starts which pass almost like electrical shocks through the whole of the body; but it is more frequently and determinately shown in persistent muscular movements and starts at the time of going to sleep. The volition then is resigned to the overpowering slumber, and properly all muscular movement, except the movement of the heart and of the breathing, should rest with the will. But now this beautiful order is disturbed. In the motor centres of the nervous organisation the foreign agent is creating disturbance of function. The fact is communicated to the muscles by the nervous fibres, and the active involuntary start of the lower limbs rouses the sleeper in alarm. Ignorant of the import of these messages of danger, the habituated alcoholic continues too frequently his way, until he finds the agitated limbs unsteady, wanting in power of co-ordinated movement—paralysed.

Deeply interesting as these phenomena from alcohol are, I must leave them here, omitting many others equally significant and equally plain, when they are once pointed out, even to the unprofessional mind. Let it be understood that in each description I have recorded only what alcohol can physically do to the animal economy. It is not always the cause of all or any of these phenomena. They may be induced by other influences and other agents, but it is an agency capable of effecting them, and it is actively employed in the work.

On some of the mental phenomena induced by alcohol.—The purely physical action of alcohol has been so far treated upon in the preceding pages. To that must now be added a few sentences on the influence this agent exerts over the mental functions. Of course, such influence is actually manifested by and through physical means, but as yet these are not sufficiently clear to enable us to trace out the mental aberration through the physical process that has led to it. It is better, therefore, and simpler to treat the present subject in the mere abstract, passing from the agent to its results, without reference to the in-

termediate line of connection between cause and effect. These mental phenomena, in the chronic phase, correspond to the phenomena which belong to the second and third stages of acute alcoholic intoxication.

Loss of memory and speech.—One of the first effects of alcohol upon the nervous system in the way of alienation from the natural mental state is shown in loss of memory. This extends even to forgetfulness of the commonest of things; to names of familiar persons, to dates, to duties of daily life. Strangely, too, this failure, like that which indicates, in the aged, the era of second childishness and mere oblivion, does not extend to the things of the past, but is confined to events that are passing. On old memories the mind retains its power; on new ones it requires constant prompting and sustainment.

If this failure of mental power progress, it is followed usually with loss of volitional power. The muscles remain ready to act, but the mind is incapable of stirring them into action. The speech fails at first, not because the mechanism of speech is deficient, but because the cerebral power is insufficient to call it forth to action. The man is reduced to the condition of the dumb animal. Aristotle says grandly, animals have a voice; man speaks. In this case the voice remains, the speech is lost; the man sinks to the lower spheres of the living creation, over which he was born to rule.

The failure of speech indicates the descent still deeper to that condition of general paralysis in which all the higher facilities of mind and will are powerless, and in which nothing remains to show the continuance of life except the parts that remain under the dominion of the chain of organic or vegetable nervous matter. Our asylums for the insane are charged with these helpless specimens of humanity. The membranes of the nervous centres of thought and volition have lost, in these, the dialysing function. In some instances, though less frequently than might be supposed, the nervous matter itself is modified visibly in texture. The result is the complete wreck of nervous action, the utter helplessness of will, the absolute dependence upon other hands for the very food that has to be borne to the mouth. The picture is one of breathing death; of final and perpetual dead drunkenness.

Dipsomania.—A second effect of alcohol on the mental organisation is the production of that craving for its incessant supply, to which we give the name of dipsomania. In those who are affected with this form of alcoholic disease a mixed madness and sanity is established, in which the cunning of the mind alone lives actively, with the vice that ally themselves to it. The arrest of nervous function is partial, and does not extend to the motor centres so determinately as to those of the higher reasoning faculties. But the end, though it may be slow, is certain. And the end is, as a rule, that general paralysis which I have just described. The dipsomaniac is, however, capable of recovery within certain limits on one, and only one, condition, that the cause of his disease be totally withheld.

Mania a potu.—The effect of alcohol on the mental functions is shown in yet another picture of modern humanity writhing under its use. I mean in the form of what may be called intermittent indulgence, to dangerous excess. This form of disease has been named the *mania a potu*, and it is one of the most desperate of the alcoholic evils. The victims of this class are not habitual drunkards or toppers, but at sudden intervals they madden themselves with the spirit. They repent, reform, get a new lease of life, relapse. In intervals of repentance they are worn with remorse and regret; in the intervals of madness they are the terrible members of the community. In their final excitement they spread around their circle the darkness of desolation, fear, and despair. Their very footsteps carry dread to those who, most helpless and innocent, are under their fearful control. They strike their dearest friends; they strike themselves. Retaining sufficient nervous power to wield their limbs, yet not sufficient to guide their reason, they become the dangerous members of our community.

whom our legislators, fearing to touch the cause of their malady, would fain try to cure by scourge and chain.

To us physiologists these "maniacs a potu" are men under the experiment of alcohol, with certain of their brain centres (which I could fairly define to you if the occasion were befitting) paralysed, and with a broken balance, therefore, of brain power, which we, with infinite labour and much exactitude, have learned to understand. Our remedy for such aberration of nervous function, if we were legislators, would be simple enough; we should not whip the maniac back again to the potu; we should try to break up the mania by taking the potu from the maniac. But then, we are only physiologists. We have nothing to do with that £117,000,000 of invested capital, and we are not practical in reference to it.

Transmitted Disease.—The solemnest fact of all bearing upon these mental aberrations produced by alcohol, and upon the physical not less than the mental, is, that the mischief inflicted on man by his own act and deed cannot fail to be transferred to those who descend from him, and who are thus irresponsibly afflicted. Amongst the many inscrutable designs of nature none is more manifest than this, that physical vice, like physical feature and physical virtue, descends in line. It is, I say, a solemn reflection for every man and every woman, that whatever we do to ourselves so as to modify our own physical conformation and mental type, for good or for evil, is passed on to generations that have yet to be.

Not one of the transmitted wrongs, physical or mental, is more certainly passed on to those yet unborn than the wrongs which are inflicted by alcohol. We, therefore, who live to reform the present age in this respect, are stretching forth our powers to the next; to purify it, to beautify it, and to lead it towards that millennial happiness and blessedness which, in the fulness of time, shall visit even the earth, making it, under an increasing light of knowledge, a garden of human delight: a Paradise regained.

Summary.—In summary of what has passed, I may be briefness itself.

This chemical substance, alcohol, an artificial product devised by man for his purposes, and in many things that lie outside of his organism a useful substance, is neither a food nor a drink suitable for his natural demands. Its application as an agent that shall enter the living organisation is properly limited by the learning and skill possessed by the physician—a learning that itself admits of being recast and revised in many important details, and perhaps in principles.

If this agent do really for the moment cheer the weary, and impart a flush of transient pleasure to the unwearied who crave for mirth, its influence (doubtful even in these modest and moderate degrees) is an infinitesimal advantage, by the side of an infinity of evil for which there is no compensation, and, while the evil is promoted from its root, no human cure.

OPHTHALMIA NEONATORUM.

By JABEZ HOGG,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

A PARAGRAPH occupying a prominent place among "Notes on Current Topics," in the *MEDICAL PRESS AND CIRCULAR* of last week, taken from the *Boston Medical and Surgical Journal*, must not be passed over in silence, or it may be the means of inflicting considerable mischief on a class of the most helpless sufferers from eye diseases.

Dr. Denby, writing on Ophthalmia Neonatorum, says that "Dr. Williams, of Boston, stands almost alone in his condemnation of the use of nitrate of silver lotions in this complaint." This is by no means the fact; I am indeed inclined to think that Dr. Denby knows but little of the modern treatment of the ophthalmia of new-born infants, or he would not have hazarded such an assertion. At all events, he would have been aware that strong solutions of nitrate of silver are now placed among the bygone thera-

peutical agents of the ophthalmic practitioner, in not only ophthalmia neonatorum, but in most other eye affections. For my part, I cannot too severely denounce the mischievous treatment propounded by this gentleman, namely, that of daily applying a ten-grain solution of the nitrate, and if this be found inefficient, then "the stick of nitrate of silver of Von Graefe, the *lapis mitigatus*, formed with twice the bulk of nitre to one of nitrate of silver." He goes on to say, "these are not dangerous remedies." On the contrary, I beg to warn your readers against such a mode of treating this affection, as it will generally be found to lead to grave complications that always aggravate the disease and retard or prolong the cure.

I can only gather from such statements as those just quoted that the ophthalmia of new-born infants is still, as in days gone by, looked upon by some practitioners as a purulent affection, the result of a direct specific inoculation, or application of puriform matter, gonorrhoeal or leucorrhoeal, to the eyes, during the passage of the head of the infant through the vagina, and consequently the disease must be met as in the old-fashioned heroic calomel and bleeding days. My experience of these cases tells me this is a great mistake, for even among the poor who crowd our hospitals only a small percentage of the cases can be directly traced to a previous gonorrhoea, and certainly among the middle classes it is quite an exceptional cause, and in a great many instances it appears to be a part of the dyscrasia of the mother, for I have been called upon to treat every infant born to the same mother on the third or fourth day after birth. The disease at the outset is nearly always a simple catarrhal affection, the result of cold or some atmospherical influence. The close and unwholesome air of the sick-room of the poor, and in which they are too often obliged to live and sleep, may often be the cause, or, as Dr. Mackenzie pointed out, it may be due to want of care in washing the infant—the careless intrusion of soap, or of whisky or gin, still absurdly enough often applied to the head "to keep the infant from taking cold." Ophthalmia neonatorum must be regarded in a vast proportion of cases as a catarrhal affection, requiring, if seen at the accession of the attack, the simplest remedies for its cure, the most important among which is strict attention to cleanliness, and the constant removal of the discharge from the eyes by the gentlest means as soon as it is secreted. The application of warm water alone, and when the secretion is profuse, followed by a very mild astringent collyrium, composed of alum, or a weak solution of the permanganate of potash, is all that we need employ. Should the case be neglected for a few days, and the papillae of the palpebral surfaces and vessels of conjunctiva become swollen and injected, then a very weak solution of one or two grains of nitrate to the ounce may be occasionally instilled with advantage, but this should invariably be followed up immediately by the free application of cod-liver oil. At the same time, it is of the utmost importance to look to the quality of the mother's milk, and see that she is well nourished and properly cared for in every way. The administration of ten drops of cod-liver oil to the infant is often a valuable adjunct to the means employed. On the other hand, if by any chance the medical practitioner should be induced to resort to the application of strong lotions of nitrate of silver, or the more dangerous "solid stick" of *mitigated* destructives, we must expect to see, in the majority of cases, the delicate epithelial and corneal layers quickly removed, and followed by chemosis and granular lids, or ulceration and opacity, with prolapse of the iris, and ultimate loss of sight.

CASE OF POISONING BY LINIMENT OF BELLADONNA.

By FRANK DAVISON, L.R.C.P. & S., Edinburgh, &c.

ON Sunday, 28th Feb., I was called to see Eliza Toner, æt. 36. On my arrival I heard a confused story of her

having taken a drink from a bottle she had received for the purpose of rubbing a pain in her back. On examining the patient I found she was insensible, and every five or six minutes a sort of convulsive shudder would creep over her frame. Her breathing was stertorous; pupils largely dilated; pulse normal; but when she was seized by one of these convulsive shudders the pulse would rise. I call these fits by the above name as they were not actual fits of convulsion, but were more severe than those we call a rigor. She was continually spitting out; but probably this may be attributed to her having had administered to her copious doses of salt and soot, which produced emesis. I then asked for the bottle she had taken the dose from, and found it was an ordinary 2 oz. bottle with a label directing a teaspoonful of the liniment to be rubbed to the part affected, and underneath a red poison label. I may here add Nature forgot to endow me with the sense of *smell*, so I was compelled to *taste* the contents, which I did cautiously. I perceived there was at least camphor in it, and I at once came to the conclusion that it was liniment of belladonna, and the symptoms presenting themselves were evidently those arising from an overdose of the plant. I had now to drive three miles before I could get any medicine; but the patient had been plentifully supplied with emetics in the shape of soot, salt, and butter, and I was informed these had done their work. As soon as I could procure medicine I gave her 15 minims of the tinct. opii every hour, and I had the satisfaction of seeing the effects of the belladonna gradually pass off. As it is rather amusing how the poor woman took the dose I shall give her own account of the story, as she detailed it to me two days afterwards:—

"My sister came in to the house to me and handed me a bottle, saying, 'Keep this till I come back, it is for Mrs. —.' I looked at it and read the label on the top, but never saw the poison label at all, although I can read. The woman it was for I knew to have *hives*, and I thought the bottle was for '*striking them out*,' and as I had a wee heat on my skin I jist thought I would taste it. So I took out the cork and took a sup of it, but I could not have taken more than about a teaspoonful of it. My sister called for the bottle again in about half-an-hour, and got it. In about an hour from the time I tasted the bottle I began to feel very queer, and to see like lightning flashing before my eyes. I was sittin' before the fire on a '*wee creepie stool*,' so I got up and took the child in my arms, and began to walk through the '*flure*,' but I could not keep my feet. I felt as if I was goin' to one side, but I did not feel as if I was drunk. I then minded that the woman the bottle was for had a pain in her back, and I began to think I was poisoned. I rthn off to my husband, who was over sittin' in his mother's, which is about three minutes' walk from our house. When I went in my mother-in-law says to me, 'What is the matter with you?' I said, 'There is plenty the matter with me, run for the clargy and the doctor, for I have drunk poison.' She made me sit down, and then I asked them to give me something that would make me throw off, and I said that soot was a good thing. I mind beginning to drink some soot mixed with salt and water, and then I like fainted, and I thought I was dying, and I mind nothin' more."

I may add it was 4 o'clock when the poison was ingested, and it was 11 p.m. before she began taking the tr. opii.

BELLADONNĀ AS A PROPHYLACTIC OF SCARLATINA.

By WILLIAM CARLETON, M.B. Univ. Dub., L.R.C.S.I., Medical Officer Delvin Workhouse and Dispensary, co. Westmeath.

ON the morning of 9th December last Mr. King, a respectable farmer, residing in Killucan District, came to my residence, and earnestly entreated me "to go at once

and do what I could for his son," who, he was afraid, had scarlatina, as his eldest boy, aged 14 years, died on previous day, and his youngest child, aged 12 months, was very sick. On the death of his eldest boy he removed the remainder of his family, except the sick infant, to his brother's residence, Delvin district, an unmarried man, thinking that by so doing the spread of disease among his family might be prevented; but it had attacked another of them, the boy whom I was asked to visit. I saw him as soon as possible, and found him suffering from malignant scarlatina. I drove on, in accordance with parent's strongly expressed wish, to his house in Killucan district, to see his infant, but was too late to be of any use—indeed, it was very doubtful whether treatment could be of any avail. The child died on that night from scarlatina.

The four remaining children were in their uncle's house, near Delvin—one in scarlatina, who made a good recovery; the others were given extract of belladonna, dissolved in distilled water, strength grs. iij. to ℥i, dose according to age, four drops twice a day to child aged two years, increasing one drop for every additional year. They did not take the disease.

I think that belladonna possesses prophylactic virtues.

REPORT ON SYPHILIS.

By C. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.,
Senior Physician to the Metropolitan Free Hospital.

STRICTURE OF THE RECTUM.

DR. ALFRED FOURNIER, in his classical lectures on tertiary syphilis, delivered at the Lourcine Hospital last summer, thus speaks of syphilitic stricture of the rectum (*La France Méd.*, Dec. 12, 1874): Three points are to be noted—1. The syphilitic stricture is met with most frequently in adults in the middle time of life. I don't know that any one has mentioned a case of rectal stricture in the child in consequence of syphilis. I have never seen any example of it. On the other hand, if you bring together a certain number of cases, as I have just been doing, you will find that the great majority are in persons between 30 and 45. The cases before or after these ages are rarer.

2.—There is a second peculiarity more remarkable: the syphilitic stricture is infinitely more frequent in women than in men. This is testified to by all published cases up to this day, statistics to which I could join my own, if it were not superfluous. It is not enough to say that syphilitic stricture is more common in the female sex than in ours. We must add that the frequency with which it affects women is truly surprising. In a quite recent statistical account, M. Godebert has come to this result—of 45 cases, 40 were in women, against 5 observed in men! a proportion of 8 to 1. These cyphers differ little from those which I could cite as observed by myself.

What interpretation shall we give to this fact? Persons have wished to explain it by saying that there exist in women a series of adjuvant causes, fit to bring the manifestations of syphilis towards the rectum. And they have cited as such: constipation, which keeps up near the rectum a permanent congestion; menstruation, which acts more energetically as a congestive of the pelvic organs; pregnancy and labour, which exercise by compression a stasis of blood towards the rectum. Thus it is, that of 200 women attacked with rectal stricture, Curling found 9 who traced the origin of the disease to a laborious birth; thus also it is that in several cases we have seen the first accidents of the affection produced in the course or after labour, &c. This interpretation has then, I believe, some truthfulness; but it is not enough to explain all the cases. Let us, however, pass beyond the why, and only remember the fact, explicable or not. This fact is a formal one, and the remarkable inequality of frequency

in the sexes is not, truly, one of the least curious traits of the lesion which now occupies our attention.

3.—At what age of syphilis does the rectal stricture arise? It is rather common at a more or less late period, that is after 10, 15, or 20 years from infection. But, and it is remarkable, it is or appears to be yet more frequent at an epoch less ancient of the tertiary period, that is between five and ten years. More than this, in certain cases it has been seen to arise sooner than this, and coincide with secondary lesions. I have noticed several examples of this, among others, quite lately, on a patient whom my excellent master and friend, Professor Verneuil, has pointed out to me in his wards, and from whom I have the impression of the stricture which I now exhibit. This woman, who was affected with stricture of the rectum of the severest description, still bore on several points of the skin, at the time I saw her, circular groups of papulo-squamous syphilitic skin disease, lenticular syphilitic rash, which was clearly of the secondary period.

Hence, syphilitic stricture of the rectum may sometimes, in the chronology of syphilis, figure among precocious tertiary accidents. It differs in this from other accidents which have for their almost invariable character not to appear until much later.

Varieties.—As complement of the description which precedes, I could now commence a long chapter upon the varieties of this disease. Of course, the different symptoms we have alluded to do not present themselves in all cases in an invariable form and with a constantly equal intensity. Very clearly they must differ and do differ from one person to another according to a host of conditions, such as the degree of the stricture, its form, extent, age, and complications, hygiene and medical care. But these are only varieties more or less, and the basis of the symptomatology remains constant: these are only, I should say, common-place varieties, of which everyone can give an account, and on which, consequently, it would be superfluous to insist.

One sole peculiarity merits a special mention here. Here it is: When the sphincter region is respected by the lesion (which is, as you know, commonly the case), there is no properly-speaking *stercoral incontinence*. At the most it happens that in the advanced period of the disease the patients allow sometimes the escape, accidentally, of some liquid motions, composed either of sanio-purulent serosity, or of thin stercoral matter. But it is not the same when the region of the sphincter is comprehended in the lesion, that is, when there is an ano-rectal syphiloma. In these conditions, the sphincter, half-paralysed by the new exudation which compresses and chokes it, no longer contains perfectly the intestinal contents. However little these matters become liquid for such and such a reason, they escape from time to time, without the patient being able to retain them. Almost always, besides, they escape only in small quantities, whether by *insensible infiltration*, as one of my patients expressed herself, or more frequently by gushes. Such was, for instance, the case with that woman of whom I have often spoken to you: affected with an ano-rectal syphiloma, from the margin of the anus for about 8 centimetres upwards into the rectum, she could only very incompletely retain the matters, above all when liquid, after a purge or an enema. From time to time she suddenly lost some teaspoonfuls of stercoral or sanious fluid; hence she was compelled to keep herself constantly dressed for the purpose.

Evolution.—From the preceding it results that, considered from this point of view of its general evolution, syphilitic stricture of the rectum runs through three successive periods, in the following way:—

I.—First period, latent or almost latent, during which the stricture comes on insidiously, without pain or appreciable functional disturbance.

II.—Second period, when the confirmed stricture is only revealed by exclusively local disturbances (constipation, difficulty in passing stools, &c.); at this period the general health is not yet touched.

III.—Third and last stage, where the local functional disturbances react on the organism in general, where the health is altered or depraved, where there is caused a general condition of body symptomatic of the local affection.

Duration.—What length of time do these three stages last, and what is the total length of the evolution of the disease?

I.—It is impossible to say anything precise about the first period, as you already know quite well. How long a time, in fact, does the neoplasm take to infiltrate the rectal coats, and how long does the transformation of this neoplasm into fibrous tissue require; or, again, how long time is there required for this fibrous tissue to form the stricture by consecutive retraction, all of this is obscure, or at least, we have no means of judging exactly. And why? Because generally, I repeat, the beginning of the disease escapes us, as it escapes the patient at first; because we never arrive to observe the lesion except at a more or less advanced period of the disease.

What we know in a general way is that the constitution of the stricture may be pretty rapid, since it is not rare to meet with rectal strictures already confirmed at the epoch of the diathesis still early, that is six years, five years, or four years after infection.

II.—The duration of the second period is contained within limits of most variable degree, and this because of the multiple condition which may at this time modify the natural progress of the disease, very different conditions indeed, some simply relating to the form of the stricture, which is more or less narrow, &c., others relating to the care taken by the patients, and the palliative and frequently happy intervention of art. Sometimes, indeed, the stricture not treated, or treated too late, rapidly ends in interfering with the general health. Sometimes, on the contrary, in the opposite conditions, the functional disturbances which result from the lesion, palliated, lessened, and rendered tolerable, remain for a shorter or longer time almost exclusively local, and compatible with a general state of health which is pretty satisfactory. There are even a certain number of cases in which we have cause to be surprised at the conservation of a middling state of health prolonged for a length of time with such a grave infirmity. It is thus that you can at present see in our wards a woman who, although she has been afflicted for eight years with a very extensive rectal stricture, is nevertheless fat and strong, rosy, and in short, in very good health. This woman has undergone three operations for her stricture with some years of interval, and has scarcely ceased to treat herself by dilatation. There is no doubt that in her the absence of general symptoms is due to the intervention of art. In the same way I have had occasion to see in private a woman who, affected for twelve to fifteen years with a similar lesion, and having always assiduously treated herself by uninterrupted dilatation, presented a state of health which was middling, and experienced no general disturbance from her stricture.

III.—On the other hand, once the stricture has reacted on the organism, the progress of the general symptoms is always rapid if art do not intervene. In the space of a few months the health falls off visibly, and the patient goes at a great pace towards a fatal termination. If, on the other hand, art intervenes, then things may change their aspect. A lucky operation, by removing the obstacle to the exit of fæces, is followed by an amendment which is immediate in the general health: the functions are re-established and health regained. Let us, however, remark that it is rare to observe a free and complete reconstitution of the health. Most generally the patients remain languishing, weak, and valetudinarian, suffering and maintaining a constant local malaise, which reacts on their general state. In these conditions, life, as we have seen, may be prolonged for several years, but only at the price of constant surveillance and permanent care. The free course of the fæces is only maintained by persevering dilatation, and too often even in spite of hygiene and the best therapeutic arrangements, the consecutive retraction of the

diseased tissue reproduces the stricture under a form and with accidents over which art cannot triumph.

Prognosis.—With exception of certain forms of valvular stricture, limited, and incomplete, the prognosis of syphilitic strictures is always most serious and most grave, and that for several reasons, such as these :

1.—Because the lesion is scarcely ever recognised soon enough to count upon an efficacious action of purely medical treatment.

2.—Because, further on, at the period of fibrous degeneration, the stricture constitutes a definitive lesion irremediable, against which medicine remains absolutely impotent, and against which even surgery only possesses palliatives. We may dilate, or incise the stricture, but the morbid tissue still remains there, with its retractile properties which are so fatal, and the radical cure is but too evidently beyond the resources of art. Besides, these surgical means are not without danger : some of them constitute very serious operations, where the risks to run are not less numerous than redoubtable.

3.—Lastly, the stricture is grave because it brings with it multiple dangers of various kinds : dangers of local complications (peripheric phlegmons, abscesses, phlebitis, peritonitis by propagation or by perforation, &c.), dangers of rectal suppuration not to be dried up, gradually exhausting the resources of the organism, ending in deteriorating the economy, and creating a state of cachexia, the direct or indirect consequences of which are equally threatening.

This very grave prognosis does not apply, it is true, to all cases indifferently, nor to all periods, or given conditions of a given stricture. Thus valvular or even annular strictures are much less serious than those of cylindrical form, forming a long fibrous canal. In the same way, strictures treated before the period of ulceration are much more accessible to the succours of art than those where there exists a large superior ampulla profoundly ulcerated. But let us remark that his last of favourable circumstances is singularly reduced. For, on the one hand, valvular and annular strictures are very inferior in frequency to cylindrical strictures ; and, on the other hand, it is rare that there is not a complication of a superior ampulla, which even most frequently does not fail to suppurate, whatever may be done to hinder it. So that in short, and all things considered, the prognosis almost always in practice brings with it the very grave perils we have enumerated.

(To be continued.)

CASES IN PRACTICE.

Reported by JOHN W. MARTIN, M.D.,

Assistant-Surgeon Mayfield Factory Dispensary, Portlaw.

Obstructive and Regurgitant Mitral and Aortic Murmurs—Hæmoptysis—Death.

JOHN B.—D, æt. 40, pensioner, overseer of labourers. Notes taken September 9th, 1869, *et seq.*

The patient, a well-nourished, strong-looking man, of temperate habits, came under my notice on the above date. Was seized suddenly during the preceding night with a severe attack of dyspnoea, the character of which at once excited my suspicions as to its being due to cardiac disease.

His history may be briefly given as follows : He served for twenty years in the East India Artillery Service ; was always strong and healthy, never having suffered from illness, with the exception of an attack of remittent fever. Some months previous to the date of notes, he suffered from a severe pain in the epigastrium, which at the time was ascribed to gastric derangement, and for which it was necessary to blister him before obtaining relief. His occupation as overseer of labourers exposed him to every variation of weather. He dated the first change in his

health to a severe wetting, received during the winter 1867-68, when he stood, one bitterly cold and frosty night, for seven or eight hours up to his knees in water.

Examining him, I found that the heart's action was laboured, the impulse at the apex being stronger than usual. Area of cardiac dulness much enlarged. A well-marked presystolic mitral murmur was heard in its maximum intensity at the point of impulse, an inch and a half below and to the right of the left nipple ; this distinctly preceded the impulse in the carotids, and led up to the first sound, which was slightly roughened and prolonged. There was no murmur at the base of the heart. Had a slight, dry, hard cough. Exertion of any kind brought on dyspnoea. Had no headaches, flushings of the face, palpitations, or fits of vertigo.

Respiratory and digestive systems normal, special attention being directed to the state of the liver.

As treatment, a blister 4 x 4 was applied over the heart, and a mixture containing iodide of potassium and tr. aconit. ordered :

R Potassii iodidi, ℥i ;

Tr. aconiti, ℥ij ;

Syrupi, ℥i ;

Aqus fontanæ ad ℥xij. M.

Two tablespoonfuls to be taken three times a day.

Continued this mixture steadily with benefit up to the end of September. During my absence for a short time from home he neglected himself, and exposed himself unnecessarily to the inclemency of the weather. Caught fresh cold, and again came under my care, October 15th, 1869. I found him suffering severely from oppression about the chest, the slightest exertion producing most distressing fits of dyspnoea. The heart's action was very excited. Frequent flushings of the face. Examining with the stethoscope, I discovered a well-marked double murmur at the apex, preceding and accompanying the impulse and first sound. I repeated the blistering, and placed him upon the same treatment as before, continuing it steadily until December 11th, 1869. At this date the general condition was much improved. He had lost completely the flushings of the face, and was capable of undergoing a greater amount of exertion without inducing dyspnoea ; has suffered, however, from occasional severe attacks at night, evidently cardiac in their nature. Was still troubled with cough and oppression about the chest, aggravated upon catching cold, however slight.

Area of precordial dulness measured 3½ inches in the vertical direction, from the lower border of the articulation of the third rib on the left side with the sternum, and 4 inches in the horizontal direction, measuring from midsternum over towards the left side of the chest ; the dulness was evidently connected with hypertrophy of the left ventricle. The heart's impulse greatly increased in force.

In addition to the murmurs already described, and which had become more pronounced, there was a well-marked double murmur heard at the base of the heart, in the second intercostal space, at the right margin of the sternum. The first of these murmurs, synchronous with the contraction of the ventricle and arterial pulse, was prolonged into the carotids and along the course of the arch of the aorta. The characters of the murmurs were striking ; that at the base was low in pitch, and resembled the noise of grinding or sawing ; that at apex was high in pitch, and whistling and blowing in character. The improvement in his general health continued for some time.

Feb. 6th, 1870.—Had a sharp attack of hæmoptysis. Losing ground. Attacks of dyspnoea at night more frequent. Lost flesh. Increasing muscular debility and tendency to sleep. Gives way to frequent fits of musing, a thing he was never accustomed to. Leeches were applied over the heart, and gave great relief to the feeling of distress and dyspnoea. The subsequent history of this man's case I received from my father, who attended him

until his death, which took place during my absence from home, on the 6th of May, 1870.

All the symptoms described became aggravated, especially the fits of dyspnoea and hæmoptysis. For some time preceding death orthopnoea was a very distressing symptom. (a) The fatal termination was hastened by his giving way to intemperance.

I regret greatly to say that no post-mortem examination was allowed. In the absence of such it is impossible to say whether from first to last the disease was endocardiac pure and simple, or whether it was complicated with pericarditis and effusion with its attendant changes.

The case appears to me to be one of great interest, as the heart seems to have been the organ primarily affected.

There was no history of arthritic or myalgic rheumatism, the force of the attack seeming to expend itself upon the endocardium.

The origin of his illness was evidently due to the severe wetting and exposure which he suffered in the winter of 1867-68.

The sequence in which the valvular lesions, as indicated by the symptoms, manifested themselves, is interesting.

On the 9th of September, 1869, the date of my first examination, there was decided evidence of mitral obstruction, the bruit distinctly preceding the pulse in the carotida. Whatever the exact nature of the lesion was, the physical signs appeared to indicate hypertrophy of the walls of the left ventricle—viz., the increased area of cardiac dullness, the laboured action of the heart, and its increased force of impulse.

This hypertrophy might occur independently of any valvular lesion as the result of obstruction in the capillary system and the necessary increased action on the part of the heart to overcome the resistance.

The absence of any systolic friction murmur seems to negative the supposition of the pericardium being involved.

Oct. 15th.—The mitral obstructive murmur was accompanied by one of regurgitation, both becoming more and more pronounced in the progress of the case, and finally, apparently as cause and effect, towards its close giving rise to congestion of the lungs and hæmoptysis.

It was not until the 11th of December that the double murmur at the base of the heart was detected. During the interval, no careful examination having been made, it is impossible to fix accurately the date of its appearance, or the order in which the murmurs presented themselves; probably the course of events was the same as that observed in connection with the mitral valves.

Upon theoretical grounds it has always seemed to me most reasonable to suppose that valvular disease the result of inflammatory changes in persons who have been exposed to cold, one of the principal exciting causes of rheumatic affections, should first exhibit itself in obstructive murmurs, the primary changes being exudation of organised lymph upon the valvular surfaces, and their roughening, the further changes being ulceration and destruction.

The present case, and that of D—l L—y, published in the MEDICAL PRESS AND CIRCULAR for March 11th, 1874, page 197, are decidedly favourable to such a supposition being the correct interpretation of the ordinary course of events in all cases of valvular lesion the result of rheumatic inflammation; if it be so, then would presystolic mitral and systolic aortic murmurs be those of commonest occurrence. Most of the cases that present themselves to the notice of the physician are signs of advanced disease, especially so in cases that come

under notice in hospitals; the real field for observation lies in dispensary and general practice.

I am assured that many cases of heart disease take their origin in a simple cold, where a tendency exists on the part of the patient to the rheumatic dyscrasia; and in such cases great attention should be directed to the heart, and the utmost vigilance exercised wherever there is morbidly excited action accompanied by roughening and "buffing" of the first sound. In such cases a knowledge of family tendencies to inheritable diseases will be of great service in guiding the physician in his treatment of what otherwise might be passed over as unimportant, and prevent such simple cases terminating in consequences the most disastrous.

Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. RIVINGTON.)

Strangulated Right Femoral Hernia—Slight Symptoms at first—Operation without opening Sac—Stricture at Deep Crural Arch—Recovery.

Janet Dunk, 41, was admitted into the London Hospital on the 5th June, 1873. At 4 p.m. she had been attacked with what she called the "windy spasms." She had a femoral hernia on the right side, about the size of a hen's egg, with a continuation along Poupart's ligament. She had suffered from rupture for two years. The first year the tumour was very small, and scarcely anything was perceptible. The second year it was rather larger, and on three or four occasions it got larger than usual. At 5.30 p.m. taxis was applied for one hour by her medical attendant. Then she had ice applied for two hours. At 9 p.m. another taxis effort was made. At 10 p.m. she was taken to the hospital. Mr. Widdas, the house-surgeon on duty, applied taxis, and reduced the tumour considerably in size.

At 1 a.m., on the 6th, Mr. Rivington saw the case. There was not, and had not been any vomiting. The patient positively affirmed that the hernia was now of its ordinary size. Ice was ordered to be applied, and an enema commune to be administered. It was thought that the hernia might be an irreducible epiplocele.

3 p.m. Enema had acted; no vomiting; tongue moist; pulse 74, but small and weak. Took and retained milk. Some pain on pressure on abdomen. Some tympany. No headache. Seen by Mr. Rivington, who directed that he should be sent for in case of vomiting. Later in the afternoon she brought up about an ounce of fluid without smell, and experienced pain at the umbilicus.

7 a.m. Had passed a good night, but was troubled with flatulency. Tenderness on pressure of abdomen continued. Pulse small and weak, 80 in the minute. The patient had drunk a quart of milk in twenty-four hours.

9.30 a.m. The patient vomited eleven ounces of dark-coloured fluid, with faint faecal odour. In a good deal of pain. "A tight pain about the navel." Tenderness on pressure over abdomen. Anxious look. Tongue furred. Pulse small. Tumour not increased. Mr. Rivington was sent for to see the patient. He had not been sent for the previous afternoon, because the patient was only sick once, and very slightly.

12. Operation by usual small incision on the inner side of the neck of the hernia. Stricture not tight, and situated at the deep crural arch, which was divided. Sac not opened. Contents, feeling like omentum and serum, and probably enclosing a small knuckle of bowel, were returned into the abdomen. A quarter of a grain of the acetate of morphia was given subcutaneously, and ice ordered for the patient to suck.

This symptom was greatly relieved by repeated applications of ice.

Not having paid greater attention to the state of the secretions. It was examined frequently, but as no morphia was at the time, I have not alluded to it. The impression on my mind is that it was albuminous.

23.0. Very thirsty, but quite easy, and all the symptoms were relieved.

June 8th. Had slept at intervals during the night. Flatus occasionally. No sickness. Pulse 96, quiet. Took a pint of milk during the day. Bowels open slightly in the afternoon.

9th. Had slept well. No rigors or vomiting. Tongue moist, but furred. Thirsty, but quite comfortable. Sucked a quantity of ice, and took milk and soda-water. Wound looked well. Temperature 101.2°.

10th. A little redness and swelling, and pricking pain around the wound, which otherwise looked well. Temperature 101.2°.

11th. Edges of wound nearly united; pus squeezed out below; sutures removed. Temperature 99.4°. Furred tongue.

The only noticeable feature in the further progress of the case was that some burrowing of matter took place on the inner side of the wound, necessitating the slitting up of the sinus thus formed. This done, the wound granulated healthily from the bottom, and healed. This caused some delay in the application of a truss, which she was not able to wear till the end of July or the beginning of August. Soon afterwards she was discharged cured.

Strangulated Left Congenital Oscheocele—Operation without opening the Sac—Recovery.

John Alfred Edwards, 31, was admitted into the London Hospital on the 22nd of November, 1873. He had been subject to hernia on the left side all his life, but it never reached the scrotum. The left testicle was smaller than the right. The rupture came down on Saturday night at 11, and at 1.45 the patient came to the hospital. Mr. Rivington was sent for, and saw the patient on Sunday morning, 23rd November, 1873. There was a swelling on the left side from the internal inguinal ring to the bottom of the scrotum. The testicle could not be felt, and there was a distinct constriction in the tumour midway between the external ring and the ordinary position of the upper end of the testicle. No impulse was imparted on coughing, and on adopting Mr. Luke's method the impulse ceased opposite to the external ring. Tumour was very tender and soft, without transparency. He had been sick three times since admission. Taxis and the pneumatic aspirator were used without effect. The patient would not consent to an operation till four in the afternoon. Mr. Rivington then operated, under chloroform, in the usual way. The stricture was at the external ring, and the sac was not opened. One vessel was twisted.

24th. Not sick since operation. Temperature 101°. Bowels not open since operation. Tongue rather furred. Scrotum tender. Abdomen a little sore, but not at all tumid. The bowels were relieved on the third day. A troublesome cough came on soon after the operation, with copious mucous expectoration. He had never had bronchitis, and the attack passed off in a week or two. On the 15th an abscess which had formed in the scrotum was opened, and a large quantity of matter removed. He then progressed very favourably, and was discharged with a truss on.

Strangulated Right Congenital Oscheocele—Stricture at Neck of Sac—Operation—Sac opened—Opening in the Sac Closed by Ligature—Recovery.

Samuel Carvosso, about 30 years of age, was admitted into the London Hospital on the 20th of January, 1874, with a strangulated right inguinal hernia. The testicle was behind the hernia, and obscured by it, and there was a distinct constriction in the swelling about an inch and a half below the external ring. The hernia was therefore of the congenital variety. The patient had been "ruptured" for five years. A truss had been worn for three years and then left off, as no sign of a hernia could then be detected. Whilst lifting a not very heavy weight between ten and eleven that morning the hernia came down. At 1.30 p.m.

he came to the hospital. There were the usual symptoms of strangulation. Warm bath, ice, taxis proving ineffectual. Mr. Rivington operated seven hours after the occurrence of strangulation. By practising the method of Luke the stricture was ascertained to be situated close to the external ring. The obstacle to the return of the hernia did not, however, exist in that structure, or in the intercolumar bands, but in the sac itself, across which passed a strong band of fibres. This band could not be teased or scratched into relaxation; to remove the obstruction it was necessary to divide it and open the sac. The contents were a little fluid, and intestine healthy, and not much congested. This was returned, and then a silk ligature was tied round the opening in the sac to prevent the entrance of pus, &c., into the sac, and thereby diminish the risk of peritonitis arising by the spread of inflammation to the abdominal cavity. The ligature was brought out of the wound, the edges of which were approximated with sutures. No signs of peritonitis ensued.

The temperature, 103° the first day, fell to 100° the second, and soon became normal. There were no untoward symptoms. The ligature fell in about three weeks, and, excepting a little delay in the closure of the upper part of the wound, the case progressed very favourably to a successful issue.

The patient was discharged cured with a well-fitting truss in February.

INDIAN MEDICAL NOTES.—No. XXXIII.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, February, 1878.

TREES—DISEASES—QUARANTINE.

"DINED yesterday with Lord Holland; came very late; found a vacant place between Sir George Robinson and a common-looking man in black. As soon as I had time to look at my neighbour, I began to speculate as to who he might be, and as he did not for some time open his lips, except to eat, settled that he was some obscure man of letters, or of medicine—perhaps a cholera doctor."

To the surprise of the supercilious Greville, his neighbour was the great Macaulay. This passage catching the eye raises the speculation—shall we or not have cholera at Meerut this year? Very possibly mildly, for 1878 is the proper time when to a certain day it will appear, to subside just as mysteriously. It is our business to enforce sanitation—to strengthen the human body to resist, to get the men out of barracks as much as possible, thus avoiding vitiated air, far more dangerous than the sun's fiery rays. We must do our little utmost to prevent overworking, fatigue, and dietetic irregularities, ever bearing in mind the difficulties, the dangers connected with water, which may be contaminated in transit from the well to the stomach. The planting of trees is a subject just now of great sanitary as well as financial importance in India, where for fuel and cooking purposes the magnificent forests are annually destroyed without remorse, for the native chiefs will take no trouble to replace the trees which have been sold, felled, burnt by incendiaries, destroyed by woodcutters, cows, sheep, goats, or camels, or have withered away through neglect or drought. At some stations the want of rain, white ants, or the presence of Reh will induce fatal atrophy. Trees are very sociable, hating solitude, sickening when planted alone instead of in clumps. Here and there about Meerut will be found solitary palms and pines, looking like soured yet well preserved old bachelors. Now and then a very chatty, comfortable community of flourishing groves and avenues appear to have their own little secrets about malaria—the modern Mrs. Harris depending on chill according to many. Nearly 50,000 trees are annually felled at Simla, the calculation being fifty trees to the acre. People must eat, must be kept warm, besides requiring timber for house-furniture. The use of close

stoves and kitchen ranges will be economical measures ; but the great suggestion is to employ convalescents or weakly soldiers at hill stations in planting and tending young trees, which require special knowledge, tender nursing, and the protection of fences. The *Eucalyptulus globulus*, now growing at Simla, burns well, at the age of eight being ready for felling. The conifers take ninety years to arrive at an average girth of six feet. The pines useful for building are provisionally unsuitable for fuel. In the *Simla Civil and Military Gazette* appears a very long, elaborate, exhaustive paper on this subject, interesting to all—interesting to the medical man whose patients, after learning all about the subject at convalescent depots, might come down to the plains, there to rear horse-chestnuts, firs, the castor-oil plant—in fact, trees, shrubs, fruits, flowers, without end. People say things will not grow, nor will they without care and skilled experience. A very nice book by Colonel Corbett will repay perusal ; were it not mislaid some very pertinent quotations would be inserted here. Whether or no the fever which this morning, Ash Wednesday, still keeps up the sick-list depends on subsoil drainage, irrigation, or chill, we do not know ; but it is a matter of fact that certain men who suffered from fever in 1873 so as to require removal to Landour and Kusowlee appear now to be feverproof in the plains, though living under the same conditions as those affected. On first arrival, indeed, for a long time persons may suffer from fever at any altitude, until gradually the disease becomes eradicated. Very many people do admirably in the plains without any change, an infinity depending on individual domestic hygiene. The great thing is to make the most of the situation, thoroughly to adapt ourselves, instead of whining for new barracks, new climate, hill stations, a new sun who draws not rotten humidity from the earth, or a new moon, no longer governess of the floods, who, pale in her anger, washes all the air, that rheumatic diseases do abound.

The medical officers ordered here should know that *variola*, conspicuously absent occasionally in cholera years, runs on from November to June—none in July or August, yet very severe in April.

Cholera, absent in 1863, 1864 (one case), 1866, 1868 (two cases), ran high in 1860, 1861, 1862, about six cases in 1865, then 159 in 1867, and 17 in 1869 ; then a lull until the terrible epidemic of 1872 ; none in 1873 nor in 1874 ; so 1875 or 1876, about August 20th, be prepared.

Intermittent fevers, high in 1862, 1863, low in 1865, are now annually increasing in severity, especially in October—no month free, yet a lull in February.

Remittent fevers, lowest in December, run on every month, arriving at a climax in July ; 1860, 1861, 1863, 1865, heavy years ; 1867 very light, 1872 heavy.

Apoplexy commences in March—high in June, diminishes in September ; no month is safe.

Dysentery lowest in February, highest in August.

Diarrhoea the same ; no month free.

Hepatitis.—November the worst time, when the days are hot and the nights so cold. In April, too, the liver appears to suffer rather more.

Phthisis. From April to October cases do badly, then improve. February a good month for all respiratory affections. Rheumatism either in very hot or very cold weather appears influenced entirely by damp.

Syphilis to be combated by the Contagious Diseases Acts, by temperance societies, and by encouragement of active exercises, amusements, trades occupation, and sport of all kinds, should be treated, if possibly non-mercurially, in my humble opinion. Anyhow, inunction or fumigation are the safest methods.

The other day, at another hospital, there was a history of blood-vomiting, neuralgic pains, and constipation, connected with a fatal case of enteric fever. The ilium was black, or reddish-black, the ulcers not so distinct as usual. The yellow liver enlarged, the yellow stomach dotted with vermilion patches, and somehow one thought of yellow fever. In an old book runs a horrible tale of an Italian physician, who diluting pestilential matter with *variola* gastric juice

of frogs and oil, applied this compound to the eyelids or bowels of cases of ophthalmia or peritonitis, all in the interests of science, with a view to publication, until, after an experience of thirty cases, the secret was discovered, the drugs destroyed, and the doctor's head sliced off, a warning to theoretical scribblers. Depend upon it the best doctors never put pen to paper except to write prescriptions. There are records of physicians who, scoffing at quarantine, denied the doctrines of contagion or infection, even when dying after inoculation with matter taken from plague buboes, the experiment performed to prove their case. Insults, oppositions, heart-breaking difficulties, experienced by medical men in days of old, were encouraged as they are this day by those who verify the lines that "a little learning is a dangerous thing." The scientific use of the imagination was put to the test the other day when a native, bothering for a charm to drive away ague, was directed to wear on his stomach a large placard with the magic words inscribed, "Vote for Hardwicke, Central Coroner for Middlesex," which reminds me that the London plague of 1665, commencing in November in Drury Lane, reached the City in June, rose to a climax in September, then burst out in the provinces, the only place affected simultaneously with London being Southampton. At Bath no Italians, Germans, or French, at other places no Jews suffered, whilst in Flanders the English alone were attacked. In May, 1720, a vessel imported typhus into Marseilles, the passengers, after short quarantine, allowed to wander at liberty. In spite of disbelief the disease spread, unchecked by fires, and out of 233 convicts offered liberty for burial of the dead, 221 died in ten days. Isolated buildings, vessels, nunneries escaped compared to a foundling hospital, where the imported disease killed the 400 children, besides nearly all the officials, lay, clerical, and medical. In 1771 the Moscow plague, so virulent in cloth manufactories, was traced to two soldiers. One September evening the mob broke through quarantine, kissed the dead whom they buried within the city, broke into the hospitals, hunted the doctors, smashed their furniture, obstetric bags, stethoscopes, thermometers, sphygmographs, yet the plague continued.

At other places the undertakers, wearing cloaks, gloves, and masks, were directed never to touch a corpse with naked hands. Physicians compared to manipulating surgeons often escaped. The Foundling Hospital, containing 1,000 children, 400 adults, all but escaped, for the servants detected breaking through quarantine were isolated.

In March, 1813, the plague brought by ship to Malta was disbelieved by the Faculty, and to avoid all the privations and discomforts of quarantine, the disease was concealed only to become more virulent. In religious houses, hospitals, prisons, where quarantine was preserved, the pestilence was kept at bay. At Winchester the visitor, after noticing the plague column, should read the sanitary arrangements ; and I rather think in the writings of Trousseau and Guy there are wonderful narratives, but, as said before, there are but few books of reference here. The complete works of Trousseau would be an acceptable present, but, alas ! presents in India are not so numerous as in England, nor has any Rajah offered an elephant or a gigantic ruby, emerald, or diamond. Indeed, the tendency is to offer an old family fowling-piece in exchange for the most modern rifle. The story of the box of clothes sent from London to Eyam in 1665, conveying pestilence which killed 267 out of 350 inhabitants, is very interesting. Deaf to his wife's entreaties, Mr. Mornpesson, the clergyman, refused to desert his post, nor would she leave him, so sent her children away, and shared his noble work connected with quarantine, sanitation, hygiene, besides clerical ministrations. Walking together in the cornfields one Sunday, the wife noticed the sweetness of the air, and then he knew that they must part in this world. Years and years after many persons were afraid to touch or be in the same room with Mornpesson, the hero of Eyam.

The medical officer who has the good luck to be ordered here will be interested to know the calculations of hospital

admissions in former years. As said before, variola was conspicuously absent in 1867, a bad cholera year; breaking out in April, it may run on to the hot season. From Bryden's invaluable tables it appears that during ten years no cases occurred in July and August; March, April, May, the worst months; but excepting July and August, every month is risky, therefore the importance of vaccination and re-vaccination is so imperative. If re-vaccinations fail, try and try again, when the golden opportunity of a healthy European infant just vaccinated turns up. Cholera bad in 1861, or rather, to put it more accurately, out of an average strength of 6,000—in 1860 there were 59 admissions, 29 deaths; in 1861 about 228 admissions, 155 deaths.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MARCH 31, 1875.

DIPSOMANIA AND CHRONIC ALCOHOLISM.

THERE is evidently a great feeling in the ranks of the profession that something must ere long be done to stem the current of opinion among the laity to the effect that alcoholic drinks are universally permissible to healthy persons. Not a medical journal comes to hand at this moment that does not give an account of some meeting or debate wherein the subject of alcohol is introduced. We published last week such a lecture.

Among other signs of the times we notice that an important meeting was held on the 11th February last at Willis's Rooms, St. James's, London, under the presidency of Lord Shaftesbury, to bring forward a scheme for the establishment of an asylum for drinkers, desirous of being reclaimed, in the neighbourhood of London. Mr. Carsten Holthouse, Surgeon to Westminster Hospital, is the promoter of this idea, and he has engaged the sympathy of a number of the leaders of the profession, among others of Sir George Burrows, Sir Thomas Watson, Dr. C. J. B. Williams, Sir W. Jenner, Sir W. Gull, Dr. R. Reynolds, Dr. Radcliffe, Dr. Monro, Dr. W. Wood, Dr. Maudsley, Dr. Blandford, Sir J. Paget, Sir W. Fergusson, Mr. P. Hewett, and Sir Henry Thompson. These able gentlemen have appended their names to the following declaration:—

“We, the undersigned, fully alive to the prevalence of this disease, and to the great want of an institution specially devoted to its treatment, are of opinion that such a one as you propose—which shall afford to its inmates the comforts of a home and the pleasures of

society, while, at the same time, they are protected from temptation—would be a great boon both to the patients and their families, and is well entitled to our recommendation and support.”

In addition to this declaration, many other letters of adhesion to the idea of the society were read by Mr. Holthouse, and he announced that subscriptions to the amount of £1,600 had been already received.

Mr. Holthouse remarked that in the case of dipsomaniacs they must be considered as usually labouring under disease, their digestive organs being generally much out of order. Besides which, such patients are usually nearly in a state of delirium tremens, and require the care of a medical practitioner, and it is of very little use to do anything to such patients by way of argument or moral suasion until the alcoholic poisoning has left their system. It is when they are rid of this that they become amenable to arguments addressed to their intellects and affections. He proposed that the institution to be formed should be a home as well as a hospital—a home for those unfortunates who, having by their habits separated themselves from their friends, relatives, and connections, are, to a certain extent, the outcasts of society. It should be to them a refuge and place of retreat where they might, in fact, pass a great part of their lives. He was quite certain that a large number of persons might be quite cured in this way. Others might be much benefited by the treatment, and always have the institution to fall back upon when they relapsed into drinking habits. Many, very many, persons would be thankful to go voluntarily into such an asylum and place themselves under the slight amount of restraint necessary to keep them in a good state of health.

Mr. Holthouse then stated the main difficulty of the case. He said that it had been urged that, if force were not allowed, no patient would remain in the institution a month. He admitted that this was a difficulty, and that it would always happen in the first month of the stay in the home. He proposed to meet the difficulty of want of legal power by, in the first place, framing a rule that each patient should pay in advance a sum for three months' residence. Amongst the rules would be restriction of the bounds, and strict supervision. Besides which there would be medical and clerical resident gentlemen to act as friends and advisers of the patients, who were to be divided into three classes, according as they rise in self-control. Thus he hoped to be aided not only by the medical officers, but by those patients who had been in the home longest, and were most fit to be trusted not to relapse. He intended finding occupation for every patient, not merely amusement, which, when done, would be fruitless. They should be set to some task likely to prove of service to themselves, and this would strengthen the habit of self-control from the moment of entering the hospital.

After Mr. Holthouse had explained his plan, with these details, Sir George Burrows, President of the Royal College of Physicians of London, moved:—“That this meeting, looking to the great and increasing prevalence of intemperance, and the misery resulting, both to the community and the individual, is of opinion that the institution proposed to be established by Mr. Carsten

Holthouse is both desirable and much needed. This meeting, therefore, pledges itself to promote the success of the undertaking." He was glad to appear on the present occasion to support Mr. Holthouse in his philanthropic movement to help those unfortunate persons who had lost the power of self-control. Many of these poor people were by no means lost to shame, or entirely abandoned; they often deeply deplored the condition into which they had fallen. They were not at all suitable inmates of lunatic asylums, and should never be lowered to that level, so that the scheme proposed was a great public blessing.

Dr. Wood, Physician to St. Luke's Hospital, in seconding the motion, remarked that he had had ample opportunities of observing the terrible effects of drinking. Nothing could be truer than that dipsomaniacs were quite unfit to be sent into lunatic asylums; but it must be remembered that a great, a very great, number of drunkards ended in lunatic wards if not arrested in their downward course towards destruction of the brain by drink. Hence the value of a home such as that proposed by Mr. Holthouse, which will encourage self-control, and prevent many patients falling into the horrors of insanity.

Archbishop Manning and the Rev. Dr. Fraser spoke in favour of Mr. Holthouse's project, and the former speaker observed that he was glad indeed to find the plan originating among the medical men of London, since no class in the country knew so much of the evils of drinking as they. Dr. Fraser moved a resolution that a fund of £6,000 should be raised by shares of £25 each, at 5 per cent, secured on the property, and partly by the help of voluntary contributions.

Mr. Ernest Hart seconded this proposal, and made the remark that the great safeguard of such an institution as this was that it was under the public eye and public management to a great degree. This is very true indeed.

Dr. Charles Drysdale moved a resolution in favour of the appointment of the trustees mentioned in Mr. Holthouse's speech, and, in doing so, spoke of the terrible cases of secret drinking he had seen among ladies as well as gentlemen of excellent education. Nothing was more deplorable, he said, than to see such cases.

Mr. Robert Rae, in seconding the resolution, said that he was secretary to a temperance society, and that he was often asked by men of high position where they could send some member of their family out of harm's way.

Lord Shaftesbury made a telling speech in favour of the establishment of such an institution as that planned by Mr. Holthouse, which he thought was greatly needed. At the same time he said that it would be necessary to take heed as to the name given to the movement, and suggested that the word dipsomaniac was a dangerous one, and likely to make patients shun entering the home.

There is much truth in the observation of Lord Shaftesbury, and we do not see why the word "sanitarium" might not be employed, with a sub-title such as "Home for Persons of Intemperate Habits." That there is great need for such a home as that projected by Mr. Holthouse is evinced by the fact that many of the patients in hydrophobic asylums are already of this unfortunate class of drinkers who have lost power of self-control. Besides

this, there are numerous cases where persons of intemperate habits go to reside for a time in the house of some medical man, and many of these would naturally greatly prefer to seek a home where they could enjoy pleasant society, and have some occupation suitable to their turn of mind.

In a work by Dr. Magnan, of Paris, entitled "De l'Alcoolisme," which has obtained the prize of the Académie de Médecine recently, the author, in his second chapter, classifies the patients who are the subjects of alcoholic delirium, and bases his classification upon the degree of the poisoning. This gives valuable hints to practitioners, particularly with regard to the necessity for, and duration of, confinement in asylums. In his third chapter, also, he gives the symptoms and diagnosis of febrile delirium tremens—a subject which has puzzled many persons. It is a difficult matter in some cases to distinguish between the dangerous condition of febrile delirium and the comparatively more simple case of simple delirium tremens. Hence the divergence of authors concerning the gravity of the disease and the methods suitable for treating it. When delirium tremens exists with other diseases it may often be misunderstood, and thus erroneous treatment may be pursued.

In febrile delirium tremens, as Dr. Magnan teaches, fever is an essential element in the disease, and has an existence of its own; whereas, in the other form of delirium tremens, the fever may originate in pneumonia, erysipelas, pericarditis, or wounds, caused either by injury or therapeutic appliances. The fever progresses according to the cause—in the one case following a normal cycle, in the other varying with the intercurrent affection.

With regard to the remedy hydrate of chloral, which has been so much praised by some physicians in the treatment of delirium tremens, M. Magnan says that it has unquestionably a place in the treatment of brain diseases, since it affords a very soothing effect in giving repose in mania and in melancholia accompanied by insomnia; but it is not a good remedy in cases of poisoning by alcohol of grave nature, or in febrile delirium tremens. The best treatment for such cases are to protect the patient from injuring himself or others, to get rid of the poison, if possible, and to sustain strength.

Dr. Magnan's views as to chronic alcoholism, contained in his fourth chapter, are very instructive. He admits with former writers that the termination of chronic alcoholism is, in many instances, in general paralysis and dementia, and he explains why this is the consequence of prolonged courses of drinking. In many cases of confirmed drinking there is noticed to exist muscular debility, loss of general sensibility, and special sensibility.

It is a hopeful sign of the times in which we live that such questions as those of chronic alcoholism, health of towns, and other kindred topics in hygiene are coming to the front. The world will be less of a vale of tears when drunkenness is combated by the medical faculty—the only class of men who can thoroughly comprehend the enormous evils of chronic alcoholic poisoning.

Notes on Current Topics.

Dr. Beale's Lumllean Lectures.

THE nature of life is a question, says Dr. Beale, which has engaged the attention of the most thoughtful minds of all ages. But we still speak of the mystery of life. Many of those who are teaching at this day that physical and chemical processes constitute the life of the higher animals are perfectly aware that there are certain phenomena which cannot be explained by physics and chemistry.

Dr. Beale expresses himself as strongly opposed to the doctrines now generally taught and fast becoming widely diffused. It is dogmatically asserted, he says, in the plainest language, that all living things are machines, and all their actions mechanical. It is said that the sun forms living beings; that the brain and all organs are built up by the sun; that all the actions of living beings are mechanical, and that all things alive are machines; that living organisms, as well as crystals, are the product of molecular forces; that the mind, the intellect, the will, thoughts, and emotions, as well as the body, were all once latent in a fiery cloud; and that the present world and all its inhabitants, past and present, as well as those to come, lay potentially in the matter which was once cosmic dust; that the lowest forms of living approximate very closely to non-living material: whilst only matter and material forces—only atoms and atomic forces—have been and are concerned in the formation of all things, living as well as inanimate.

Dr. Beale then points out that up to this time no one has succeeded in showing that the above propositions contain the vestige of a substratum of truth.

Those who force such views on public attention, says Dr. Beale, incur a serious responsibility, but I am not sure if scientific men who strongly disapprove of the course taken, and who know full well that many of the extravagant assertions now made in the name of science, and from a scientific platform, cannot be supported by facts, do not, by their silence, incur a responsibility equally grave, inasmuch as they permit arguments which they know to be unsound to be advanced in the name of science without objecting to them.

Dr. C. J. B. Williams on Vivisection.

AT the annual meeting of the Royal Medical and Chirurgical Society, held on March 2, Dr. C. J. B. Williams delivered his annual address. He spoke with feeling of the loss to the profession caused by the deaths of Dr. Anstie and Sir Ranald Martin. Sir Ranald Martin, throughout his long and busy life, both in India and after his return to England, was quite as much occupied in honorary and gratuitous employment as in making provision for his large family. Merchants, planters, and civil officials of high rank return from India with large fortunes after much less labour and shorter terms; but the most distinguished military medical officer, when obliged by ill-health to return, after 23 years of active service, finds himself obliged to resume practice for 34 years more, without any enjoyment of that *otium cum dignitate* to which he was so fully entitled. Do not the

lives of Anstie and Martin reflect honour on the profession by their noble and unselfish exertions in the cause of humanity? Nay, do they not represent the general character of the lives of medical men, who find themselves called on—and refuse not—to toil night and day, often sacrificing their health, sometimes their lives, for the relief of suffering, without, or with very inadequate remuneration. Doubtless it is a noble and God-like work, and assuredly they have their reward; but this comes not from the gratitude of the public, nor from the appreciation of their services by the upper ranks of society; because, unfortunately, the numbers and needs of medical men are commonly so great that some are ready to proffer their services at any or at no price; the public expects from them gratuitous work which would not be thought of with any other profession or trade.

Dr. Williams then referred to the proposition made by the Royal Society for the Prevention of Cruelty to Animals, that their secretary, with two others, shall be present whenever we have to perform experiments on living animals. Those only profoundly acquainted with physiology can be competent judges of the necessity of making experiments on living animals, and of the most merciful modes of conducting them, and such experts, being also practitioners of the healing art, a great aim and constant object of which is to relieve pain and mitigate suffering, may be implicitly trusted without the espionage and surveillance of impulsive and unqualified observers. In justification of vivisection for strictly humane and scientific ends, it has been fairly argued that if whole hecatombs of animals are habitually and ruthlessly sacrificed, not only for food, but for luxury and for sport, and often with little or no consideration for their individual tortures, there is a much more natural and cogent plea for the use of a few for instructive investigations which have an intimate bearing on the relief of suffering humanity.

The Treatment of Syphilis.

IN the debate at the Medical Society of London following upon Dr. C. R. Drysdale's paper on the "Antecedents and Treatment of Syphilis," Mr. Acton said he should have much liked to hear from the author of the paper his experience of cases of syphilis treated without mercury. He was glad to find that Dr. Drysdale was no longer afraid of that most useful remedy in primary and secondary lesions, and hoped that he might be induced to use it in certain cases of tertiary disease also. He had not remarked that women suffered more from tertiary syphilis than men.

Mr. L. Brown said he supposed that the last remark of Mr. Acton arose from the fact that Mr. Acton's experience was chiefly among private patients. He was much in favour of local treatment with nitrate of silver in such cases.

The President, Mr. V. de Méric, said that the question brought forward by the author was chiefly this: Do long courses of mercury tend to prevent tertiary syphilis? He decidedly thought so, but would not like to lay down a fixed rule for the treatment of all cases of syphilis in order to prevent tertiarism. At any rate, it was very wrong to do as had been done by some surgeons and physicians in

Edinburgh—i.e., to attribute tertiary syphilis to mercurial treatment.

Mr. Spencer Watson thought that sometimes, when iodide of potassium failed in tertiary syphilis, arsenic might be useful, and asked the author if that was his experience.

Brighton Provident Hospital.

We are glad indeed to see that the town of Brighton is taking the lead in inaugurating a hospital on the system of providence, so frequently praised by ourselves and other medical journals in the interests of the profession and the public together. At a late meeting in Brighton the question to be decided was whether a provident and self-supporting hospital should be erected, or whether the accommodation already existing at the Sussex County Hospital might, to a certain extent, be made use of. It was found on inquiry that the present hospital has no power to make such an alteration as to admit of this experiment being carried out. It seemed generally to be thought at the meeting referred to that the provident system was quite applicable to the in-patients of hospitals. It is argued, most truly, we think, by the advocates of the provident system that the actual system tends to improvidence and pauperism of the lower middle classes and skilled workmen, when these classes know well that they can obtain gratuitous advice and treatment when diseased. It would be far easier in the country to find out the circumstances of patients applying for relief to hospitals, and the experiment may therefore well be tried first of all in a city like Brighton. We therefore wish all success to the future Brighton Provident Hospital, and we trust that its inauguration may ere long be followed universally by our provincial towns, and perhaps, finally, that it may come to the aid of that distressed class—the hospital physicians and surgeons of London.

Coffee, Cocoa, &c.

DR. DUSART (*La Tribune Méd.*, January 24th, 1875) says that it is curious to think upon what slight grounds opinions are often founded in physiology. Thus, Dr. Gasparin, some years ago, asserted that the miners of Belgium, very robust men, eat only a little bread, some potatoes, and a very strong infusion of chicory. This gives an explanation of the marvellous tales believed by many concerning the power of coffee and coca to give strength.

Cocoa, coffee, and tea, having no more right to the title of azotised foods than alcohol itself, which is so different in composition, and yet so similar in its effects to these substances, have at length been classed as stimulant medicines.

Here theories abound, and with them various denominations, such as "medicines to save the tissues," *anti-perditeurs* "dynamophore foods." This last term, proposed by Dr. Gubler, gives a good idea of the notion this learned professor has conceived as to the part played by these substances. He thinks, indeed, that these substances are charged with a certain dose of force they have the power of handing over to the nervous system at once.

Evidently this mode of action does not appear to Dr. Gubler to apply to all exciters of the nervous system. But

how are we to reconcile this theory with the one ordinarily received? For one of two things must be true: either force has an existence independently of chemical and physical reactions, then certain bodies may absorb a certain quantity of it and transport it to other bodies, thus fully meriting the name of dynamophores; or force is indeed the result of chemical and physical action, and is only developed proportionally as these actions proceed, so that to a certain quantity of muscular work there corresponds an equivalent proportion of combustion and metamorphosis of the elements of the economy. In this case there is no transmission of force, but simple transmutation, as everyone knows is the case.

But, if so, where do we find in coca, or in coffee, &c., the principles whose transformation determines the production of the ascertained forces?

To M. Gubler, who compares the action of such substances to electricity, or fulminates, we may reply, that electricity itself is but the consequence of chemical reactions, and an example of transmutation of forces, and the fulminates are all composed of elements of which each passes into the state of gas, of which the force may be calculated. There is no analogy between them and the action of coffee, &c.

Of late years Dr. Masraud has made experiments on himself with these substances, and finds that coffee, tea, &c., excite the muscular activity, whilst they make the integuments anæmic for the moment, and thus diminish the peripheral combustions. He concludes that they are at once excitants of the cerebro-spinal nerves and depressors of the ganglionic system.

It would seem, however, more rational to say that they excite both of these systems of nerves. During muscular effort, whilst a part of the heat produced is transformed into useful work, another very considerable part, absorbed by the production of the sweat, and by the elevation of the temperature which radiates from the whole of the body, constitutes a loss and a powerful cause of exhaustion. Is it not evident that, if we can suppress, or at least diminish the superfluous peripheral combustions, we shall diminish in the same proportion the fatigue of the worker and the expense of his food.

Ligature of Arteries.

DR. ED. LANG gives (*Centralblatt für Chirurgie* No. 32, 1874, and translated in the *Boston Medical and Surgical Journal*) a résumé of 11 cases of ligature of arteries in their continuity. The common carotid was tied twice, the lingual four times, the subclavian once, the external iliac once, the femoral once in Scarpa's triangle, and once under the sartorius. The following is a résumé of the cases:

1. Gliosarcoma of the right tonsil. Osteo-plastic resection of the lower jaw, ligature of the right common carotid previous to extirpation of the tumour. Death at the end of ten days. Immediately after the ligature, bluish discoloration of the right side of face and temple; also enlargement of the temporal artery. The operation was bloodless. Embolism of the *arteria fossæ Sylvii* brought on apoplectic symptoms and death.

2. Recurrent sarcoma of lymphatic glands on the right side of neck. Extirpation. Ligature of common carotid.

during the operation. Recovery. Recurrence of the sarcoma, accompanied by hæmorrhage, rendered an operation necessary; during the operation, the bleeding was so excessive that the carotid was tied.

3. Carcinoma of tongue. Extirpation after ligature of the right lingual artery. Recovery. Subsequent return of the disease, with usual result.

4. Carcinoma of the tongue and of the floor of the mouth, and of the lower jaw. Ligature of both lingual arteries. Extirpation. Oedema of the glottis. Tracheotomy. Death from septicæmia. In this case the larynx was so low down in the neck that the incision for tracheotomy had to be extended to the sternum and the thyroid cartilage drawn up by hooks and forceps.

5. Carcinoma of tongue and floor of mouth. Preliminary ligature of one lingual artery. Extirpation of the growth. Diphtheritis, pyæmia, death. A pyæmic inflammation of one sterno-clavicular joint existed.

6. Union, with deformity, after fracture of the neck of the humerus. Resection of the projecting end of the lower fragment. Hæmorrhage from a resulting abscess; ligature of the subclavian under the clavicle; recovery.

7. Compound fracture of the right thigh. Hæmorrhage from an abscess. Ligature of the right external iliac. Death from exhaustion, on the twenty-third day after ligature. At the autopsy, the ends of the arteries were thickened to double their size by growth of the middle coats; there was also amyloid degeneration of the liver, spleen, and kidneys. At the seat of fracture, a hollow cylinder of new bone enclosed the fragments, which were still movable.

8. Severe injury to the left leg. Amputation through condyles of femur. Ligature of femoral in Scarpa's triangle, of the external iliac, and, finally, of the branches of the femoral in the triangle, for secondary hæmorrhage. Recovery.

9. Total necrosis of left femur. Removal of sequestrum. Ligature of femoral under sartorius for uncontrollable hæmorrhage. Recovery. Ligature difficult, owing to the inflamed and thickened tissue.

Therapeutical Effects of the Paullinia Sorbilis, or Guarana.

DR. JOHN C. VAN WYCK, in the *Pacific Medical and Surgical Journal*, says he was first induced to try its virtues in the following case of headache, which had for some three years resisted nearly every known method of treatment:—

"Mrs. — had been for nearly eight years subject to headache, and was a confirmed dyspeptic. For several years past the slightest exposure to cold or dampness would affect the mucous membrane of the stomach, and a headache would invariably ensue. So intense was the suffering concentrating in one or the other eye, that a subcutaneous injection of morphia became a necessity for the temporary relief. Again, either a day preceding or subsequent to the catamenial period, a violent headache was sure to occur, despite every means suggested by numerous physicians to avert it. Without much faith on my part, and with far less on that of my patient, I commenced the administration of Grimault's powders of Paullinia or Guarana, each of which contains thirty-three grains. At the time of taking the first powder there was considerable gastric irritability, and it was thrown up in about half-an-

hour. The severity of the attack was, however, somewhat mitigated. Two days after, experiencing all the premonitions of another attack, she took and retained a powder which not only afforded entire relief, but produced a feeling of vitality and force long a stranger to her. Towards night, the head again threatening, she took a second powder, and after a pleasant night's sleep awoke, feeling better than for months past.

"Nearly three months have elapsed since the first dose was taken, during which period there has occurred but one severe headache, and in that instance the administration of the remedy was postponed until the pain had become quite intense, and it then failed to arrest the progress of the attack. I had a letter from her a few days since, in which she says: 'God bless the discoverer of Guarana! It has never but once failed me, and I believe in that same instance had I taken it sooner should not have realised the severity of that attack. Nothing I have ever tried is at all comparable to it. Apart from the relief it affords, I feel afterwards a partial renewal of my once wanted vim.'"

Dr. Wilkes, of Guy's Hospital, some time ago drew attention to the power of this drug to correct sick headache, and he was confirmed by others. Dr. Rawson has since published in the *Irish Hospital Gazette* a statement of the cure of lumbago in his own person by the same remedy, after the failure of other means. He took fifteen grains at first, with relief for twenty-four hours. The pain returning, he increased the dose to forty grains, taking it twice a day for a week. The lumbago disappeared, but again returned, requiring a repetition of the medicine. He adds, as the result of many trials on other patients, that when the pain is acute and lacerating, Guarana acts like magic; but when it is dull and aching, the drug is slower in its action. Dr. Rawson comes to the conclusion that whenever the fibrous envelopes of nerves, the aponeurotic sheath of muscles, the fascia or tendons are the seat of pain, Guarana gives, if not instantaneous, at least very speedy relief, lasting from twelve to twenty-four hours.

The Rules for the Regulation of Irish Lunatic Asylums.

It will be recollected that much of our space was occupied this time last year in a discussion of the rules promulgated by the Irish Privy Council for the regulation of district asylums. As we then pointed out, these rules were framed, as has been the legislation on the same subject for many years, with the purpose of making the governors and visiting physician of the asylums mere puppets, and concentrating the entire authority in the resident medical superintendent and, through him, in the inspectors. In pursuit of this policy every important supervising function of the Board of Governors was either restricted or taken away altogether, and *inter alia*, it was ordered that all tenders for asylum supplies which were rejected by the governors should be sent to the inspectors in Dublin for inspection. This impertinence exhausted the patience of the governors of the Limerick Asylum, and, as the authorities refused to withdraw the rule, several of the leading members of the board resigned their governorship, and the subject seemed to have dropped. We learn, however, that after the lapse of many months the Castle authorities have given in.

At the meeting of the governors, last week, a communication was read by the clerk from the Under Secretary, stating that, in deference to the unanimous wishes of the Board of Governors, the Government had agreed to rescind the Privy Council rules, which required that all rejected tenders received by the Board of Governors should be sent to Dublin Castle for inspection. The Government had now

arranged that the inspector should examine the rejected tenders in the office of the lunatic asylum.

Lord Emly observed that the Government had entirely met the wishes of the board in rescinding a rule which the entire of the board had agreed in regarding as most objectionable, if not insulting.

It was agreed that Lord Emly should communicate with the governors who had recently resigned in consequence of the existence of the rule referred to, with a view to ascertaining whether they had any objection to be re-appointed.

We hope we may read this concession as evidence of a coming termination to the "Nugent Dictatorship" under which the Irish district asylums have suffered for so many years, and from which these obnoxious rules are the direct outcome. The domination of this policy has been most injurious to the Irish lunacy system, and we trust it is coming to an end.

Legalisation of Foreign Medical Diplomas for Women.

MR. COWPER has obtained leave to bring in a Bill to amend the Medical Act of 1858, as far as relates to the registration of women who have taken the degree of Doctor of Medicine in a foreign university.

The "Deutsche Klinik."

DR. ALEXANDER GOSCHEN, the editor of this well-known Berlin periodical, has just died somewhat suddenly of pneumonia, in the sixty-second year of his age. He founded the *Deutsche Klinik* twenty-six years ago, and edited it to the time of his death (the number for the 13th inst. containing an article by him on Servetus), it being the first great medical weekly journal ever established in Germany.

Statistics of Suicide in Prussia.

THE statistical office of Prussia has just published a table of the suicides in that country, from 1869 to 1872, drawn up with characteristic minuteness of detail.

Suicide amongst men was, on an average, four times as frequent as amongst women. With regard to age, the tendency increases with age in men. The greatest number kill themselves between from ten to fifteen years of age, and between fifty and sixty. In women the tendency to suicide is most marked from fifteen to twenty years of age, and when they have passed their seventeenth year. Married people contributed 452 suicides per 1000; unmarried persons above fifteen years of age, 339 in the 1000.

Some more of Mr. Solater-Booth's "Usages of Trade."

At the Hanley Police Court a grocer was summoned for selling pepper as genuine which was adulterated. The analyst's certificate was to the effect that the pepper was adulterated with sharp sand to the extent of 6.96 per cent. The sample was further adulterated with wheat, linseed, and other vegetable matter to the extent of 20 per cent. It was so adulterated as to be distinctly injurious to health.

At the same court another grocer was summoned for

selling a bottle of adulterated pickles. The analyst's certificate stated that the pickles were adulterated with sulphate of copper to the extent of 3.27 grains to the imperial pound, which made them very injurious to health. The defendant was fined 10s. and £3 4s. costs. He complained that he was being punished for another person's offence, the pickles having been sold as they were received from the manufacturer. The bench told him that he was not fined for adulterating the pickles, but for selling them.

Pharmaceutical Society of Great Britain.

THE next evening meeting will be held on Wednesday evening, April 7, 1875, at eight o'clock. The Chair will be taken at half-past eight precisely.

It is generally understood that Dr. Fayer, physician to the Council of India, will accompany H.R.H. the Prince of Wales during his contemplated tour in that country. As the time H.R.H. takes his departure is somewhat remote—seven months—it is not impossible that this arrangement may be subject to alteration.

LAST Wednesday, the annual dinner in aid of the funds of the Jews' Hospital, was held at the London Tavern, after which a subscription list by those present, amounting to £1,600, was read by the secretary.

DR. HORACE DOBELL has been presented with a vote of thanks, handsomely illuminated on vellum and framed, on his retirement from the post of Physician to the Royal Hospital for Diseases of the Chest, City Road, after sixteen years service. At the sixty-first annual general court of governors held recently, Dr. Dobell was unanimously elected a consulting physician to the hospital.

AT the annual court of the governors and subscribers of University College Hospital, held on Wednesday last, the report showed the receipts of the past year to have been £16,501, and the expenditure less that amount by about nearly £3,000. In the evening the annual dinner was held, under the presidency of Lord Houghton, when the sum of £1,010 was subscribed.

WE regret to announce the sudden death of Dr. Silas Palmer, F.S.A., the well-known archæologist, which took place at his residence at Newbury, on Wednesday last. Deceased had an extensive medical practice, but found time to carry out many researches of archæological and antiquarian interest in Berks and the adjoining counties. He was little more than sixty years of age, and had compiled a vast amount of information on antiquarian subjects.

A MARRIED woman has died last week from an overdose of "bitter apple," or colocynth, taken to cause abortion. The druggist sold two-pennyworth of the medicine (120 grains) to a child without any warning and without any label on the paper covering, and, as a consequence, the woman took the whole quantity and died of purging. Nothing could be got from the shopboy who sold the drug but a flippant declaration that he considered the druggist

"a better judge of what it was right to do than anyone at the other side of the counter." We are told that a verdict was returned in accordance with the evidence. If so, it should have been "manslaughter against the chemist's assistant."

THE Fellows of the Royal College of Surgeons, Ireland, met on Thursday last, to witness the election of a Professor of Chemistry in the place of Dr. Emerson Reynolds, recently elected to succeed Dr. Apjohn in the University of Dublin. The candidates for the chair were Dr. Cameron the Analyst of the City of Dublin, and Lecturer on Chemistry in the Ledwich School, and Dr. Davy, Professor of Forensic Medicine in the College School. Dr. Cameron was elected. By his promotion the Chairs of Chemistry in the Ledwich and Stevens' Hospital Schools, and the Professorship of Hygiene in the College of Surgeons become vacant.

Literature.

HEREDITY (a).

By heredity Professor Ribot means to intimate that biological law by which all beings endowed with life tend to repeat themselves in their descendants. In other words, the term heredity is used to designate the law which states that certain personal characteristics tend to be transmitted by inheritance. M. Ribot says that the physiological side of this question has been studied, but not its psychological side, and he proposes to supply the deficiency by the publication of the present work. But the hereditary transmission of mental faculties, considered in its phenomena, its laws, its consequences, and especially in its causes, is so closely connected with physiological heredity that the psychological and physiological aspects of the subject can scarcely be separated from each other by a sharp line of demarcation, and M. Ribot frequently touches on physiological as well as psychological questions in the course of his book.

The work before us is divided into four parts—viz. : I. The Facts ; II. The Laws ; III. The Causes ; IV. The Consequences. To these is prefixed an introduction on Physiological Heredity.

In Part I. M. Ribot first treats of instincts, natural and acquired. He thinks it possible that instincts may be only habits fixed by heredity. In the chapter on the Sensorial Qualities some curious instances of heredity are given. We select a few :

It has been observed, says P. Lucas, that parents transmit to their children the most singular perfections and imperfections of touch. There are, probably, in the skin no modes of hyperæsthesia or anaesthesia that could form an exception to this rule. A woman whose tactile sensibility was so exalted that for her the slightest hurt was an agony, married a man endowed in the highest degree with the opposite quality. He did not lack intelligence; but his heart and his skin were impassible. A daughter was born to them, and she is as insensible to external pain as her father himself. We have seen her endure, without complaint, and even without appearing to notice it, pain which would have been very acute for ourselves.

A family from the south, says the same author, who was acquainted with the persons, came to Paris some time ago. Several of the children were born in Paris; but those born there, as well as those brought there from the south, were, in childhood, extremely sensitive to cold. One of the daughters married a man from the north, who is insensible to cold, provided it is not excessive. The child born of this union is more sensitive to cold than even its mother; like her, he shivers at the slightest fall of temperature, and so soon as the air becomes cold, he is afraid of leaving the house.

(a) "Heredity: a Psychological Study of its Phenomena, Laws, Causes, and Consequences." From the French of Th. Ribot, Author of "Contemporary English Psychology." London: Henry S. King and Co., 1875.

He also gives some curious cases of hereditary idiosyncrasies :

Cases are on record of families all of whose members are tormented with the fixed idea that people want to murder them or poison them. A woman affected with lypemania was sent, at the age of 42, to an asylum, and there died. It was discovered that her grandfather and her mother had been insane; and her son, barely 15 years of age, already gave signs of lypemania. (a) In 482 cases of this disorder Esquirol found 110 to be insane.

Here is a story about Montaigne of special interest to doctors :

Montaigne, who took an interest in the question of heredity, because he derived from his family a tendency to stone, inherited also an invincible repugnance for medicine. "The antipathy," he says, "is hereditary. My father lived 74 years, my grandfather 69, and my great grandfather almost 80, and never tasted nor took any kind of physic, and for them anything not in common use was a drug. My ancestors, by some secret instinct and natural inclination have ever loathed all manner of physic—the very sight of drugs was an abomination to my father. The Seigneur De Gerviac, my paternal uncle, who was an ecclesiastic, and sickly from birth, and who, notwithstanding, made his weak life hold out to the age of 67, falling once into a high protracted fever, the physicians had word sent to him that he must surely die if he would not take some remedy. The good soul, affrighted as he was at this horrible sentence, said: 'Then it is all over with me!' But God soon made their prognostications to prove vain. Possibly I have received from them my natural antipathy to physic."

Professor Ribot gives some curious instances of hallucination of the senses, many of which, as being of especial interest to our readers, we would quote, did space permit. The following is certainly a rather uncommon form of hallucination :—

A man in the Lyons Hospital was subject simultaneously to hallucinations of taste and smell; tormented by disgusting odours and tastes, he spent whole hours in blowing his nose and spitting. His father had died in the same hospital from the effects of mania with hallucination.

The following instance of optical hallucination is also interesting :—

Abercrombie cites a case of hereditary hallucination where the reason remained intact. "I know a man," says he, "who all his life has been subject to hallucination. This disposition is of such a nature that if he meets a friend in the street, he cannot tell at once whether it is an actual person or a phantasm. By dint of attention he can make out a difference between the two. Usually he corrects the visual impressions by touch, or by listening for the footfalls. This man is in the flower of his age, of sound mind, in good health, and engaged in business. Another member of his family has had the same affection, though in a less degree."

Instances such as the following are, unfortunately, only too familiar to most of our readers :—

Trélat, in his work "Folie Lucide," states that a lady of regular life and economical habits was subject to fits of uncontrollable dipsomania. Loathing her state, she called herself a miserable drunkard; and mixed the most disgusting substances with her wine—but all in vain, the passion was stronger than her will. The mother and the uncle of this lady had also been subject to dipsomania.

On the subject of presentiments, M. Ribot quotes an anecdote which, though familiar to many, may have been forgotten by other readers. Here it is :

The following curious case is taken from Brierre de Boismont. If we accept the anecdote as true, we must, says Dr. Delasiauve, recognise the principal cause of the phenomenon in the heredity of a nervous affection :—

"Marshal de Soubise related, in presence of Louis XIV., that as he was one day conversing in his cabinet with an English lady, he all at once heard the lady utter a shriek, and saw her rise to go away and fall unconscious at his feet—this without any external cause. Filled with surprise and concern, the Duke de Soubise rang the bell. The servants ran in and attended on the fainting lady, who soon came to

(a) *Gazette des Hôpitaux*, October 19, 1874. See also Moreau, 192; Maudsley, 376.

herself. 'Do not detain me,' she said to the marshal, excitedly, 'I shall scarcely have time to put my affairs in order before I die.'

"She then told M. de Soubise that both sides of her family had the gift of divination; every member of it had been able to name the very hour of their deaths a month beforehand. She added that, in the midst of the conversation she had held with M. de Soubise, her own double had appeared to her in the mirror before her. She saw herself wrapped in a shroud, over which was a black cloth, sprinkled with white tears; at her feet was an open coffin.

"A month after this occurrence M. de Soubise received a letter informing him that this mysterious premonition had been proved true by the event." (a)

It is natural to suppose that these sudden visions are due to a certain mental constitution hereditarily transmitted; imagination does the rest, and on the appointed day brings about the catastrophe, which is thus an effect, not a cause.

The loose way in which people constantly speak of hereditary talents, vices, and virtues is admirably exposed by our author, and on this important subject we give another extract:

We often hear of hereditary talents, hereditary vices, and hereditary virtues; but whoever will critically examine the evidence will find that we have no proof of their existence. The way in which they are commonly proved is in the highest degree illogical; the usual course being for writers to collect instances of some mental peculiarity found in a parent and in his child, and then to infer that the peculiarity was bequeathed.

By this mode of reasoning we might demonstrate any proposition; since in all large fields of inquiry there are a sufficient number of empirical coincidences to make a plausible case in favour of whatever view a man chooses to advocate. But this is not the way in which truth is discovered; and we ought to inquire not only how many instances there are of hereditary talents, &c., but how many instances there are of such qualities not being hereditary.

Until something of this sort is attempted, we can know nothing about the matter inductively; while until physiology and chemistry are much more advanced, we can know nothing about it deductively.

ON BRITISH WILD FLOWERS CONSIDERED IN RELATION TO INSECTS. (b)

THE author of this interesting little volume, one of the "Nature Series," believes some apology is due, from the circumstance that, although a naturalist, he has made no "serious study of botany until recent researches brought prominently before us the intimate relations which exist between flowers and insects." Sir John Lubbock is well known for his love of natural history, and for a rare power of placing a subject in a popular and attractive form before his readers, and no apology is needed for an attempt, which is undoubtedly a successful one, to direct attention to the intimate and important relation that exists between wild flowers and insects.

The intimate relation now known to exist between flowers and insects was first brought to light so long ago as the year 1793 by Springel. He pointed out that the forms, colours, scent, and honey of flowers are related to the visits of insects, and that this busy, useful tribe of little creatures transfers the pollen from the stamens to the pistil, and consequently forms and colours of flowers were modified and influenced by those visits. His work did not, however, attract much attention until the publication of Darwin's researches, who also was the first to discover that insects transfer the pollen from the stamens of one flower to the pistil of another. The importance of this cross fertilisation has since been proved by Darwin's continued researches, followed up by those of other naturalists, Hooker, Bennett, and H. Muller. The latter observer has brought together

the observations of previous writers, and added to them an immense number of his own. As flowers are highly important to insects, so in many respects are insects an absolute necessity to flowers. Beside those properties adverted to, as scent, colour, &c., the ornamental parts of flowers have special reference to the position of the honey. These honey-guides to insects are, it appears, altogether wanting in night flowers; and it may be laid down as a rule that those flowers which are not fertilised by insects possess neither colour, scent, nor honey. Sir John Lubbock, after describing the parts of the flower engaged in the fertilising process, refers to a number of very interesting examples of cross fertilisation, as well as other curious experiments. "But if flowers have been modified with reference to the visits of insects, insects have also in some cases been gradually modified so as to profit by their visits to flowers. This is especially the case with reference to two groups of insects—namely, bees and butterflies. Although the whole organisation of the insect might be said to have reference to these relations, still the parts which have been the most profoundly altered are the mouth and the legs. If we are asked why we assume that in these cases the mouth and legs have been greatly modified, the answer is, that they depart greatly in type found in allied insects, and that between this original type and the most modified examples various gradations are to be found."

The author conclusively exemplifies this in a number of carefully executed drawings of the mouth and legs and parts concerned in the process. That the perfume of flowers exerts a considerable attraction to insects, no one who has watched a bee in a green-house will be inclined to doubt. Bees also are much attracted by odours agreeable to ourselves; while flies, on the contrary, prefer colours and odours which to us are decidedly unpleasant. In some cases the author observed that the effect of colour and scent on insects is also greatly enhanced by the association of several flowers in one bunch, as in the lilac, wild hyacinth, &c., while some insects confine themselves to particular flowers. Perhaps no group of flowers show so many remarkable adaptations in their special relations to insect fertilisation as orchids. To Darwin we are indebted for an immense amount of curious and highly instructive information about these beautiful flowers.

A remarkable peculiarity of plants and flowers with reference to their relation to insects is the habit of "sleeping" which characterises certain species. The habit of closing their petals during rain is obviously to prevent the pollen from being washed away. But why should flowers go to sleep?

"In animals we can understand it; they are tired, and require rest. But why should flowers sleep? Why should some flowers do so, and not others? Moreover, different flowers keep different hours. The daisy opens at sunrise, and closes at sunset, whence its name, 'day's eye.'" Many open and close, it appears, at particular hours, as if to guard against the robbery of the pollen by insects incapable of fertilising flowers; while wind-fertilising flowers never sleep, and night-flowering blossoms are generally deficient in the attractive scents, spots and lines which serve as honey-guides to bees.

We have said enough to show the interesting nature of the subject, which, as our author observes, "is as yet only in its infancy," while it offers "a rich field for observation and experiment," and we sincerely trust he may have the leisure and inclination to pursue these investigations, and thus materially aid in completing a work so promising in results as that of the fertilisation of flowers by insects.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE (a).

THIS is a handbook upon the Principles and Practice of Medicine, by the Professor of Hygiene in the University

(a) Brierre de Boismont, "Des Hallucinations," p. 536.

(b) "On British Wild Flowers considered in relation to Insects." By Sir John Lubbock, Bart., M.P., &c. Macmillan and Co. 1875.

(a) "Essentials of the Principles and Practice of Medicine." By Henry Hartshorne, A.M., M.D. 4th edition. 550 pages. Philadelphia: Henry C. Lea. 1874.

of Pennsylvania, and, as the title-page reveals the fact that it has reached a fourth edition, we presume that the voice of the profession in America has pronounced an opinion so favourable as to place it beyond the influence of adverse criticism. Unquestionably it deserves the success it has achieved. The author manifests a complete acquaintance with the latest researches of European physicians upon questions touching the principles of medicine; and in the chapters devoted to practice, it is evident that he has carefully studied the accepted authorities, and has condensed the theories and practice of the latest writers, whose voluminous works form the ordinary text-books of the medical schools. That portion of Dr. Hartshorne's handbook which is devoted to the Principles of Medicine will at once attract the student and practitioner by the excellence of its arrangement and the really valuable information compressed within a very small compass—witness the chapters upon general pathology, the examination and microscopic appearances of the urine, the physical diagnosis of disease, the use of the laryngoscope, the application of electricity in the treatment of disease, the spirometer, and the other modern aids to diagnosis. This section, extending to 160 pages, forms a very valuable handbook in itself, upon various topics, and not generally put before the student in works devoted to the principles of medicine. The author's style is clear and forcible, and he possesses in a remarkable degree the art of condensing without obscurity the conclusions which the original authors have stated at great length; and, while he fairly represents and balances conflicting views, he does not hesitate, guided by his own practical experience, to inform his readers of the line of practice to which he gives a preference. The illustrations throughout the volume are exceedingly good, the definitions are satisfactory, often original and valuable, and we do not remember any work which combines so much reliable information, and presents it in so clearly arranged and compact a form. To the student who has carefully read the larger works on the practice of medicine we can safely recommend Dr. Hartshorne's book as a very complete synopsis of the latest phases of medical theory and practice, and the busy practitioner can with advantage consult its pages when he is desirous of refreshing his memory upon some special point. The student ought to use this handbook in the manner that he may be supposed to use his own note-books upon the subject of the practice of medicine, namely, as a condensed *résumé* of the facts to be more laboriously acquired from a prolonged study of the ordinary text-books, its value consisting in the circumstance that it presents in a very concentrated form the varied information acquired at a great expenditure of time and labour in the perusal of original works comprised in many volumes. Valuable as such a synopsis of medical practice is as a compendium for the student, he must not trust to it alone, and for this reason, that the tenacity with which the acquisitions of his student days are retained in his memory depends not alone upon the amount of attention he may give to the study of medicine, but still more to the duration of the effort of such sustained attention. Manuals such as this, which contain in the most condensed language the views of many writers, cannot be legitimately used for the acquisition of knowledge, although they may be invaluable for awakening the recollection of facts already acquired and treasured up by varied and continuous study. With this caution we can strongly recommend Dr. Hartshorne's handbook to the students of the Dublin schools.

ON SPERMATORRHOEA. (a)

THE subject of "*pertes seminales involontaires*," or, as the disease is called in this country, *spermatorrhœa*, has

(a) "*On Spermatorrhœa: its Pathology, Results, and Complications.*" By J. L. Milton, Surgeon to St. John's Hospital. Tenth edition. 1875. London: Hardwicke, Piccadilly. Pp. 163.

always been confessedly a difficult one to treat. Love and marriage are sore subjects to the human race, especially in old and densely populated countries like England, France, or China. This is the fundamental reason why the subject of involuntary seminal emissions has been always more or less avoided by writers on medicine. For what, after all, is to be done? A young man comes to us, say of the age of 19, suffering from three or four emissions of semen a week. Are we to say, like one of the greatest London surgeons of the day—"Go to the other sex, I cannot cure your emissions, but I can cure you of gonorrhœa or syphilis?" or are we to advise the young man to marry, and bring unfortunate paupers into the world to be supported by their grandparents? or, finally, are we to give the patient some placebo, and tell him not to mind being ill? For to these conclusions must we come in some way or other.

Mr. Milton makes a good remark on this point in page 7, where he narrates how "some inventive genius at Paris conceived the happy idea of getting rid of the venereal disease altogether by turning out those affected with it to die of cold and hunger, much in the same way as lepers and idiots were caged, flogged, and tortured, with an eye to their improvement, moral as well as physical." He adds (page 10): "In my opinion there is only one remedy for this state of matters, and that is, for the leaders of professional opinion openly to recognise the disease. That the disease exists to a very great extent, far greater than is generally thought; that it yearly reduces hundreds, if not thousands, to impotence, and all its attendant evils, hypochondria, weariness of life, insanity, and so on; that not only every town, but every village could show victims to this neglected malady, are facts which I feel assured will not be disputed by those who have looked into the matter. And the remedy for all this misery is to leave matters to take their course! Certainly human ingenuity could devise no more efficient system for cutting the patient off from all chance of relief, and encouraging those who are ready to plunder him and aggravate his sufferings. Not one patient in fifty would, if he could avoid it, go to a quack; that he is driven to such a step is in a certain degree due to the present state of professional opinion on the subject."

Mr. Milton's work is divided into five chapters. The first of them is introductory. Chapter II. treats of the pathology and complications of spermatorrhœa. Involuntary seminal emissions constitute a large proportion of the cases about which the medical man is consulted, and he thinks that it is to this class that the name of spermatorrhœa ought to be confined. There is also, he says, an imperceptible draining away of semen, which may occasionally be found in the lower layers of the urine. This latter case, we suspect, is very rare indeed. Mr. Milton confesses that (p. 15).

Nocturnal emissions may be said to require treatment when the patient feels worse from them, and in men after 23 or so more than one emission a month requires attention. Mr. Milton alleges that he has often been consulted by young men suffering from acne, a disease which is supposed to have some connection with seminal emission; but most of the patients were continent. Emissions, says Mr. Milton, are invariably more or less injurious.

Diurnal emissions are not very common, says Mr. Milton; but when patients are travelling by railway or on horse-back they are occasionally subject to them. Many diurnal emissions are merely prostatic mucus.

Mr. Milton protests against the idea that an emission causes no more loss of power than a single connexion. Mr. Milton is too fond of harsh language, and applies epithets to Everard Home, and to Rousseau, that may be English in downrightness, but are dangerous weapons to play with. Could he not omit them in his next edition?

Mr. Milton, p. 26, gives the case of a patient going to physician after physician complaining of emissions, and by some is recommended tonics, by others connexion: "At last I know that scores of patients have told me that this was the answer they received. If the patient try

this and find himself unable to effect it, he is certain to be seriously and unnecessarily alarmed; if he succeed, he will go on substituting one form of emission for another till the first period of continence warns him by a return of the discharges that he is no nearer a cure than he was before. Then the patient wanders from one practitioner to another, and if he do not meet with some one who will grapple thoroughly with the disorder, purge his bowels well, blister the back of the neck and groins, put him on low diet, and cauterise the urethra, &c., till he has stopped the nocturnal emissions, he will go on injuring his health by the use of tonics and worrying about his symptoms till he makes shipwreck of it. I am putting no imaginary case; I merely describe what I have heard scores of times."

This last sentence shows that Mr. Milton is fond of cauterising the urethra and other operative procedures. We really thought all these things had been weighed in the balance and found wanting, and have come to the conclusion that the only rational cure for nocturnal emissions is connexion with the other sex. There are, of course, frightful cases of such gravity that our poor patients are exhausted by continual emissions, and quite perhaps permanently impotent. These are, like phthisis, incurable diseases in some cases; but in the vast mass of cases of nocturnal emissions marriage, i.e., exercise of the organs, is a rapid and brilliant cure. But, alas! how dangerous it is to give our advice in such cases. The whole of the problem of society lies in our appreciation of this point. And it is a heavy responsibility which any practitioner consulted about involuntary seminal emissions has to take on himself, whatever be the advice he gives.

Mr. Milton's book is worth reading, because so few books are published on this subject.

Foreign Medical Literature.

SIMPLE ULCER OF THE STOMACH—CURE BY MILK DIET—ADVANTAGE DERIVED FROM THE SIMULTANEOUS USE OF PEPSINE AND EXTRACT OF MALT.

(Translated from the *Journal de Médecine* by FRANCIS M. LUTHER, M.D.)

QUITE recently M. Siredey had an opportunity of observing a young man of three-and-twenty who had been sent to him as suffering from cancer of the stomach. He certainly had black vomits, but the vomiting, generally very copious, often brought up a considerable quantity of red blood. Pain was likewise complained of on a level with the xyphoid cartilage, and acute pain in the spine opposite to it. These symptoms had appeared suddenly. Not finding any tumour, and considering the youth of the subject, M. Siredey concluded it was a simple ulcer of the stomach. He submitted the patient to a rigorous milk diet, and a rapid cure soon confirmed his diagnosis. As soon as the vomiting and hæmorrhage ceased, the wasting and alteration of the features which had been considered signs of cachexia diminished. During his sojourn of six weeks in hospital the young man increased fourteen pounds in weight.

Cases of the kind are not very rare; the diagnosis cancer is apt to be made, an error which should be guarded against, because they are curable cases. However, it is often necessary to feel one's way; and in another case where milk completely failed, M. Siredey obtained a cure by quite different treatment, intended to compensate by chemical means for the insufficiency of digestion. In this case, as in the preceding, M. Siredey thinks that the age, the peculiar pain, and the hæmorrhages allow one to establish the diagnosis simple ulcer.

A man, aged 26, came under M. Siredey's treatment in the year 1873. This man had entered the navy at fourteen, and while voyaging about for four years had never been sick. During a sojourn of two years at Senegal, at the age of eighteen or nineteen, he had fevers, which lasted eighteen months. He was treated with ipecacuanha and quinine, and on the third day was seized with vomiting. Alcoholic stimulants, especially when introduced into the stomach, caused pain. Acute burning pain was felt on a level with the ensiform cartilage. The vomited matter sometimes consisted of food, sometimes was black, like coffee-grounds. After being under treatment for a considerable time he got well. Then, one day, as he was returning to France, the vomiting suddenly began again, and from this period he had numerous intermissions and attacks alternately of rest and of vomiting, with real hæmatemesis.

In 1872 he took a situation with a wine-seller, and frequently indulged in alcoholic potations, which appear to have singularly aggravated his complaint. In the month of January, 1873, the hæmatemesis returned, and he had to enter La Pitié, where he was six weeks under treatment.

In the month of April, 1873, he was again taken with hæmatemesis, after new alcoholic excesses. He then came to the Hospital Lariboisière. The pain at the xyphoid appendix was acute; he vomited absolutely everything he took. Ice, milk with Vichy water, were vomited immediately after being ingested. M. Siredey then prescribed 150 grammes of raw meat (about 5 ozs.), and 30 grains of pepsine wine (1 oz.). During ten days the patient had no vomiting, taking only ice instead of drink, and no other food except raw meat, increasing the quantity to 500 grammes, and following it up with the pepsine wine. He then tried to eat bread, but he soon vomited it up. Fifty centigrammes, or close to ten grains of diastase (made from barley) was then prescribed, to be taken after the bread, still continuing the pepsine wine with the meat. For five days there was no vomiting. It returned upon the patient taking a "tisane." After several days, the diastase running short, the lad was again taken with vomitings. These disappeared when he was able to get a teaspoonful of extract of malt at each meal.

After two months the patient left the hospital, in tolerably good condition, continuing to take every day the pepsine wine after the meat, and the extract of malt after the bread. He was seen again, after the expiration of two months, in very fair health, with the exception of slight gastralgia and difficult digestion. He had gradually left off the extract of malt, but continued to use the pepsine wine, taking a dessertspoonful at each of his repasts.

One should not count too much on the chemical effects of drugs; but neither should one reject them altogether. It may be seen from the preceding observations that amylaceous food was digested upon the introduction of diastase into the stomach, and azotised matter upon the introduction of pepsine. This artificial digestion succeeded wonderfully, and, the patient being able to retain his food, recovery gradually ensued, leaving only very trifling derangement of the digestion.

A NEW DISSOLVENT OF PHOSPHORUS.

By M. GERRARD.

(Abridged from *l'Union Pharmaceutique* by A. VICKERY, Chemist and Druggist of the Pharmaceutical Society of Great Britain.)

THE new substance proposed by M. Gerrard is resin, the residue of the distillation of turpentine; it can dissolve 4 per cent. or more of phosphorus. He gives to this new preparation the name of résine phosphorée. It is prepared as follows: Take a wide-mouthed stoppered bottle of strong glass, weigh it, heat it, and fill it very nearly with melted resin; again weigh it, and for every 98th part take 4 of phosphorus. Being careful that the

resin is still completely melted, the phosphorus is introduced, and the bottle immediately well stoppered. Place the bottle in a sand-bath, previously warmed, and digest at a temperature of 200° C., frequently agitating until solution is complete.

The resin should be quite free from water, and certain precautions must be observed. The phosphorus should be added in a single piece if possible, and be immediately sunk beneath the melted resin, otherwise it will take fire. The bottle should be almost full, or there is risk of accidents, and in addition the volatilised phosphorus will be deposited in the upper part of the bottle. The sand-bath should be maintained at a temperature between 200° and 210° C.; at a higher temperature the resin boils, and phosphorus takes the amorphous state. Formula proposed is as follows:—Résine phosphorée, strength 4 per cent., and powdered white sugar, quantity sufficient for pills containing each 1 milligramme of phosphorus; pulverise the resin, add the sugar, and make a pilular mass by means of tincture of balsam of Tolu.

M. Abraham recommends that balsam of Tolu be used instead of resin, as it is fusible below the temperature of boiling water, and at the same time denser. By this means a fertile source of danger to the operator is avoided, and the phosphorus is not liable to oxidation. The baume de Tolu phosphoré of M. Abraham therefore appears a preferable preparation.

Correspondence.

CIRCUMCISION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I cannot agree with Mr. Powell as to the necessity of circumcision regarding Christians. I think this gentleman would do well to reflect that amongst savage races venereal diseases were not known till introduced by the white races. The savages never practised circumcision. I have been a close observer of their habits and customs in various parts of the world. They are, as a rule, a water-washing race, particularly the women. Moses made a religious edict of circumcision because he had to manage a notoriously unclean lot in his day. The habits of the Continental Jew race up to the present period speaks for itself. A correspondent of the *Telegraph* last year described the European Eastern Jews and their habits, enough to nauseate even a doctor. There is no question in my mind and experience that woman creates in herself, by promiscuous sexual intercourse, vaginal diseases, developing into venereal, and men afterwards, when infected, spread it. Cleanliness is next to Godliness, and women should always frequently wash their persons, as their vaginal secretions invariably alter if they do not do so. Let men also wash their persons, and no circumcision will ever be necessary. On the contrary, Nature is a far superior surgeon or doctor to man. She did not give a covering to the glans penis, or eyelids to the eyes, without a perfect reason. I look on a Rabbi as having religious circumcision on the brain, and many young surgeons—aye, old ones too—have in my experience “operation” on the brain largely developed. Several Jews told me that circumcision induced constant excitement of the penis. The result was chronic seminal discharge and debility following.

Yours truly,

A SURGICAL OBSERVER OF EXPERIENCE.

FUNGUS DISEASE OF THE EAR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Noticing in your issue of March 24 a review of Dr. J. P. Cassells' paper on “Fungus Disease of the Ear,” in which you very properly draw attention to the fact that Dr. Cassells is mistaken in his statement that fungus affections of the ear have been overlooked in England, basing such conclusion on Mr. Hunter's statement in 1874, “that he had not seen such a form of ear disease, nor did he know of an aural surgeon who had,” in which you also mention that

Mr. John Grove had published a case in the *Quarterly Journal of Microscopical Science* in 1857, illustrated by some admirable drawings of these affections, I think it but fair to draw attention to the fact that in my work on “Deafness and Diseases of the Ear,” published by Messrs. Baillière and Co. in 1873, I devoted a chapter to the diagnosis and treatment of fungus growths occurring in the aural structures, and which are by no means of such rare occurrence as some writers would lead you to suppose. To discriminate between fungoid and polyloid growths in the ear requires a certain amount of careful investigation, but when such care is given the diagnosis is attended with but little difficulty.

I am, Sir, your obedient servant,

J. P. PENNEFATHER.

57 Harley Street, Cavendish Square, W.

THE DISEASE CALLED SCARLATINA, OR SCARLET-FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It appears that this disease, like some others, carries off its victims before the doctor has had time to think about it; the poison in such cases must be of a very virulent character, and it seems to me in cases I have heard and read of that the doctor might just as well have remained at home for all the good he did or could do. When this disease appears in public seminaries, or other such places, the precaution taken is the dispersment of the inhabitants, with the permission to carry with them the seeds of the disease for the purpose of dissemination. Is this prudent? Let us look at this disease in a scientific manner. What is scarlatina? It appears that the surface of the body becomes of a scarlet red, that is, the microscopic arteries of the cuticle are injected with arterial blood, the result of a peculiar poison having been absorbed into the sanguiferous system, accompanied by many of those symptoms incident to the absorption of such poisons. If the poison is mild the cuticle alone will suffer; it will be destroyed and may be scraped off in scales, and a new one is quickly formed; there is not much suffering, and the recovery is easy; but great care should be taken to prevent a relapse. When the poison is more virulent the mucous coat of the throat and mouth are attacked, and in very severe cases no doubt the disease proceeds further down, and these cases are almost always fatal. This disease, then, is simply inflammation of the cuticular and mucous surfaces, the result of a particular poison. In all such cases we may receive it as a general law that the blood is disorganised. The treatment by sudorifics or diaphoretics is, in my opinion, little better than saying, “I will do what I can,” as they cannot act upon the blood in such a state. The scientific treatment should be what I call purification and repression; the blood should be purified by the nitrate of potash, and the arteries of the mucous surfaces repressed by the muriated tincture of iron. The worst case I ever had was that of a newly-married lady, and I saved her life by this mode of treatment. The discovery of this mode is not mine, it belongs to my son, Dr. J. W. Lane, of Bishop's Castle, who has been very successful in his mode of treating this malady. The tincture may be used in its purity if diluted with water, equal parts of each, or one of water to three of the tincture, and applied with a camel-hair pencil every two hours. In the case I have spoken of, the husband told me afterwards that, on observing the relief his wife obtained from the application of the tincture, he applied it himself every hour, thereby, as he thought, hastening the recovery. No time should be lost in the active treatment of this malady, nor should the patient be left, if possible, to an ignorant careless nurse that might sleep nearly the whole night. Nauseating medicines in this disease will not arrest the heart's action, nor diminish the injection of the arteries. Patients should not be crowded together; free ventilation and plenty of room; there should be a fire in the room if possible, and the heat about 60° Fahr.; do not force food when there is any reluctance to take it, as it only annoys and irritates the stomach. Experience has proved that a change even from room to room in the same house has had a salutary effect. If the doctor's orders are not carried out to the very letter he should not be blamed if from their neglect the case

should prove fatal; and we cannot overlook the most extraordinary fact that, a convalescent returning home, the whole family may be attacked. But there will be always this to be said, that they might have been attacked had the person not returned, as, how did it first originate?

I am, Sir, yours most obediently,

Douglas, Isle of Man,
March, 1875.

ALEX. LANE, M.D. R.N.

Gleanings.

Milk Kept by Chloroform.

THAT milk can be kept sweet by the addition of a little chloroform is a suggestion for which we have to thank Mr. Barnes, of London. When added in sufficient quantity to fresh milk, the lactic fermentation is prevented. To two eight fluid ounces of fresh milk was added respectively, ten and twenty minims of chloroform; they were kept in a warm place, and occasionally agitated; after five days had elapsed, that containing ten minims had developed lactic acid in quantity sufficient to separate the casein, whilst that containing twenty remained fresh and good. It might be found convenient to preserve milk in this manner, always taking care to boil it just before using, in order to drive off the chloroform.

Statistics of Physicians and Druggists in America.

A WRITER in the *American Journal of Pharmacy* gives some tables from the last three census reports, by which it appears that the physicians have increased in about the same ratio as the population, the variation being very trifling for the past twenty years, while the druggists have increased in very much greater proportion; the ratio being, for the ten years from 1850 to 1860, 79.7 per cent., while the increase of population was 34 per cent.; and for the period from 1860 to 1870, they increased 57.4 per cent., while the population increased but 23 per cent. The patent medicine manufacturers have increased at each interval over 100 per cent.

In 1850 there was one physician to 572 persons; in 1860, one to 576, and in 1870; one to 638.

The Pathological Anatomy of the Insane.

PROFESSOR MEYNER sustains the view of Baillarger, that certain conditions are found on the surface of the brains of patients with progressive paralysis and mental disturbance, especially a destruction of the superficial cerebral layers with a thickening of the membranes, which is looked upon as an evidence of a chronic diffuse periencephalitis.

He also finds in the substance of the brains of those who have had typical progressive paralysis, with an acute exacerbation of the symptoms, the so-called serous softening of the brain-tissue. This was found, by the microscope, to be an active inflammatory process, and could not possibly be looked upon as a post-mortem change.

The results of such pathological investigations have strengthened him in the opinion which he expressed ten years ago, that the similarity in the changes in the ganglion-cells in the connective tissue, and in the vessels which are found in the brains of paralytics, with the changes in the oedematous zones about acute encephalitic deposits in the brains of others with cerebral disease, points to the previous existence of an affection related to encephalitis which has run its course in the brains of paralytics. He has found precisely the same conditions in the atrophied horn of Ammon of epileptics and in the brains of paralytics. He divides these changes into two series: the one an evidence of existing stasis, the second a proof of the solution of pre-existing stasis. By the discovery of the existence of stasis, the process which goes on in the brains of patients who suffer with progressive paralysis is proved to be of an inflammatory character.—*Wiener Med. Press*, No. 3, 1875.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d., at the offices in London, Dublin, or Edinburgh.

M.R.C.S.—Your letter arrived too late for insertion in this number. It shall appear in our next.

Mr. C. J. T.—Received with thanks.

SEVERAL communications, letters, &c., are unavoidably held over for want of space.

VACANCIES.

Consumption Hospital, Brompton. Clinical Assistant. Board and residence in the Hospital. Full Particulars of the Secretary. (See Advt.)

Charing Cross Hospital. Resident Medical Officer. Board and residence, but no salary. Applications to the Secretary.

Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 63 Market Street, Bradford.

London Hospital. Lectureship on Comparative Anatomy. Applications to be sent to the Vice-Dean.

Wolverhampton Hospital. House Surgeon. Salary, £100 per annum, with board and residence. Address the Chairman of the Medical Committee.

Queen Adelaide's Dispensary, Bethnal Green. House Physician. Salary, £100, with furnished apartments. Address the Hon. Sec.

Liverpool Royal Infirmary. Resident Medical Officer. Salary, £100 per annum, with board, &c. Address the Chairman of Committee.

Kent Lunatic Asylum. Senior Assistant Medical Officer. Salary, £220, with furnished apartments, &c. Applications and Testimonials to Messrs. Beale and Hoar, Maidstone.

Asxminster Union. Medical Officer. Salary, £23 per annum, exclusive of midwifery and other fees. Address the Clerk to the Union.

APPOINTMENTS.

ANDREW, H., F.R.C.S.E., Medical Officer of Health for the Truro Urban Sanitary District.

BALLANTYNE, A., M.D., L.R.C.S.Ed., Medical Officer to the Dalkeith Union Poorhouse.

BARLOW, T., M.D., M.R.C.P.L., M.R.C.S.E., Assistant Physician to the Hospital for Sick Children, Great Ormond Street, London.

CAMERON, C. A., L.K.Q.C.P.I., F.R.C.S.I., Professor of Chemistry at the Royal College of Surgeons, Ireland.

CHAMBERS, J., M.D., C.M.Q.U.I., Professor of Anatomy in the Indiana Medical College, Indiana State University, U.S.A.

COLMAN, T. J., M.D., M.R.C.S.E., Medical Officer for No. 3 District of the Clifton Union.

DICKSON, H., M.B., Assistant Medical Officer to the Bristol Lunatic Asylum, Stapleton, near Bristol.

DOBELL, H. B., M.D., M.R.C.P.L. (for sixteen years Physician), has been elected a Consulting Physician to the Royal Hospital for Diseases of the Chest, City Road.

EVANS, W. H., M.R.C.S.E., L.R.C.P.Ed., L.M., a Surgeon to the St. John's Wood and Portland Town Provident Dispensary.

FAUSSETT, J. D., L.M. & T.C.D., Assistant Medical Officer to The Friends' Retreat, near York.

GEE, S. J., M.D., F.R.C.P.L., a Physician to the Hospital for Sick Children, Great Ormond Street, London.

HAYDEN, W. G., L.R.C.P.L., M.R.C.S.E., L.M., Medical Officer to the Workhouse, Wycombe Union.

KIRKPATRICK, J. E., M.B., F.R.C.S.L., L.K.Q.C.P.I., Medical Officer to the County Dublin Prison, Kilmalham.

Deaths.

BEATTIE.—On the 17th March, Wm. Beattie, M.D., of Upper Berkeley Street, aged 82.

HEMINGWAY.—On the 17th March, Henry Hemingway, Surgeon, of Dewsbury, aged 85.

MAY.—On the 14th March, Henry Storme May, M.D., of Summerlands, Exeter, aged 86.

MOLONY.—On the 21st February, at Stoney Hill, Golden Spring, Jamaica, Dr. J. F. Molony, formerly of Banis, co. Clara.

RALES.—On the 12th March, Samuel Rales, L.R.C.P.Ed., of Turnham Green.

ROBERTS.—On the 4th March, at Llanidan Rectory, Denbighshire, David W. Roberts, M.D., late of Llanfairfechan.

SMITH.—On the 17th March, Henry Bennett Smith, M.R.C.S.E., of Walkern, Herts, aged 77.

SMITH.—On the 12th March, John Smith, M.R.C.S.E., of Alford, Lincolnshire, aged 75.

TAYLOR.—On the 19th March, Dr. James Taylor, of Viewraig House, Aberdeen, aged 84.

WATSON.—On the 15th March, at Morningside, Edinburgh, Robert Watson, L.R.C.S.Ed., Surgeon-Major late 18th Royal Irish.

LECTURES ON HOMŒOPATHY, instituted by the British Homœopathic Society.—Dr. RICHARD HUGHES' Course of Lectures on HOMŒOPATHIC MATERIA MEDICA.—The next Lecture—Subject, ARSENIC—will be delivered on Thursday, April 1st, at 5 p.m., at the London Homœopathic Hospital, Great Ormond Street, Russell Square, W.C.
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RESIDENT CLINICAL ASSISTANTS.—VACANCIES having occurred in the HOSPITAL for CONSUMPTION and DISEASES of the CHEST, those gentlemen who are desirous of becoming candidates for the vacant offices are requested to send in their applications, with testimonials, on or before Monday, the 5th April, and to attend the Medical Committee on the following day at 4 o'clock. Testimonials as to moral character, as well as to medical qualifications, are required. Further particulars may be obtained at the Hospital.

Brompton, March 10th, 1875.

PHILIP ROSE, Hon. Sec.
HENRY DOBBIN, Sec.

SURGICAL SOCIETY OF IRELAND.—THE NEXT MEETING OF THE SOCIETY will take place on FRIDAY EVENING, 2nd APRIL, 1875.

Chair will be taken at half-past Eight o'clock precisely.

B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
HUMPHREY MINCHIN, F.R.C.S.I., }

Royal College of Surgeons, Dublin,
17th day of March, 1875.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 7, 1875.

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Original Communications.

THE LUMLEIAN LECTURES.

ON LIFE, AND ON VITAL ACTION IN HEALTH AND DISEASE. (a)

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

LECTURE II.

Of the Constitution of Living Matter.—This most difficult problem has been very little considered, probably because the absolute distinction between the living and the non-living matter of a living body has not been recognised. Indeed, authorities who have written very recently, evidently do not admit that the distinction I have drawn between living matter and formed material exists in nature.

Feeling confident that ere long the remarkable characteristics of living matter, and its distinction from all formed matter will be admitted, I shall venture to speculate upon the constitution of the bioplasm in the living state. In the first place I would remark that all bioplasm contains moisture. Water is necessary to its constitution, and is invariably present in every kind of living matter, and in every state in which living matter can exist. As I have before intimated, movement of particles from centres is involved in my idea of life. Each movement would be impossible in the absence of water. The moment a particle of bioplasm is deprived of its water, it must therefore die. In cases of resuscitation after desiccation, the bioplasm has not been perfectly dead—has not been entirely deprived of its water.

Water must be very intimately associated with the particles of matter that live. These living particles cannot be regarded as dry solids, suspended in water and moving

freely amongst one another in the fluid, for, as already intimated, every particle is composed of smaller particles which are likewise in constant motion.

Now let us, guided by observation, try to realise what must be going on in every centre of the most minute of the multitudes of living centres which constitute the most minute living particle. And in the first place it is necessary to bear in mind that each central point when magnified seems to have circumference as well as centre. We may follow on in our imagination, nevertheless keeping true to the line of observation, and pass into the region of speculation, and still we shall find it impossible to reach in conception a true centre. One may imagine excessively minute compound semi-fluid molecules of pabulum, moving in fluid and coming within the sphere of the operation of molecules of living matter. We may conceive the lifeless passing among the very minute living particles, but to conceive how the atoms of the particles of lifeless pabulum separate from one another, and then become re-arranged and acquire new living powers like those which existed before them in a living state is not yet possible. There must be transference of power from the living to the non-living, the latter gaining power from particles which have imparted that power without having lost or created anything. In fact a vast amount of non-living matter may acquire living property or power in a very short period from an extremely minute particle of matter already in a living state. There seems no limit to the capacity of power of making alive—no loss being occasioned by the repetition of the process—no failure or exhaustion.

Such then I believe to be the nature of the wonderful changes which occur in the minute particles of every form of bioplasm in nature, from that of the bacterium to that of man. Not only do they characterise the bioplasm of health, but that of every disease-carrying particle, which has resulted by descent from the normal bioplasm of man or the higher animals, as long as its vitality and active powers exist. Between living particles and globules of oil and fragments of albumen or any non-living matter whatever, there cannot, therefore, be the remotest analogy.

That new centres of living matter appear in pre-existing living matter is a fact that has been proved by observation.

(of the Royal College of Physicians on Friday, March 27th.)

The so-called nuclei arise in pre-existing living matter, and nucleoli in the nuclei. In the new centres themselves a second series of new centres may appear, and in these a third series, and so on; and, what is still more remarkable is, that the properties or formative powers of these different series, and of the bioplasts resulting from their division and sub-division, may be different. The new power seems to be acquired by the matter at the time when, or just before, it comes into being as a new centre. The centres in question from which matter inherits vital properties and acquires the power of transmitting these onwards, must be extremely minute. Indeed, as to the real size of the most minute particles that are made to live, one hardly dares offer a suggestion more definite than the following—that on the one hand, they must be hundreds of times more minute than the smallest particle visible under an amplification equal to five thousand diameters; and, on the other hand, they must be larger, or at least heavier, than the ultimate atoms of their component non-metallic elements. It is remarkable that those who have spoken of *living atoms* should have thought so little about the matter as to have permitted themselves to suggest an absolute impossibility,—for it is obvious that *no single atom can be thought of as alive*. The idea of a living atom of oxygen or hydrogen or carbon or nitrogen is clearly untenable. We might as well talk of a living atom of sulphur or iron or lead. And it is absurd to talk of *dead* carbon, oxygen, or hydrogen atoms, since a living state of the atoms of these and other bodies is thereby implied; but such living state is inconceivable. Every form of matter that is alive is composed of several elements, and it is probable that the most minute particle of matter that lives consists of multitudes of atoms of several different substances in a state of collocation that cannot be compared with any other state of combination that is known.

But it is not merely the power of moving from centres, of progressive movement, of transforming pabulum, of forming new and peculiar chemical compounds that is acquired, but powers far more wonderful than these, by virtue of which the living matter produces living particles, generation after generation, from which definite organisms and definite and very different tissues in each single organism result. These powers are peculiar to the living world, and there are no forces, no behaviour of non-living matter which can be said in any way to resemble them, or to exhibit the most distant analogy to them. How these powers are acquired it is too soon to speculate, but I should, nevertheless, like to refer now to one or two points. First, I would remark that time exerts an important influence in the transmission of powers from living matter to that which descends. The time required for the production of a given result, though constant within certain limits for forms of life of the same kind, varies greatly with respect to different kinds of living things. Precisely corresponding changes take place within very different periods of time, and the influence of temperature, food, and external conditions is uniform only in the case of the same organisms. One particle of living matter much less than the one-fifty-thousandth, may take weeks or months to acquire its full powers. Another only a few days. We have not at present the data upon which to found general deductions, and we must withstand the temptation of framing laws and applying them to vital phenomena, until a good deal more shall be known than we have yet been able to discover, or assuredly the exceptions to the laws laid down will multiply faster than the exemplars.

Powers and properties have been attributed to pabulum, and some have said that the organism is only what it feeds upon. What the organism is, depends far more upon what the organism was that produced it than upon the particular material that constituted its food.

The pabulum of the tissues of complex animals is undoubtedly peculiar, and must be properly prepared before it can be taken up, but by what means is the preparation effected? The bioplasm of the tissues selects pabulum out of blood. But how is the blood itself formed? By bioplasm. Living matter takes up pabulum of the proper

kind and grows, at last becoming resolved into formed matters, which constitute the pabulum of other bioplasm, and this process occurs several times before our food becomes converted into our tissues. Whatever act of life we investigate we soon trace the phenomena back to bioplasm, and then we find ourselves face to face with the question of the nature and mode of working of vital power.

If the method by which non-living matter is converted into living matter is understood, by all means let it be explained. If conversion like that effected by living matter can be carried out in the laboratory let it be done; but if the change can be effected by living matter alone, let this be openly admitted, and let it be clearly stated, and in the most public manner possible, that the phenomena in question are peculiar to living matter, and cannot be shown to be due to physical and chemical changes.

By admitting vital power I am able to explain results without attributing metabolic influences to cell walls, cell contents, intercellular substance, walls of vessels, and other textures, which, in reality, are passive. I need not assume hypothetical actions and differentiations, or attribute to some hypothetical force, said to be akin to aggregation and crystallisation, phenomena which have not the faintest analogy with those processes, nor have I need to assume governing powers of which the mind cannot conceive, or matter-guiding forces acting in some unexplained way through all sorts of matter. *Vitality* acts in living centres upon matter only infinitely near the centre. This is all that is demanded by the terms of my hypothesis. I venture to think that few who consider the facts of the case will be indisposed to grant me thus much.

Origin of Life.—The far-fetched conjectures seriously advanced by some physical speculators concerning the origin of life serve to show what extreme difficulty has been experienced by those who have attempted to construct a plausible hypothesis by which the conversion of the non-living into the living might be reasonably accounted for. One great authority, dissatisfied with every suggestion, and being evidently convinced that no physical explanation of the origin of life upon our globe would ever be discovered, despairingly submits to us the proposition that life did not begin here at all, and that our earth was first peopled by the offspring of germs brought to us upon a fragment broken off from some distant orb that teemed with life. Whether even the simplest living forms would have survived after such a ride through space, unfortunately had not been determined by experiment, so the idea of our fauna and flora being derived from those of another world found little favour, and probably all who have considered the subject would now agree that it is probable that life-forms originated upon our globe, though there might be great difference of opinion concerning the precise mode of their origin.

“Evolution” is now supposed to solve the difficulty of life formation, but this term has had at least two meanings assigned to it. By some it has been restricted to the living world, while others have given to the term evolution a much wider signification, and have maintained that it should include not only the evolution of living forms from pre-existing living forms, but the formation of the living out of the non-living. There is, it is scarcely necessary to point out, the widest possible difference between these two doctrines, for while the one teaches that all living forms came direct from living matter without accounting for the origin of life at all; the other is a tenet of the fiery-cloud philosophy which teaches as a cardinal point that the evolution of life is but one of that great series of changes in which the evolution of all is comprised. But surely such an idea may, for the present, be regarded as a conjecture so extravagant as to be unworthy of serious consideration. Facts are wanting, and the arguments advanced in favour of the hypothesis are such as cannot have much weight, since it has been deemed necessary to bring forward, in their support, utterances of a prophetic character.

If, then, evolution is restricted to the living world, the origin of the first living thing will be still unaccounted for. The presence of a very simple living form seems to

have been assumed; but whether that being came of itself from the non-living or arose in consequence of some prior changes, or was formed by an act of creative interference is not suggested by the terms of the particular form of the hypothesis under consideration. Neither is the precise nature of the first living substance indicated, and we are even left in doubt whether one or two or many forms of living matter existed when the first beginning of life appeared.

Now with reference to the origin of the first living matter several not improbable suggestions present themselves to the mind, in all of which, however, it is assumed that the change from the non-living to the living was sudden and abrupt, and not gradual.

First, we may conceive that one form of living matter was produced direct from the non-living, and that from this all future living was evolved.

Secondly, we may prefer to imagine that more than one form of life originated from the non-living at or about the same time.

Thirdly, we might think it more in accordance with facts to conceive that several different kinds of bioplasm originated in the beginning of an epoch of life, from which all life of that epoch was derived. New forms originating anew in the next epoch, the results of evolution from the first gradually dying out as those of the second epoch increased and became dominant. As life-epoch succeeded epoch, new forms of bioplasm may have appeared as old forms of life died out.

But the above by no means exhaust the list of what I would term the reasonable hypotheses concerning the origin of life that may at once be suggested. All of them involve in some form or other the admission of a remarkable change in capacity or power not to be accounted for by physics. In all, the communication to matter of powers or forces which it did not always possess, and which it is conceivable might never have been communicated at all, is suggested.

Whether this communication of new powers occurred once only or was repeated at many successive periods in the remote past,—whether it be reasonable to consider a recurrence of the process in the future as probable or improbable, I shall not now venture to discuss.

What I particularly wish we should keep before our minds is that facts and arguments render it much more probable that the passage from the state of non-living to living is *sudden and abrupt, than that it is a gradual transition or scarcely perceptible gradation*. I should, however, clearly state that this inference is in opposition to the views of many authorities, and in particular is opposed to the clearly expressed opinion of one of the greatest discoverers and most acute thinkers of our time, who maintains that the conversion of physical into vital modes of force is continually taking place. It is suggested that the change from non-living matter to living matter is a transition easily effected and continually occurring. Of the facts in support of so startling a proposition I confess I am ignorant, nor have I succeeded in my efforts to discover any facts in the writings of those who appear to have accepted the conclusion in question, which has never failed to enlist advocates in its support from the time when it was believed that highly complex living forms were produced from earth or dew, to the present day, when the advocates of the doctrine are so terribly restricted in the discovery of parentless living particles.

We have now reached the point where we are brought face to face with the modern developments of the old doctrine of spontaneous generation.

I cannot but remark that the more minutely investigation is carried out—the more thoroughly and intently facts bearing upon the matter are examined—the more improbable, in my judgment, does it appear that any living form should be derived direct from the non-living. Notwithstanding all that has been recently written upon this subject, I cannot but feel surprised that at this time many good reasoners should decide in favour of the *de novo* origin even of bacteria. Whether we consider the matter from

the experimental side only, or study the evidence obtained in a general survey of nature, or carefully reflect upon the facts learnt from investigations concerning the properties of living and non-living matter, with the aid of the most perfect instruments of minute research now at command, or from other standpoints, the conclusion seems to me irresistible that the verdict of a jury of well-educated men would be against the direct origin of any form of living from any form of non-living.

Driven from one position to another, the advocates of spontaneous generation have entrenched themselves in the unassailable stronghold of experimental investigation. Here they may hold their own for any length of time, for no one can say what may be demonstrated by new experiments in the time to come. Nay, although the conflicting results of different skilled experimenters, whose experiments have been conducted upon the same principles and professedly in the same way, even to the minutest details, may shake the confidence of some in the experimental method of inquiry, it is certain that the teachings of experiment will prevail over all other information.

But the modern advocate of abiogenesis should be skilled not only in explaining facts, but in explaining facts away. The fact that bacteria germs exist in all parts of the higher organisms, in the most internal parts as well as upon the surface of man's body, is to be accounted for by their spontaneous origin! Although millions are to be found about the mouth and upon the surface, and it can be shown that it is easy enough for them to get from the outside amongst the tissues within, we are asked to believe that those inside originated there direct from the non-living, or, as an alternative proposition, that they were derived not from parental bacteria, but by transmutation from some of the constituents of the tissues, on the principle that a living fungus comes not from a fungus germ, but from a dying tree. The next suggestion will be that man, after all, is but an aggregation of lower forms, peculiarly conditioned for a time, but which assume their ordinary forms when their environment shall be modified, as it must be at death.

Erroneous conclusions of many kinds have been employed as facts in support of abiogenesis. When one finds that it is believed that fungi may be developed from oil globules, and other living organisms of a much higher type produced without parents out of organic matter, one fails to see any limit to the support that may be gained to the cause. Volumes of facts and arguments hitherto advanced in favour of abiogenesis may be republished without in the slightest degree modifying the real state of the case. What is now required is well devised experiment, and that is all. No resuscitation of old arguments and doubtful facts, however ably the task is performed, will in the slightest degree increase the cogency of experimental proof, and in the absence of new experiment such facts and arguments will avail nothing.

I think we may be satisfied that before long the advocates of spontaneous generation will have to rely upon the production of the lowest organisms only. The only view in any way tenable at this time is, that such organisms as bacteria are the only ones that can, under any arrangement of conditions possible to an experimental inquirer, be formed anew, and that these alone, at any period of the world's history, sprang direct from the non-living. All are of extreme minuteness, many of the forms being so very small that they could not be identified with a magnifying power of less than eight hundred diameters. These are the smallest, simplest, and probably lowest forms of life known. That multitudes do now spring from pre-existing forms is absolutely certain, for the process can be seen. Whether some spring direct from the non-living is the question. Those that are supposed to be formed anew are very like those that have had a progenitor, and from those supposed to have been produced anew, forms exactly like those derived from undoubtedly pre-existing forms result. It cannot be pretended that new forms of existence are produced anew. No matter how the conditions are varied, the living forms supposed to result resemble

known living forms, and give rise to forms of the same kind.

But, as I have before remarked, the question of the origin of bacteria can be only determined by experiment. All irrelevant considerations in favour of abiogenesis ought now to be left in abeyance. The assumed *de novo* origin is contrary to what goes on throughout the whole kingdom of nature, and the only exception which there is the remotest possibility of establishing, is the spontaneous origin of some of these lower forms of life. While, therefore, it is allowable to permit ourselves to be influenced by general evidence against a new and exceptional doctrine, which a few observers seem very anxious to establish, we may fairly insist that only evidence of the most convincing and demonstrative kind should be accepted in its support. As regards the validity and reliability of the most recent experiments for and against the doctrine, I offer no opinion. Time must be allowed for others to repeat the experiments; and, for my own part, I could express no opinion unless I had been present, and had carefully watched each experiment in every stage. As far as I can judge, the reports of recent results are not more convincing than were those that were adduced years ago, many of which have been discarded and proved to have been unreliable from want of care, or from defects in the method of procedure.

If the formation of a bacterium germ, direct from non-living matter, be possible, three very remarkable series of changes, as it seems to me, will have to be brought about. Whether any means will ever be discovered of effecting these changes is surely most doubtful.

First, the atoms of the non-living substances must be separated from their combinations.

Secondly, the atoms will have to be re-arranged to constitute groups of which the organic matter is made up.

Thirdly, the groups of atoms must be made to live.

What facts known, I would ask, render it likely that air, rarefied or condensed, or pressure of any degree or of any special kind, or any degree of heat, or light, or any conceivable modification of physical or chemical conditions, would, at the same time, account for the pulling asunder and joining together of atoms, and for the conference of new and peculiar powers of growth, of movement, of division, and the formation of new substances? In short, it is not easy to conceive, in the imagination, the several steps which result in the formation of a living bacterium even from *organic matter*. But the first germ must have sprung direct from matter that never had lived nor manifested phenomena in any way like those of life. Let us try to imagine a living germ being produced out of non-living matter. Atoms of many substances must be conceived as separating from one another, and then recombining. Attractions and affinities must, in the first place, be overcome, then the forces that effected the change must cease to operate; and these must, somehow, be exerted again. By what means the separation of atoms is effected cannot be suggested, neither can we conceive how the atoms are caused to recombine in a definite way. The supposed phenomena would be really more complicated than I have represented. For atoms are not related to one another—atom to atom, but group to group. How the atoms are grouped, and how the groups are related, how the groups act and react upon one another, and new groups are formed—what makes the atoms combine and begin a new course which may continue on and on for ever, cannot be conceived. Upon the whole, the production from non-living matter of any living form, however simple, must be regarded as most improbable.

(To be continued in our next.)

ZYMOTIC disease seems at present rather prevalent in Lambeth, and the water supply is said to be in fault.

THE HARVEIAN Society is about to establish a lectureship, after the example of the Medical Society of London.

OBSERVATIONS ON THE TREATMENT OF STRANGULATED HERNIA: ILLUSTRATED BY CASES IN PRACTICE. (a)

By B. F. McDOWELL, F.R.C.S.,
Surgeon to Mercer's Hospital, &c.

THE vital urgency of a case of strangulation of the intestine, and the consequent importance of its appropriate treatment, will be at once admitted by every practical surgeon. The remarkable diversity also which has been found to exist in cases of this lesion, seems to invite every practitioner to place upon record such cases coming under his observation or treatment as present peculiar features, either as regards their clinical history or pathological conditions. This acknowledged diversity has provoked, no doubt, in some measure, the different modes of treatment at present in use, each of which has found strenuous advocates amongst eminent surgical writers. Under these circumstances I feel that the particulars of the following cases of this lesion, and the treatment adopted, will be received with the attention they deserve by the members of the Surgical Society of Ireland.

CASE I.—*Oblique Inguinal Hernia of twenty years' standing; Strangulation-period, three days; Herniotomy.*—Caroline E., æt. 51, was admitted to Mercer's Hospital, under my care, upon the 3rd April, 1869, suffering from symptoms of strangulated hernia. Upon examination I found a tumour in the left inguinal region, which was tense and painful; no appreciable impulse was imparted to it on coughing. There was general tenderness over the abdomen upon pressure, particularly in the site of the external ring, and slight tympany. She suffered from hiccup and gulping, but there was no stercoraceous vomiting. Pulse 110, small, and intermitting. She stated that about twenty years previously, after a prolonged effort to escape from a wild bull, that she felt "a lump in her groin," which, however, "went back at the time." After this it troubled her from time to time, but she was always able to press it back herself; so that she never had to apply for surgical advice, except upon one occasion, when she was admitted to the Richmond Hospital. The late Mr. Hutton relieved the strangulation, under chloroform, and provided her with a truss. She continued to wear a truss ever since; nevertheless, the bowel used to come down upon any unusual exertion. Three days before her admission to Mercer's Hospital she was frightened by her husband, when the bowel, which had been down for some time previously, became so strangulated that her experienced efforts to get it back, after her usual fashion, utterly failed, and, having had recourse to various remedies suggested by her friends, she was again obliged to seek hospital relief. She was admitted at 10.30 p.m. The resident pupil, a young gentleman of high intelligence, administered an aperient enema, using O'Beirne's long tube; only a small quantity of hardened feces came away. I saw her very soon afterwards, and made a careful effort to reduce it by the taxis. My colleague, Professor Morgan, also tried, adopting the method by inversion, but failed. She was now placed under the full influence of chloroform by my late much lamented colleague Dr. Eames, and I again applied the taxis. A notable diminution in the size of the extrusion took place during this operation, and I thought I detected something like the well-known gurgle of a returning intestine. I determined, under these circumstances, to leave the case until the next morning. She was ordered iced beef-tea, and a full opiate draught for the night.

April 4th.—Saw her at 7 a.m. She had slept for some hours, but awoke with hiccup. Her bowels had not been moved, and she complained of much pain and tenderness over the abdomen. The tumour remains in much the same

(a) Read before the Surgical Society of Ireland, February 12. The discussion will be found at page 296.

condition as we left it last night. I now determined to perform herniotomy, as I felt that this proceeding could do no harm, whereas if a portion of the intestine were left unreleased, the patient might lose her life. The operation was conducted in the usual manner, the only circumstance worth of note in regard to it being that the several layers of fascia commonly met with were indistinguishable. When the supposed peritoneal sac was opened about three drachms of clear glairy serum escaped. The extreme thickness of this sac was in itself remarkable, but what surprised me most was the utter absence of any included intestine. Upon introducing my finger I found that there was no passage leading from the process of peritoneum (which I have no doubt it was) into the cavity of the abdomen. The tumour which had existed before this last operation had now entirely disappeared, its bulk being fully accounted for by the thickness of its walls, and the amount of fluid discharged.

This woman made a fine recovery, and has ever since enjoyed excellent health, the operation having had the effect, in her case, of establishing a radical cure. She passed, however, through an anxious time after the operation, her life for many days having been in imminent danger. It would, in the record of a series of cases such as this, be occupying time unnecessarily long to dwell upon this case in all its details, although all are most interesting; but there are two further unusual features in it which I cannot let pass without a brief notice:

1. The prolonged constipation after the operation—extending over ten days.

2. The prodigious tympanitis.

The tympanitis was certainly most extraordinary. I have seen a good many cases, but never one to equal this before or since. Mr. Porter also, who kindly saw the case with me, said he had never seen a case in which there was such extensive tympanitis. I tried various means to relieve this and the obstinate constipation, upon which, no doubt, it largely depended, such as enemata (with long tube), aperients, hot fomentations of many kinds, &c., but all were of not the slightest use. At length, on the tenth day after the operation, I gave the patient ten-grain doses, at intervals of two hours, of *assafoetida* (as was first, I believe, suggested by Graves). The apparent effect was most satisfactory. The bowels were freely moved after the second dose, and after this frequent explosions of flatus escaped *per anum*. Next day she might be said to be convalescent. All abdominal tenderness had subsided, the wound had quite healed, and she left the Hospital perfectly well three weeks after her admission.

I should be sorry to be so hasty as to attribute entirely the happy termination of this case to the action of the *assafoetida*, but it will be admitted that the coincidence is worthy of note.

CASE II.—*Femoral Hernia; Strangulation-period, four days; Peculiar Cyst springing from outer side of Sac.*—The following case appears to possess so much of novelty, as well as practical importance, in regard to the operation for the relief of strangulated hernia, and the pathological conditions discovered in it were so remarkable, that I make no apology for including it in this paper; it seems, moreover, to throw much light upon the perplexing case I have just recorded. Eliza T. was admitted to Mercer's Hospital on Sunday evening, 14th April, 1872. Although her intestine had been strangulated for three—probably, indeed, for four—days previously to her admission, there were, literally, no urgent symptoms present. She was bright and cheerful, and spoke freely upon subjects which had no relation to her illness. She probably would not have come into hospital at all, only Dr. Shaw saw her, and, detecting the nature of her illness, gave her an order for immediate admission. There was but slight nausea, and no hicough, or persistent vomiting; there was complete absence of abdominal tenderness, not even over the femoral ring, the seat of strangulation, did she complain of pain upon pressure; there was, moreover, no tympanitis; her pulse was perfectly normal. A momentary examination, nevertheless, proved the case to be strangulated femoral hernia.

The tumour was about the size of a *bantam egg*, and had springing from its outer side a second tumour about half that size. It appeared that about eight years ago she first observed the hernia, which she stated was caused by some slight muscular exertion; she was, however, able to reduce it herself without difficulty whenever it came down, and it had caused her no uneasiness. Upon this last occasion her efforts were, unfortunately, unavailing. After her admission, beyond the gentle manipulation necessary to a correct diagnosis, the tumour was not meddled with until she was placed under the full influence of chloroform; at the same time, the instruments were at hand to operate if necessary. I had on this occasion the able assistance of my colleagues Mr. O'Grady and Mr. Morgan. Applying the taxis in the usual way for the reduction of a femoral hernia, I succeeded in returning the great bulk of the tumour. The greatest gentleness was observed. In femoral hernia, particularly if the strangulation-period exceed twenty-four hours, I think that the taxis should be employed, if, indeed, it is advisable to have recourse to it at all, with the greatest caution. The tumour in its entirety, however, did not retreat into the abdomen, and this is the point to which I wish to direct particular attention. It was the feature in the case fraught with the greatest interest. What was this remaining tumour? It felt extremely like a small knuckle of intestine; but then, against this view was the fact that two-thirds of the original extrusion had unmistakably returned. Or, was it a portion of omentum, which we know so often to accompany a femoral hernia? But its elasticity and uniformity seemed to exclude this idea. Or, was it a gland which was pushed before the hernia, in its early development, and had since become adherent to the outer wall of the sac. These speculations caused me much anxiety, but under every consideration I determined to leave the case until morning without further interference. The patient was accordingly replaced in her bed, with a pillow under her thigh, and a cold lotion over the femoral canal. She had an opiate draught, containing a few drops of hydrocyanic acid, to allay sickness after the chloroform and procure sleep. She was allowed a little milk and soda-water, with ice, for the night, if required.

April 15th, 9 a.m.—She passed a quiet night, and partook of a small cup of fresh tea at 7 a.m., which she retained. At about 8.30, half an hour before my visit, during the temporary absence of the nurse, she got out of bed and walked to the water-closet attached to the ward, when, "suddenly," as she said, "I felt something give way within me." When I saw her her eye was glassy, her features pinched, her pulse like a thread, and intermitting; she was painfully restless; she sank rapidly, and expired before 10 a.m. The nature of her condition at this time is too obvious to deserve observation. I was fortunate enough to obtain a post-mortem examination.

The skin and several layers of fascia over the tumour having been divided, as in the operation for strangulated hernia, a structure, which proved to be an extraordinary cystic outgrowth, made its appearance. I could not, of course, tell at first what this really was, but in colour and consistence it resembled a knuckle of strangulated intestine. The abdomen was now laid open in order to examine the state of things from within. The first feature that attracted my observation was the highly vascularised condition of the great omentum and of the peritoneum, which latter contained a considerable quantity of *fæcal matter* and fluid resembling serum. The strangulated portion of intestine was now examined; it was situated about a foot from the *cæcum*, and about two inches were included in the strangulation. This portion of the bowel was in a state of general disorganisation; at its neck it was surrounded by granular lymph, whilst its apex, the part which had given way, was quite gangrenous, showing clearly that no operative measures at the late period the poor creature came into the hospital could have saved her life. The femoral ring was now sought for and exposed; the tip of the little finger could be introduced into it. Surrounding the orifice of the femoral canal a considerable quantity of lymph was found effused. The sac of the hernia was next laid fully

open, and now, for the first time, the remarkable cystic outgrowth which sprang from its outer wall was clearly revealed.

In addition to the peculiarities I have detailed, which, in a clinical as well as a pathological sense, must be regarded with great interest; it is a matter of practical importance to consider what course would have been pursued in the event of the taxis having entirely failed, and that operative measures were proceeded with. How perplexing would it have been to encounter a structure so closely resembling the intestine and yet so thoroughly incorporated with the sac itself. There is another point of surgical interest to my mind in this case, which is that the evidences of peritoneal inflammation ceased abruptly at the femoral orifice; they were not prolonged below the ring, and did not enter into any part of the sac. I think it may be inferred that the sacs of old hernia become altered in their character and susceptibilities, and are not so likely to be affected by injury as the peritoneum proper.

CASE III.—*Enormous Inguino-scrotal Hernia; Strangulation-period, forty-two hours; Herniotomy; Inflammation of the Tunica Vaginalis; Orchitis; and Acute Hydrocele subsequently to the Operation.*—Upon Sunday evening, 8th February, 1874, a gentleman called to ask me to visit Mr. Edward J. M. I learned that his age was about 50, and that he was unmarried, but I could obtain no exact information as to the nature of his illness. I came at once, and found a spare man sitting up in his bed; his face was flushed, but his eye was sunken. He had hiccough and gulping; his pulse was up to 110, intermitting, and very compressible. I was led at once to diagnose strangulated hernia, but I had great difficulty in inducing the patient to allow me to make any proper examination. The gentleman who came for me had informed me that he was a retiring person, and, although an excellent man of business, that his habits were peculiar. The man himself told me simply I might "go away," as he would be "well in a short time." It was only when I impressed strongly upon him that he was imperilling his life that he submitted to an inspection of his body. I found an enormous inguino-scrotal hernia of the left side. The rupture first took place, he stated, about twenty years previously, whilst he was making an effort to defecate after a long constipation. He pushed it back upon that occasion himself, and he had never since consulted a surgeon or worn a truss. It had frequently, he told me, come down during this interval, and was often painful, tense, and difficult to reduce, but he had always succeeded in getting it back himself, this being the first occasion on which he had failed.

The hernia had been down and strangulated for forty-two hours before I saw him, and, although all his efforts to relieve himself were futile, he had persisted up to this in an absurd aversion to seek professional advice or assistance. He permitted me now, however, to try to relieve him. A careful application of the taxis, in my hands, did not succeed. Accordingly, I determined to put him under the influence of chloroform and perform herniotomy at once, if the taxis, again employed, should not prove effectual. I experienced no small difficulty in prevailing upon him to consent to these measures.

Within an hour, having obtained the services of Mr. Shaw and Mr. Abraham, the resident gentlemen in Mercer's Hospital, and having made meanwhile all necessary preparation for the operation, I had him fully anaesthetised by the chloroform. Now, again, I made a careful and well-sustained effort to effect the reduction of the extrusion, but could not succeed. Herniotomy was, in consequence, at once proceeded with. I divided the skin by transfixion to the extent of about four inches over the external ring—the seat of strangulation—the section being, of course, in the long axis of the tumour; the several layers of fascia were now raised and split upon a flat director in the usual way. I found it necessary in this case to lay open the sac. This having been accordingly done, about a foot and a-half of claret-coloured, but still glistening bowel, came into view, and about two tablespoonfuls of highly-coloured sanguineous serum escaped. I now felt

for the stricture, and divided it, cutting directly upwards, and was proceeding to replace the strangulated intestine when suddenly the patient became sick, and vomiting followed, which had the effect of expelling several feet more of the bowel. I succeeded, however, in a short time in replacing it all within the cavity of the abdomen. The lips of the wound were now brought together by four stitches of interrupted suture, and a pad and spica bandage applied.

He was ordered a linseed and mustard poultice over the epigastrium, ice and iced beef-tea for the night, and a mixture containing bicarbonate of sodium, hydrocyanic acid, and tincture of opium to be given every third hour if awake.

At 12 p.m. I saw him again. He has not slept, but the poultice and mixture have done good service. He is composed; the sickness of stomach has entirely subsided. He feels that he will have a good sleep. He was left in charge of an excellent nurse.

Monday, 9th Feb. (morning after operation), visited him at 6 a.m. Has had a splendid sleep of five hours, having wakened only a few minutes before my visit. He seems much refreshed. Pulse 94, regular; pad and bandage secure.

Time forbids me to dwell upon the particulars of this case. On the third day after the operation an enormous tumour occupied the position of the hernia, and so closely resembled it that I almost feared the hernia had returned. But his bowels had been moved, and there was no stomach irritation. The pad and bandage also were in their place, and the stitches undisturbed. These circumstances, to my mind, soon precluded the possibility of a fresh descent of the bowel. It was not, however, so easy to convince him of this. He protested he was as bad as ever, and with difficulty prevented from making fresh attempts to reduce it. Hot fomentations were assiduously applied, and he was ordered alterative doses of mercury. I removed the stitches on the fourth day.

He remained under treatment for over two months, but he made a good recovery. Gradually the fluid effused into the tunica vaginalis became absorbed, and the inflammatory thickening of that structure resolved itself, so that I was able to detect an enlarged testicle. The final treatment consisted of iodide of potassium and decoction of bark, with the local application of mercurial plaster.

CASE IV.—*Strangulated Inguinal Hernia; Strangulation-period, twenty-eight hours; Successful Employment of the Taxis under Chloroform.*—Upon Friday evening, 19th January, 1872, I was called for, and came at once, to see Mr. Robert G—, a young gentleman, æt. 22, who had "strained himself" the evening before whilst rowing at his club at Ringsend. Although he had suffered a great deal, no suspicion of the gravity of his accident was entertained either by himself or his friends about him until the next day. It was a festive night at the club, but not for him; he was most restless, and when I saw him, about 6 p.m., he was in a high state of feverish excitement. His pulse was up to 120; tongue dry; skin very hot; much thirst, and incessant dry vomitings. Upon examination, I found a small, tense tumour, low down in the left inguinal region. It was exquisitely painful upon pressure; he could scarcely bear it to be touched. A blush of redness pervaded its surface. He told me that he had recently contracted a gonorrhœa which was not yet quite well, and that he felt sure this was the cause. Notwithstanding this deliberate assurance, I could not—having regard to the history of the case, and the great constitutional disturbance existing—but look upon it with suspicion, or overcome the belief that it was one of strangulated hernia. Accordingly, I directed him to be removed at once upon a stretcher to his lodgings in Leeson Street, as there was no accommodation of any kind available in his club.

At 9 p.m. I saw him again. I now had the advantage of the assistance of Dr. Chapman, of Pembroke Road. My patient bore the journey well. He felt the comfort of his bed, but the extreme restlessness, the local pain, and

the vomiting all continued. I brought chloroform with me and the instruments to operate, in order that no time should be lost.

I confess I felt timid about applying the taxis in this case at all, but upon reflection I came to the conclusion that I might try it when the patient had been placed under the full influence of chloroform. Dr. Chapman kindly administered the chloroform, and when my patient was fully anaesthetised, all spasm having subsided, and the profound state of coma I looked for having been obtained, I applied the taxis, and successfully, the rupture, which it proved to be, returning completely into the abdomen. It is not necessary to say more than that he made an excellent recovery, and has continued quite well. I advised him to wear a truss, which he has done ever since; but the last time I saw him he said he thought it was not necessary, as the rupture had not come down since the operation. It is probable that in his case, after such an interval, the pressure of the truss may have acted as a radical cure. This case seems worthy of being noted, as demonstrating that in a strong young man herniotomy may be avoided after a strangulation-period of twenty-eight hours, and the taxis employed with success.

CASE V.—Oblique Inguinal Hernia; Strangulation-period, twelve hours; Successful Employment of the Taxis; Subsequent Strangulation; Herniotomy.—Joseph F—, *et. 57?* (but looking older), was admitted to Mercer's Hospital, under my care, on the 14th December, 1873. He was suffering from symptoms of strangulation of the bowel. Upon his admission I was sent for. The symptoms had existed for about twelve hours. I succeeded in at once relieving him by the taxis without having recourse to any anaesthetic.

The bowel had been twice before strangulated, and he had been on each occasion relieved in the same way by other surgeons. On the third day after the successful employment of the taxis on this occasion I ordered him to be discharged "cured." In the evening, however, of that day (17th), after dinner, he became suddenly ill; his stomach had violently rejected his dinner, and in the persistent vomiting which followed his bowel became again so strangulated that the resident pupil failed to relieve him by the taxis. In my hands the taxis also failed. He was now, at 10 p.m., placed under the full influence of ether by my colleague Prof. Morgan. I tried the taxis again, but it proved unavailing. Herniotomy was now performed in the usual manner. Strange though it may seem, I had in this case to lay open the sac. Although the extra-peritoneal constrictions were fully divided, I could not get the bowel home. The extreme tenuity of the body of the sac was remarkable; it was not thicker, certainly, than gold-beater's leaf; at its neck, however, there were, as it struck me, evidences of old attempts at repair. The peritoneum was thickened by organised lymph, and I had a long and tense stricture to sever before I could restore the bowel. Beyond the unusual pathological conditions above described as existing in this case, there is nothing further worthy of note. The wound healed kindly, and my patient left the hospital quite well within a fortnight after I operated upon him. I saw him this week, when he was in excellent health. He has continued to wear his truss.

CASE VI.—Strangulated Inguinal Hernia of Left Side, followed by Profuse Effusion of Blood into the Cellular Tissue of the Scrotum and neighbouring parts; Strangulation-period, about an hour; Successful Employment of the Taxis; Complete Absorption of the Effused Blood; Subsequent Orchitis; Recovery.—The last case I must content myself by detailing briefly, although it is not the least interesting of these series; indeed, so far as my knowledge informs me, it is without a precedent. I had this wax-cast taken of it by Mr. Woodhouse, which is faithfully and beautifully executed. It represents accurately and vividly the condition of the parts thirty-four hours after the patient met with the accident. The history of the case is simply this: Mr. Richard J—, *et. 26*, an extensive manufacturer in one of our southern counties, came to town on business on the 1st December last. He

had a "long day," and in the evening was much fatigued. He went to the theatre, having partaken of no nourishment, save a sandwich and a glass of ale during the day. Feeling hungry, he left his place of amusement for some refreshment; he ate and drank rapidly, and whilst running back quickly a portion of his repast irritated his larynx and brought on an immediate and violent attack of coughing, and subsequently vomiting. He suddenly felt he had sustained an injury in the groin, became "crippled," and was brought for relief to Mercer's Hospital. When I saw him, which was very shortly after the accident, he was doubled in two. He complained of agonising pain in the groin, and cramps in his stomach. I found a small tumour in the left inguinal region. I diagnosed the case to be one of strangulated hernia, and got him to bed. I gave him two grains of tartar emetic and twenty grains of ipecacuanha in a warm drink. In the course of ten or fifteen minutes his stomach became sick, his skin soft and clammy, and his muscles relaxed. I thought this a favourable moment to apply the taxis, which I accordingly did, and the strangulated gut returned by the exercise of gentle concentric pressure. A pad and spica bandage were now applied. Next morning I found that this enormous effusion had taken place.

Under treatment this was entirely reabsorbed, and the man made a fine recovery. He was, however, attacked by orchitis, which was not quite well when he left the hospital, which was thirteen days after his admission. I have recently had a letter from him, in which he says the testicle had come back to almost its natural size.

In this paper I have not attempted to advocate any special line of treatment for this chameleon-like lesion. The "peritoneal," the "extra-peritoneal," the "early" operation, and the "never-failing taxis" have each found able and enthusiastic supporters. I have not entered upon this still-vexed question nor sought to generalise the cases in which any of these proceedings is most advisable as a rule of practice. In the present state of our knowledge it would, I think, be unphilosophical to do so. The accumulation of recorded cases will, it is to be hoped, afford us materials for improvement. Meanwhile, the practical surgeon must not, in his reverence for authorities, forsake his own judgment, but treat each case according to its exigencies, its clinical history, and its special pathological conditions.

There is one point which I cannot pass over before closing this communication—I allude to the momentous importance of seeking *early advice* in cases of strangulation of the bowel. It is much to be deplored that, either from ignorance or false—too often fatal—modesty on this subject, sufferers are allowed to pass hopelessly beyond the reach of surgery. As compared with this, the question of special operations fades into insignificance, and the death-roll from this cause would, I am sure, be an alarming document. It is to be hoped the time will come when the surgeon will get fair play in the saving exercise of his art.

SOME NEW RESEARCHES ON THE CAUSE AND ORIGIN OF FEVER FROM THE ACTION OF THE SEPTINOUS POISONS. (a)

By B. W. RICHARDSON, M.D., F.R.S.

THIS was a continuation of the author's paper read before the Society ten years ago, viz., in 1865. The author commenced his present lecture by giving a *résumé*

(a) Abstract of a paper read at the Society of the Medical Officers of Health.

of that which he had read in 1865. In that communication he had shown, from a series of experiments made with the serous fluids derived from a patient suffering from pyæmic fever, and under the care of Mr. Spencer Wells, that such fluid when inoculated into healthy animals, produced a distinct and fatal disease which could be transmitted to other animals through several series or generations. To the poisonous matter thus produced he had given the name of *septine*, and he had laid before the Society specimens of salts obtained from the septinous matter, viz., a hydrochlorate and a sulphate, both of which possessed poisonous properties similar to those belonging to the mother liquor. He had inferred, therefore, that the poisonous substance was of an alkaloidal character. He had also, in the same paper of 1865, stated the following conclusions as the result of his experimental researches.

1. All the organic disease-producing poisons are modified—*i.e.*, poisonous secretions.

2. The secretions are rendered poisonous by two processes: (i.) by contact with organic poison pre-existing; (ii.) by direct decomposition.

3. The poison of each secretion possesses several qualities: it can only be absorbed by particular channels, and it can only provoke farther disease by coming into contact with a secretion allied to that from which it was itself derived.

4. The reproduction of the poisons depends on the continuance of the process of physical changes in a continuous secretion. The force of secretion is the force of reproduction.

5. The poisons kill by various means: (i.) by the secretion causing obstruction of necessary function; (ii.) by exhaustion from excessive secretion; (iii.) by extreme irritation of nerve and reflex injury; (iv.) by the absorption of the poisoned secretion into the blood and disorganisation.

From this point Dr. Richardson went on to describe that since the announcement of the facts had been put forward originally respecting septine, similar results had been obtained by Coze and Felz, Davaine, Béhier, Vulpian, and M.M. Thin and Clementi. It had further been discovered by Davaine that the intensity of the poisonous matter increased in the most marked degree, and in a manner that seemed to defy computation, with the transmission of the poison through fresh series of animals.

The author now proceeded to the details of his new research, illustrating it step by step by experiment. He had put to himself the question, Why does the poisonous septinous matter produce a definite order of morbid symptoms, and why, specially, does it produce fever? In the first parts of this inquiry he had put aside altogether the animal body, and had tried to learn what effect the poisonous substance would exert when it was brought into contact with other organic bodies of unstable composition. Would it act like ferment on saccharine substances? Would it modify the process of acetification? Would it interfere with the oxidation of readily oxidisable matters? Without entering into details that were negative, he found, he said, one affirmative fact from his experiments, upon which he should base to-night a new theory on the cause of the fever and other symptoms that occur in the living animal under the influence of septine. He found that it was the property of all the septinous poisons to liberate oxygen from that solution of oxygen known as peroxide of hydrogen. This fact was illustrated by showing the action of minute portions of pyæmic poison, vaccine, pus, decomposing blood, and other similar bodies. The solution, which contained ten volumes of oxygen, was placed in tubes, and was inoculated with the various specimens of septinous matter, with the effect in each case of causing a rapid evolution of the oxygen. The same result was produced by the action of fibrine on cellular tissue, but was shown to be negative with mucus, upon which fact, the author incidentally remarked, a new diagnostic test between mucus and purulent matter is established. The septinous matter

in every form seemed, from its action upon peroxide of hydrogen, to have been derived, either from fibrine or from cellular tissue, or from derivations of these bodies.

From the action of the septinous product on oxygenised water, the author indicated their action on oxygenised blood. To a specimen of blood which had been charged with oxygen, he added solution of the peroxide to saturation. Into this he now plunged a thermometer, the bulb of which was armed with a little fibrine. Upon this oxygen began to liberate from the blood with evolution of heat, the mercury in the thermometer rising four degrees.

After adding some other experimental facts and summing up the results of all the facts he had placed before the Society, Dr. Richardson stated the theory at which he had arrived as to the effects of the septinous matter on the living organism, with special reference to the febrile state. The theory was that the septinous product acts upon the blood in the extreme circulation, when it has accumulated in sufficient quantity by liberating a portion of the oxygen. Upon this occur the same phenomena as had now been observed in experiment; but, as the poisonous organic product is itself destroyed in the process, the effects it produces may remit until a new charge of the poison has been produced in sufficient quantity to cause a repetition of the febrile state. Thus the theory suggested a simple reason for the remittency of fevers.

The various phases of febrile disturbance were next adverted to. It was indicated that in some instances, as in the most malignant forms of small-pox, the blood may be so charged with septinous matter as to be unable to take in oxygen in the process of respiration, then death takes place by asphyxia after a brief period of febrile heat. In another variety of cases the liberation of the oxygen is so persistent that remission of the fever is hardly perceptible; and in other exceedingly light cases, where the quantity of poison is very small and is not reproduced, one sharp paroxysm of febrile phenomena may be all that is witnessed. In cases of abscess or of cavity in the lung this same order of phenomena may be observed in a modified degree.

The lecturer continued by showing that some chemical agents added to water charged with the peroxide solution tended to fix the combination and to neutralise the action of substances which liberate the oxygen. An experiment illustrating this fact by the action of quinine brought the lecture to a close.

ON THE CURE OF BENT KNEE,

WITH ILLUSTRATIVE CASES.

By JOHN MORGAN, F.R.C.S.I.,

Surgeon to Mercer's Hospital, Professor of Surgical Anatomy
R.C.S.I., &c.

In a former communication I brought forward some cases of cure accomplished in very young children. I have had since that date, from the extension treatment, some very successful results in older persons. One of these shows a case where the cure was accomplished in two separate steps, as when the adhesions are found to be very firm and difficult of disruption, it may be judicious to be satisfied with an incomplete extension at any one time.

In February, 1873, a boy, G. H., aged nearly ten years, came under my care, with the knee bent at a very considerable angle. He had suffered from disease of the joint for several years; it had gradually ankylosed in the position shown in the illustration. There was very little mobility of the joint, but his general health was now good. I found the biceps tendon resisting, and having put him under the influence of ether, I divided it, and straightened the knee very considerably, notwithstanding a great deal of resistance. In two months the boy went to the country, and I lost sight of him till November,

ON THE CURE OF BENT KNEE.—ILLUSTRATIVE CASES.

CASE OF J— R—.



Appearance of the Limb, Nov. 1874, Uncured.



Appearance when Cured, February, 1875.

CASE OF G— H—.



Appearance of the Limb, Feb. 1873, Uncured.



Appearance after Final Extension, Dec. 1874, Cured.

ON THE CURE OF BENT KNEE.—ILLUSTRATIVE CASES.

CASE OF B— MoC—.



Appearance of the Limb, Dec. 27, 1874, Uncured.



Appearance when Cured, Jan. 20, 1875.

1874, when he came to me with the knee still somewhat bent; he used a crutch, though the front part of the foot reached to the ground and served in progression.

On November 29th, 1874, I put him under ether, and forcibly extended the joint, without finding it requisite to divide any tendon. I had two lateral stays applied, with a leather padded strap at the knee; he went to the country in three weeks, walking well, without any assistance.

In this boy the deformity had been very great indeed; he was apparently a hopeless case; he now walks boldly and firmly, with but a slight limp.

The succeeding illustrations show the result of extension used at one operation. The first of these is taken from a boy, B. M'C., of eleven years. He described himself as having a bad knee as long as he could remember. It had been in the bent position for over five years; abscess had formed, and he had suffered the usual long and tedious consequence of joint disease. He came to me in order to get the limb straightened; its appearance was as is shown by the photograph taken December 27th, 1874. On December 30th I put him under the influence of ether, and divided the outer tendon. I closed over the wound immediately. On January 2nd I again etherised him, and extended the knee in the way I have already described. The result was most satisfactory, and the photograph taken January, 1875, shows how well the patient could stand and walk without support, even in the short time that had elapsed after the operation.

Another instance of successful treatment is furnished by the case of J. R., a stout lad of eighteen' from the country. He had suffered for years, the joint had suppurated, and the limb finally recovered, bent at a very considerable angle indeed, so much so that when the photograph was being taken the foot had to be supported and steadied. The limb had wasted, while the other had become immensely muscular. In November, 1874, I put him under ether, and divided the biceps, and by making extension I extended the limb steadily. An angular splint was applied, and in a few days later lateral supports. A troublesome abrasion formed on the heel, and he got a dyspeptic attack, which delayed treatment. The limb, as represented in the drawings, became a useful one, and he returned to the country without a crutch, and able to get along with a stick only, and this chiefly to give him confidence at first in using the limb.

In February this year, a girl, aged nineteen, was sent to me suffering from a bent knee of long duration. She could get her foot to the ground with the aid of a very high-heeled boot, but could not walk without support.

I extended the knee, under etherisation, by force, and without the necessity of dividing any tendon. The adhesions gave way with some difficulty. The recovery and utility of the limb were both most satisfactory.

On March 4th she thus writes in reporting her state:—"I take a pretty long walk every day since I came home. Words would fail to express my gratitude, for I never expected to walk as I can at present. I gave up all hopes of that. As you already know, I never went without either a crutch or stick for more than twelve years."

The illustrations, taken from photographs, prove that these patients even in a few weeks obtained wonderful command over a limb that had been useless for many years. The first one, of G. H., shows the boy as he "posed" himself in the attitude of ease shown in the woodcut; the others, "posed" with the arms crossed, show the steadiness of posture which had been obtained in so short a time.

These cases illustrate one remarkable phase of conservative surgery where, instead of removing a limb from its becoming inconvenient as well as useless, we may restore it nearly as whole as before, and practically as useful. Some of those I have cited were instances of deformed joints, the result of long past inflammatory action, and where the adhesions were old and firm, others were of more recent date, yet in all equally favourable results were obtained. It requires at first sight some fortitude to use such force as would alter a joint which has, it may be for years, been in a formal position, but the fact is that it is

one of the essentials in the treatment, judgment and care in the selection of the proper case, and of the proper time, being the others. This treatment is applicable to all joints, even to the hip under certain circumstances, when assisted by myotomy. The numbers of cases which we see "going on crutches" show that the attainment of ankylosis, or "bent knee," is sufficiently frequent, whether intentionally sought for, or consequent on neglect, and allowing the limb to stiffen in a position it most naturally assumes when the subject of disease, as proved by the interesting experiments of Bonnet, who, by forcing fluids into the synovial cavities of the different joints, arrived at definite conclusions, as the joint always assumed the same position and figure, irrespective of the posture of the limb at the time of practising the experiment, the knee-joint assuming (as it is found to do in life) an angle of about 120 degrees—an angle, unfortunately, which, when once established, would leave the owner with but imperfect use indeed of a limb so important to his comfort and utility.

The use of an anæsthetic dispels any possible objection on the score of pain.

The small incision made by the tenotome hardly deserves the name of one, while the rapidity of the reduction may fairly be titled instantaneous. I can hardly conceive anything more satisfactory to a patient than the sudden regaining of the use of a limb long given up as hopeless, and which has been a constant worry from giving pain and inconvenience, and I have myself experienced the pleasure of restoring to activity those who were cut off from their enjoyments, and limited in their hopes by the misfortune of a bent knee, which, after even many years of incapacity, I have seen used with vigour and intense enjoyment in two or three weeks after my manipulation.

Transactions of Societies.

THE DISCUSSION AT THE PATHOLOGICAL SOCIETY.

The following is an abstract of the paper with which the forthcoming discussion will be opened, entitled,

THE GERM-THEORY OF DISEASE; BEING A DISCUSSION OF THE RELATION OF BACTERIA AND ALLIED ORGANISMS TO THE VIRULENT INFLAMMATIONS AND TO THE SPECIFIC CONTAGIOUS FEVERS.

The analogy between zymotic processes and fermentations is one which has been long recognised, though the "germ-theory of disease" in its present form is a doctrine of modern growth. It has been based on the supposed resemblance between the two sets of processes. *Contagia* seem to be considered as allied to, if not identical with, *ferments*; and hence, after the promulgation of the vital or germ-theory of fermentation by M. Pasteur, which was founded upon the belief that all the ferments were bacteria, torulae, or allied organisms, it became an easy step to imagine, and even adopt, the notion that all contagia might also be similar low independent organisms.

Recognising the vast importance of such a doctrine for medical science, the writer was induced to undertake a series of researches in order to test the validity of Pasteur's underlying doctrine of fermentation. Its general acceptance would almost of necessity have entailed most important modifications in our notions as to the true pathology, and consequently as to the treatment, of the most important diseases to which the human race is liable. As a result of these researches, the truth of Pasteur's exclusive theory has been challenged in favour of broader physico-chemical doctrines of fermentation; and the whole question is now (as the writer supposes), in the opinion of the most impartial critics, to be regarded as still *sub judice*.

In the interval, therefore, we may look into the truth of the germ theory of disease from an independent point of view.

The principal foundations of this theory seem to be of a theoretical nature. It is contended, with a considerable show of reason, that the multiplication of contagium within

the body of the infected person is a process which can only be compared to organic growth and multiplication. There are, however, other means of accounting for the increase of contagion within the body which will hereafter be more fully explained.

In addition to the germ theory of disease in the most generally accepted sense of the term, there is a rival doctrine advocated by Dr. Beale which will be briefly referred to.

Applicability of the germ theory to virulent inflammations and their sequela: (gonorrhœa, purulent ophthalmia, diphtheria, erysipelas, hospital gangrene, pyæmia, septicæmia, &c.)

The notion that bacteria have a causal connection with the process of infection in these diseases having been stated, and its origin explained, an opposite doctrine is then enounced, viz, that instead of being themselves the infective agents, or "carriers of infection," bacteria and their allies when met with in diseased fluids and tissues are for the most part actual pathological products engendered within the body. There is, in fact, the writer contends, a bacterial degeneration, which, though not so common and widespread in its occurrence, may claim to rank side by side with fatty degeneration.

The facts and arguments in favour of these respective views are then briefly summarised.

It is true that some of the considerations advanced in support of the latter doctrine may be explained by the hypothesis that all the tissues of man and higher animals are densely interpenetrated by undeveloped and indistinguishable germs of the lowest organisms. This hypothesis is held by Dr. Beale, but it may be met, and, so far as it appears to be an answer to the writer's doctrine, set aside by evidence of the most convincing nature.

But the notion (1) that germs of bacteria and allied organisms pre-exist (in some obscure way) within the tissues, (2) the notion that they enter from without and are habitually very numerous distributed throughout the tissues of the body, or (3) that they are very numerous engendered by a process of degeneration taking place within tissue elements, all seem equally opposed to the views of Professor Lister, and inimical to the theoretical basis on which he has allowed his antiseptic system of treatment to rest, however admirable this system may be in itself.

Applicability of the germ-theory to artificial tuberculosis, syphilis, typhoid, typhus, relapsing fever, cholera, measles, scarlatina, small-pox, and other contagious fevers.

Although no real boundary line exists between the diseases considered in this section and those referred to in the last, the adoption of some such division is a matter of convenience in regard to the present discussion.

Many of the facts and considerations previously advanced in support of the writer's doctrine as to the relation of bacteria and allied organisms to the latter class of diseases are also applicable in regard to the present series. No positive facts of much weight seem to be forthcoming in favour of the germ theory as applied to contagious fevers. Although these affections have always been regarded as "blood diseases," in only one of them does it appear that independent living organisms are to be met with in the blood of affected individuals at any stage of the disease. There is, therefore, here a *prima facie* inherent weakness in the whole theory, which a more thorough examination tends rather to confirm than dissipate.

The facts and considerations which may be opposed to the existence of any causal relationship between bacteria and allied organisms and the specific contagious fevers are then briefly enumerated.

After some statements and explanations concerning the occurrence of organisms in the blood of relapsing fever patients, and in connection with diseased tissues in ovine small-pox and typhoid fever, as revealed by the researches of Dr. Klein, the writer will make some brief concluding statements concerning (1) Pasteur's recent important modifications of his germ theory of fermentation; (2) upon the degree of relationship existing between zymosis and fermentation; and (3) as to the probable mode of action of ferments and contagia.

H. CHARLTON BASTIAN.

OBSTETRICAL SOCIETY OF LONDON.

DISCUSSION ON PUERPERAL FEVER.

At the meeting this evening (Wednesday) Mr. Spencer

Wells will open a discussion on the "Relation of Puerperal Fever to the Infective Diseases and Pyæmia." The attention of those who take part in the discussion is directed to the following questions:—

1. Is there any form of continued fever, communicated by contagion or infection, and occurring in connection with childbirth, which is as distinctly caused by a special morbid poison, and as definite in its progress and the local lesions associated with it, as typhus or typhoid, scarlet fever, measles, or small-pox?

2. May all forms of puerperal fever be referred to attacks of some infective continued fever—as scarlet fever or measles—occurring in connection with childbirth, on the one hand; or, on the other, to some form of surgical fever, or to erysipelas, caused by or associated with the changes in the uterus and neighbouring parts following the process of childbirth?

3. If all cases of contagious and infectious diseases which occur under other conditions than that of childbirth are set aside, does there remain any such disease as puerperal fever?

4. Assuming that a form of continued fever—communicable by inoculation, contagion, or infection—does frequently occur in connection with childbirth, how can its spread in private and in hospital practice be most certainly prevented or checked?

5. What relation have bacteria and allied organic forms to the pyæmic process in the puerperal state?

6. What is the value of antiseptics in the prevention and curative treatment of puerperal fever?

The meeting will commence at eight o'clock, and the necessary preliminary business will occupy but a short time.

Mr. Wells will limit himself to fifteen minutes, and it is expected that the speakers generally will not exceed this limit.

Dr. Braxton Hicks, Dr. Barnes, Mr. Jonathan Hutchinson, Dr. Hall Davis, Dr. William Squire, Dr. B. W. Richardson, and others are expected to take part in the discussion.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on Friday evening, the 12th March, the PRESIDENT of the College in the chair.

Mr. B. F. McDOWELL, F.R.C.S., read some

OBSERVATIONS ON THE TREATMENT OF STRANGULATED HERNIA, ILLUSTRATED BY CASES IN PRACTICE.

which will be found at page 290.

The PRESIDENT said no apology was needed from Dr. McDowell for bringing this interesting paper before the Society. He wished to know what form of truss Dr. McDowell used.

Dr. McDOWELL said he preferred Salmon and Ody's truss, as being the most convenient for the patient.

The PRESIDENT: In cases where the hernia had become persistent, the late Mr. LeStrange used a truss which proved very effectual, and I have seen several cases where a permanent cure was effected in a couple of years after wearing his truss. I should like to know which of the two anaesthetics, chloroform or ether, Dr. McDowell prefers.

Dr. McDOWELL: There is a more persistent state of muscular relaxation obtained by chloroform, but I think the anaesthesia is just as perfect with ether.

Dr. DARBY said he felt some disappointment that Dr. McDowell had not given them any point on which to hang a discussion. He had come there that evening for the purpose of hearing the opinions of the members of the Society on the different methods of treating hernia. He had had twenty-seven cases of strangulated hernia, and he read a paper before the Medical Society of Oxford on the mode of treatment he adopted. He regretted that Dr. McDowell had abstained from recommending any particular method. He deserved much credit for his paper, in which the several cases he brought forward were very well put.

Professor STOKES said that in the fifth case described by Dr. McDowell the strangulated hernia, shortly after it occurred, had been successfully reduced by the taxis, and subsequently the hernia returned and herniotomy had to be performed. Dr. McDowell stated that the sac had to be opened, and he wished to know what were his reasons for opening the sac in that case. He (Professor Stokes) had drawn attention to many cases of strangulated hernia, and he had operated on a

sufficiently large number to enable him to form an opinion on this most important point. He thought the mortality depended on whether the sac was opened or not, and in his opinion in all cases where the strangulation was recent the sac should not be opened. In Dr. McDowell's case, which was recent, he stated that the sac had to be opened, but he gave no reason for making that statement. Dr. Darby's views as to strangulated hernia ought to be more generally known—namely, that the tumour should be reduced without division of the ring. He thought in all cases that this should be done if possible, for the opening of the ring was attended with the disadvantage of weakening the parietes of the abdomen.

Mr. STAPLETON said if there was one thing more than another in which he agreed with Dr. McDowell it was that in treating these cases the surgeon should not be led away by rules. Each case should be taken on its own merits and treated as it required. It was very well to theorise and say this case ought to have the sac opened and that case ought not. They might have a very fine sac, as thin almost as goldbeater's leaf, but where would the stricture often be found? In the neck of the sac, and they might divide all the parts about it and apply pressure, and yet be unable to reduce the hernia till the neck of the sac was divided. As to the time of reducing the hernia, it required much consideration. If the taxis were used in femoral hernia after two or three days there was a risk of rupturing the intestine, because the peritoneal coat of the intestine had been cut through. When he met with a femoral hernia that was more than twenty-four hours old then he let the taxis alone. If it were an inguinal hernia the taxis might be tried, but he had known in both classes of hernia cases in which relief had been obtained by operation, but where, on the man getting a fit of coughing, the intestine gave way from the peritoneal coat, having been partially cut through before the operation. He was of opinion that in all these cases the bowels ought to be left undisturbed as long as possible, and if any inconvenience occurred an enema of warm olive-oil might be used. In one of the first cases he had, the patient's friends thought they could not get the bowels freed soon enough, and they freed the patient out of the world. In one of the cases described by Dr. McDowell there was a swelling in the tunica vaginalis. Now, was it not possible that the tunica might have been slightly wounded in the operation. As to ether or chloroform, he should prefer the chloroform. There was more excitement, more vascular disturbance, more drunken excitement (if he might use the expression) from ether, and in such cases as these therefore he thought chloroform was decidedly the better. He had seen patients under chloroform where the spasms continued all through. The proper thing was to resort to the old practice and give the patient tartar emetic. On one occasion, when returning from attendance on the late Mr. O'Reilly, a man stopped him and asked him to see his wife. He went into the house, and saw a basin containing stercoraceous vomiting. He asked the woman if she had a tumour in the groin, and she said she had. He manipulated the tumour, and it went up with a gurgle. Believing that a hernia like that could not have produced such violent symptoms, he made a further examination, and found in the other groin a tumour about the size of a walnut. She said it had been there about four or five days, and that she did not pay any attention to it. He tried the taxis, but it was so painful that he had to desist, and he then offered to go at once for his instruments and perform an operation. The husband, however, said it would be time enough in the evening; but when he was coming back in the evening he saw crape hanging on the door. If femoral hernia had existed twenty-four hours the sooner it was operated on the better. They could not say in any form of hernia the quantity of hernia that was present. A woman was brought to Jervis Street Hospital, said to be suffering from strangulated hernia. She walked down to the table and was operated upon. The hernia went up. She wanted to walk upstairs to her bed, but this of course was not permitted. The operation was performed between 3 and 4 o'clock in the day, and when he went at 8 o'clock that evening to see her he found the woman was moribund. The next day a post-mortem examination revealed an amount of peritoneal inflammation which he had never seen exceeded, and yet she had no symptoms of it, and was able to stretch her legs out. Some years ago he exhibited a case of strangulated hernia in an old woman, who would not allow herself to be operated on; she sank and died. There was not a single sign of inflammation of the peritoneum to be seen. The large and small intestines were free up to the strangulation.

Professor MACNAMARA said they owed a debt of gratitude to

the author of the paper for the interesting cases he had brought forward, and also to Dr. Darby for pointing out that it would have been better if Dr. McDowell had suggested some points to be discussed. The result had been that a diffuse discussion had arisen on one of the most important subjects in surgery. He had had some success in the treatment of strangulated hernia, and he adopted many of the views which had been mentioned that evening. There was one point to which he attached great importance, and that was the leaving the patients alone after operating on them. The great point was to get the intestine back into the abdomen, and when he got it there he left it alone. He might mention two cases which had come under his care. One was the case of a nurse in the Meath Hospital. She had a femoral hernia which was down six days. She would not allow an operation, for she said that all the strangulated hernias that were operated on died. She was, however, persuaded finally to allow the operation to be done, and she was now alive and well. There was another case in which the strangulation had existed for five days, and in that also the operation was perfectly successful. The great point was not to make any attempt to move the bowels. The patient got a little opium, nine or ten days were allowed to elapse without any interference, and then the bowels acted of themselves. One of the greatest mistakes was the anxiety of the surgeon to see the result of his treatment at once. He ought to remember that the bowel had been seriously injured, and required rest. If a man had a broken arm, would the surgeon try every two or three days to bend the limb backwards and forwards in order to see if it were perfectly united? Just so with the bowel. Let it alone and it will act well of itself without any interference. He congratulated the Society on the presence amongst them that evening of the seniors of the profession. The case recorded by Dr. Stapleton had taught him a valuable lesson, viz., that in which, having removed one hernia, he found another. He (Professor Macnamara) confessed that if it had happened to him, after the reduction of the one hernia, he would probably have walked away, thinking all was right. That case, therefore, had taught a lesson which he hoped the juniors of the profession would not allow to lapse from their minds.

Dr HENRY KENNEDY remembered when a degree of force was used in these cases which appeared to him perfectly successful, and with success. He saw the late Mr. Peile succeed in two cases in using the taxis with very great force. He remembered the late Sir Philip Crampton succeeding in the same way with a lady having a femoral hernia, and he succeeded after a previous surgeon had failed, by a long and very forcible pressure. He (Dr. Kennedy) did not, however, for a moment advocate the practice. The aspirator had lately been used in some of these cases for the purpose of reducing the tension of the tumour, and thus facilitating its reduction. Another mode which had been used was the suspension of the patient. He was in one sense the exponent of the principle, for he was the person employed to suspend the patient who had strangulated hernia, and in that case it was successful. He mentioned these methods because he thought every plan ought to be adopted before having recourse to the knife.

Mr. H. GRAY CROLY said he had performed the operation probably as often as any gentleman present, and he had brought forward several papers on the subject, and in listening to Dr. McDowell's paper he felt a deep interest in each of the cases he had detailed. It was a difficult matter for a surgeon recording five or six cases, each presenting peculiarities, to lay down any fixed line of treatment to be adopted. As to the first case, he mentioned that inversion of the body had been used by Dr. Morgan. Now, if there was anything he (Mr. Croly) would condemn it was inversion of the body. In that case it was not successful, the hernia being apparently reduced and then returning again, and that bore out what he had known to have occurred in the City of Dublin Hospital. Many years ago the late Professor Geoghegan tried inversion in a case of strangulated hernia. The woman was lifted up and the hernia disappeared, but it went beyond the surgeon's reach and she died. He thought the operation was a fatal one, and ought to be expunged from surgery. As to constipation, he had followed the rule, when the stricture had been divided, of keeping the patient on ice, chicken-broth, and opium, and letting the bowels continue undisturbed. He had seen cases where, the stricture having been relieved, the bowels moved on the table. This was a favourable symptom, and the patient recovered. Constant doses of opium allayed the peristaltic action of the bowels, but ultimately the opium acted as a purgative, and the bowels became freed. Sixteen years ago, when assistant in

the City of Dublin Hospital, a case occurred in which the patient had a cyst. She had ganglions on the wrist and on the dorsum of the foot. She was seized with vomiting, and suspecting hernia, he examined the hernial ring and found a tumour. Dr. Geoghegan was sent for, and cut down on the tumour, when a squirt came up that almost hit the ceiling. The stricture was divided, but the patient did not recover. The hernial tumour had not existed more than five or six hours. He made the post-mortem examination, and could not find anything to account for the patient's death, except the shock following the operation. In his opinion operation was too frequently delayed in these cases, and he thought if, having tried the taxis once fairly, the operation was then performed, there would be very few deaths. Generally, the surgeon got a case where someone had been previously trying to reduce the tumour and thumbing it. One case was admitted under his care where the marks of the surgeon's four finger-nails and thumbs were imprinted on the hernia. He had always endeavoured to teach students that early operation was the great thing to be attended to; that the structures cut were nothing but skin and fascia, and that as it was an extra-peritoneal operation, it was much safer than the taxis. As to the hernia coming up and down, he did not think it made the slightest difference. If it had room to go up it would also have the opportunity of coming down, and it was accustomed to the old sac, which could not be reduced. He was strongly opposed to the administration of tartar emetic, and did not think they were justified in giving it in any case of strangulated hernia. He thought more persons died from shock than from any other cause. He did not think any surgeon could go to a case of hernia saying, "I will open the sac," or "I will not open the sac." If it were a recent hernia it ought not to be opened, as a general rule; but the stricture was often found in the sac, so that it became necessary to open it. Out of a large number of femoral hernias, he never divided Gimbernat's ligament, and he could safely say that Gimbernat's ligament rarely, if ever, causes strangulated hernia. He did not believe chloroform or ether was of any assistance in reducing a hernia. Desault's remark ought to be printed in every hospital—"Think well of the strangulated hernia where taxis has not been used."

Dr. RICHARDSON: Mr. Stapleton alluded to latent inflammation in one of the cases that had come under his notice. A valuable work has been published by Mr. James, of Exeter, in which he gives a large number of cases where the patients had died without any symptoms of peritonitis, and yet they had most extensive inflammation.

Mr. STAPLETON said the administration of tartar emetic was suggested by the late Dr. Neligan in his work on medicines.

The PRESIDENT said that a few years ago he was sent for to see a case of umbilical hernia. All the symptoms of hernia existed, and there was an umbilical tumour. He operated with the assistance of Drs. Geoghegan and Hargrave. There was no hernia however, but merely a fatty tumour. The woman died, and it was found to be a case of intussusception, what was supposed to be an umbilical hernia being merely a coincident tumour.

Dr. McDOWELL, in reply, said his object was not to lay down any rule of practice in the treatment of strangulated hernia, for he did not think any absolute rule could ever be laid down. His only object was to bring forward peculiar cases which might suggest improvement in their present practice. Mr. Stokes had asked why in the fifth case he opened the sac. The reason was that there was a very tight and thick stricture about the body of the sac and at its neck, and he was obliged to divide it. Dr. Stapleton had asked whether the tunica vaginalis had been wounded in the case where bloody extravasation into the scrotum had occurred. He did not think so, and he thought the hydrocele arose from inflammation of the tunica. As regards the taxis, he agreed with Dr. Stapleton, that they must be cautious in using it all when the strangulation had lasted very long. He feared they would never agree on the question of opening or not opening the sac, and therefore he had not referred to it in his paper. As to giving tartar emetic, which Mr. Croly objected to, he could only say that it answered its purpose, and that the patient was alive and well. He gave him 2 grains of tartar emetic and 20 grains of ipecacuanha, and in ten minutes his stomach became sick, his skin clammy, and his muscles relaxed. He had been asked if he gave opium. He always did so, and it was a strange thing that opium, which was known in other cases to act as an astringent, should in cases of strangulated hernia have an opposite effect.

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WEDNESDAY, APRIL 7, 1875.

THE FRAUDULENT TRADING PROTECTION BILL.

THE Committee on Mr. Sclater-Booth's Bill has undergone a series of postponements from the 19th to the 22nd of March, and again until an early day this week, when it will probably be dealt with. As the amendments are very numerous, and involve important principles, they will no doubt be warmly debated on the one side by the representatives of honest trade and on the other by those of smart shop-keeping. The leading opponent of Mr. Sclater-Booth's proposal to make things pleasant and profitable for the concoctors of mixtures is Dr. Lyon Playfair, a doughty champion, who combines in himself a considerable experience in diplomacy, a profound knowledge of the adulteration question, a high rank amongst our legislators, and an honesty of intention unpurchasable either by popularity, by votes, by place, or by money. He will give Mr. Sclater-Booth something to do to pass his adulteration protection clauses, and being encouraged by the approbation of almost every newspaper in the United Kingdom (saving those which directly represent the interests of grocers, mixers, and druggists), we have some hope that he will succeed in forcing an abandonment of the concessions to dishonest money-making which are the characteristics of Mr. Sclater-Booth's Bill.

The Council of the Pharmaceutical Society, which we spoke of last week as occupying an inconvenient position between the public and the adulterators has, if we may judge them by the sentiments of their editor, taken sides with the traders, and we find their journal giving utterance each week either to a half-encouragement to the adulterating druggists, or to a faint condemnation to this form of dishonesty. It argues the week before last in favour of retaining in the Bill the word "knowingly," pleading that retail vendors can not be expected to test or answer for the purity of their goods. Naming butter as an article to the purity of which it is difficult to testify, it says: "Would the enthusiasts for purity first fine a dealer £50 and send him to the treadmill for six months for being imposed on in the wholesale market by this commodity?"

To this childish special pleading we reply without hesitation, that we *would* impose upon a trader who sold lard for butter the statutory penalty, whatever it might be, *not* because he was imposed upon in the wholesale market, but because (presuming that he did not know what he was buying from the wholesale dealer) he did not take the trouble to ask, or purposely made no inquiry. We repeat that we see no hardship in asking a grocer to adopt the precaution which is required of every other trader by asking the manufacturer for a warranty that the article is what it professes to be. The vendors of adulterated goods do not forget to ask for such a guarantee; they intentionally omit to ask any questions, well knowing that the article sold to them and which they retail is fraudulent, and desiring to cheat their own consciences and the public into the idea that they buy and sell in innocence of the fraud. We insist that it is fair and reasonable to require from them that they shall make sure that what they sell is what is paid for, and if it should ever occur that they were deceived by the manufacturer or the wholesale dealer in the purity of the article supplied they would, with their invoice in hand, be perfectly safe from loss either of money or reputation.

We have pointed out already that there is almost no conceivable evidence, except the culprit's own confession, which could be produced to prove that he "knowingly" sold a fraudulent article. The *Pharmaceutical Journal* says: "Under the Bill proof of innocence would be open to him (the retailer) by the retention of the word "knowingly." It cannot for a moment be supposed that the onus of proving *actual knowledge* would be thrown on the prosecutor. It may be granted that the druggist's assumed knowledge should be *presumptive* evidence against him, but that should not be final; he should be allowed to purge himself of the charge of fraud."

If the editor will study the Bill he will find that his interpretation of its clauses is entirely incorrect, for Mr. Sclater-Booth's measure as it now stands does indisputably require the prosecutor to prove by distinct evidence that the seller *knew* the goods sold to be adulterated. Our contemporary thinks that the seller "should be allowed to purge himself of the charge of fraud," in which view we entirely concur, but we differ as to the method of his doing so. Our contemporary apparently thinks that he might do so by swearing that he knew nothing about the matter, and that he never thought of asking any questions of the person from whom he got the goods. We hold that the only satisfactory proof that he sold in innocence would be the production of a written warranty from the firm who sold to him. This warranty would be always available in his invoice if he took care that the goods were accurately described therein, and we would be perfectly willing that any retail trader should be free of responsibility if he could show by such evidence that he had been deceived by the manufacturer or wholesale dealer.

The simple issue between the consumer and the trader hangs upon the plain honesty of the transaction. However the question may be clouded with sophistries, the fact is that the public are deliberately and almost universally cheated by the substitution of other articles for those for which they pay. They are subject to having

things put upon them by false representations which they might probably refuse to have at any price if they knew their nature, and would certainly object to pay for at the price of pure articles. This is the existent state of trade in adulterated goods. It is roguish, and, like other forms of roguery against which the buyer is not capable of protecting himself, it ought to be put a stop to by law.

IRISH MIDWIVES.

THE relation which these trained women are in future to assume towards the profession and the public promises to become a question of first-class importance. For a long time they were thought to be an unmixed blessing to the community. Facts are, however, now accumulating, both here and in England, which must painfully undeceive the public in this respect. It was never intended that these midwives should, no more than the more ignorant class which they were designed to supersede, ever undertake any case which called for more than mere nursing ministrations. The training which is given them, and which their limited education alone enabled them to receive, fits them for none other. Unhappily, however, while the training is so limited, the only limit set to their practice is that imposed by the assumed intelligence of the public. The latter were supposed to be acquainted with the limits of their sphere of usefulness, and so to know when to trust to them and when higher aid became necessary. Then the midwife, too, was supposed to be as modest as her small stock of information should make her, and so prove an exception to the proprietors of small stocks of information generally, and then there was the law of the land to fear. All this was very well in theory, but it now turns out to have badly stood the test of practice.

In a large city all things are well, but things are quite different in the provinces. There the public are not in every instance so intelligent as was taken for granted. The midwives, too, in many instances turn out hardly a bit more modest than the utterly untrained handy old women whom they were intended to supersede. In the sister country sufficient of mischief has been wrought by the present system as to call for the serious consideration of leading members of the present Ministry towards devising a suitable remedy. In this country the letters of a country practitioner which have appeared in these columns show how keen is the interest which the question is exciting.

Following on those letters, we have reason to know that a well-known provincial practitioner has officially laid before the Masters of the Coombe and Rotunda Hospitals the details of a case where life has been clearly lost by the presumption of a midwife in taking charge of a case which lay entirely outside the domain of her class. The case has been reported to those authorities as the persons who, having let these women loose on the public, will be held by the latter responsible for any ill consequences which it may be in their power to either modify or correct.

Our midwifery training establishments are indebted to the public and to the State for the means of being able to train these women, as well as for far more valuable privileges, and we are satisfied that they are too enlightened and too sensible of their responsibilities to neglect to discharge the correlative obligations which these privileges impose.

Two proposed remedies are at present before the public: one would grant conditional certificates to these nurses, of which they would be publicly deprived in the event of their attending any case beyond their sphere; the other would

interdict them from exclusive attendance on any case whatever.

Additional facts are necessary to determine the most effective remedy to be devised. We think that, meanwhile, provincial practitioners ought to report (not necessarily over their names) every flagrant case that occurs in their practice.

In conclusion, let us say that no more important question has for a long time been brought under public notice.

Notes on Current Topics.

Conviction of a Quack Doctor for Murder.

QUACKS in this country have a very pleasant time of it, unless in the course of their illicit practice the death of a patient brings them within the pale of the law, as was the case last Friday, when one of them, named Alfred Thomas Heap, who had been practising at Manchester for some years as a surgeon, but without any legal qualification, was convicted at the Liverpool Assizes of the wilful murder of a single woman, in his attempt to procure abortion, on the 12th of March last. The indictment was that the prisoner had caused death by endeavouring to procure abortion and using a sharp instrument, with which he had pierced the deceased's body, and it was contended that this was murder in the eyes of the law just as if he had actually intended to kill the woman. In vain did the prisoner's counsel plead that, inasmuch as there was no intention to kill, the prisoner was not morally guilty of murder; the judge very properly pointing out that if in the execution of any illegal deed death resulted, a person was legally as guilty of murder as if his intention was to commit it; he further remarked that there was little chance of the recommendation of the prisoner to mercy by the jury being acceded to; the sentence of death would in all probability be carried out. So far so good. It gives us great pleasure to chronicle the fact that this miscreant has been brought to the bar of justice, and will probably meet the fate he so richly deserves. But what shall we say of the law which enables these fellows openly to practise in every large town, to the bodily and pecuniary injury of so many thousands, and even to advertise their villanous traffic in half the newspaper press of Great Britain? We have protested until we are well nigh sick of seeing the work "quack" in print; perhaps when a few more lives have been sacrificed the Government of the day may be disposed to *think over* the matter. We hardly dare hope to see any decided action taken. France in this respect is ahead of us: there the law prohibits, under severe penalties, anyone pretending to the title of doctor or practising medicine unless legally and properly qualified. Would that it were so here!

Definitions of Adulterated Articles.

WE have recorded that within the last few weeks certain chemists were prosecuted to conviction for selling milk of sulphur which was more than one-half of powdered plaster of Paris. We observe that the manufacturers of this article have sent to their wholesale customers the following letter:—

'GENTLEMEN,—As the Corporation officials appear de-

termined to continue the prosecution of chemists for the sale of milk of sulphur, and as some of them may be involved in doubt as to the course they should pursue, we would suggest that the wholesale druggist should advise his customers not to sell it without attaching a label declaring its mode of preparation.

The words at foot would suffice for the label.

We are, gentlemen, yours truly,
SIMPSON & BURELL.

MILK OF SULPHUR.

Lac Sulphuris, not Sulphur Præcipitatum.

This is just one of those cases in which an attempt is made to evade the law by attaching to the article sold a label which gives no information whatever to either customer or dealer, and which does not in anywise convey to the buyer an honest or truthful definition of the article sold to him. The manufacturers and dealers very well know that if they described milk of sulphur as what it really is they must be content either to sell it at a much less profit than they do or else not sell it at all. Accordingly they will call the mixture of gypsum and brimstone "*lac sulphuris, or milk of sulphur,*" or any name which will lead the uninitiated to believe that they are really getting sulphur for their money, but they will not—until forced by the law—tell the real truth about the matter. We shall hope to see the day when the law will not tolerate the obtaining of the consumers' money by such a deception; but that day will not come until the public show themselves to be stronger than the shopkeepers, and until trade honesty counts for more than it does at the present day.

When may a Syphilitic Father procreate a Syphilitic Child?

DR. TAYLOR, Surgeon to the New York Dispensary, speaks of the well-known communicability of syphilis by the blood, and adds: To apply this fact practically, supposing, as is most probably the case, that a man's blood is contagious during the whole secondary period, which on the average we state to be two years; now, during that whole time, if by chance that fluid is placed in proper conditions, contagion ensues; while even if a patient has the most inveterate attacks of mucous patches, they certainly are present, and therefore contagious, but let us say for one-half of that time at the most. "I have been struck by the want of attention paid, and I may say by the ignorance displayed, by very many as to this contagious nature of the blood, and I have seen numerous undoubted instances in which newly-married women have become syphilitic through this means, in consequence of the physician not having warned the syphilitic husband prior to marriage." In several instances he has learned that they were informed of the probabilities of occurrence, and of the danger of mucous patches, and assured that they were the only dangers to be feared. So strongly has this fact been impressed upon his mind that he in every instance, when it is necessary, warns patients solemnly of the danger of chafes and fissure about the penis. When advising men, of course he insists as far as possible on the lapse of at least two years from contagion, and even longer if the manifestations of syphilis show an unusually active state of the disease. At the end of this time, in seemingly auspicious cases, he informs them, if

they have been treated regularly and for a certain time, that they are as well as they could be, perhaps are even cured, but that there are certain precautions to be observed and danger to be avoided. He then carefully explains or reiterates the nature and danger of mucous patches and of ulcerative lesions, and goes minutely into the liabilities of contagion by the blood.

Ovarian Cyst.

MR. KNOWSLEY THORNTON showed a specimen of ovarian cyst with a papillomatous growth in its interior at a meeting of the London Pathological Society on March 10th. The patient had suffered for three years from pain in the hip, and came under the care of Mr. Spencer Wells, showing signs of cystic disease of the ovary. Tapping was practised, and the fluid, besides presenting the character of fluid from simple cysts, contained a large quantity of round cells and masses of protoplasm. The ovarian character being established, it was removed. The cyst was found to be unilocular, its walls formed of delicate vascular connective tissue, and its interior lined by a layer of squamous epithelium. Spruing from the lining membrane were cauliflower-like masses, consisting of a papillomatous outgrowth in various stages of development. Mr. Thornton described in detail the growth of these papillary buds from the lining membrane, his description coinciding with that given by Dr. Wilson Fox, only he believes them to be more common than Dr. Fox thinks. These cysts are evidently enlarged Graefean follicles, and to be distinguished from parovarian cysts, the seat of which they may come to occupy as they increase in size. The specimen shown by Mr. Wells earlier in the evening was one of parovarian origin which had come to occupy the site of the ovary. The distinction was very important, because of the risk involved in tapping ovarian unilocular cysts, from the transference of the epithelial elements to the peritoneal surface, and their growth in that membrane. He had seen two cases of this mode of dissemination of these active elements. From this point of view an ovarian cyst arising from dropsy of an ovarian follicle must be regarded as malignant, and only to be treated by ovariectomy. Mr. Spencer Wells spoke highly of the value of microscopic investigation of the fluids in such cases.

Case of Favus.

DR. DYCE DUCKWORTH showed a case of favus to the Clinical Society of London on the 12th March. This disease is certainly rare in London, although frequent both in Edinburgh and in Germany and France. The patient was a boy, *æt.* 8, and had had the disease for sixteen months, having been nearly cured for a time. The head was now nearly covered, and there were one or two patches on other parts of his body. There was no history of contagion. The case presented the typical characters of this disease—yellow cupped crusts and mousy smell, and the achorion Schonbeinii was found in abundance under the microscope. The treatment adopted was poulticing, followed by epilation and local application of hyposulphite of soda and sulphurous acid, and good diet and cod-oil. Sir William Jenner noticed that these cases were usually very obstinate to cure.

Dr. Whipham read the notes of a case of fatal pleuro-pneumonia in an opium-eater. When first seen the patient was in the habit of injecting two or three grains of morphia at a time into the rectum, and repeating this with intervals of fifteen minutes, until he regained confidence. The bowels were regular, but the pupils were contracted to half their size. He was kept to ten grains of morphia daily. He also took about a drachm of chloral daily. His regular daily dose of morphia was twenty grains. De Quincey used to take as much as fifty-three grains daily. Sir William Jenner observed that the use of chloral seemed to be increasing daily, but opium-eating is by no means so common. People take chloral now for weeks, months, or years, and seem to think nothing of it.

Intestinal Obstruction.

At a meeting of the Pathological Society of London on March 16th, Dr. Mahomed showed a recent specimen of intestinal obstruction from a young man, aged 18, admitted into hospital on March 5th. Eight days before death there was vomiting, which became fecal, constipation, but no passage of blood, and no tumour. Slight symptoms of general peritonitis. The pulse was full, quick, and temperature normal. Death ensued in a week. At the autopsy a loop of intestine thirty inches long was found to be included within a fibro-vascular cord, which passed from the free border of the mesentery three feet above the ileo-cæcal valve to the walls of the abdomen at the umbilicus, making one turn and a-half round the included bowel. Immediately below the point where the band was given off was a small diverticulum, probably the remains of the vitelline duct of the ileum. The cord, which was completely invested in a fold of the peritoneum, divided into two branches before reaching the umbilicus, one being continuous with the superior vesical artery. Dr. Mahomed thought that the cord was formed by the hypogastric artery, which took an abnormal origin from a branch of the superior mesenteric, being joined by a branch of the superior vesical just below the umbilicus. The obstruction occurred at the point where the cord joined the mesentery, but there was no strangulation. There was slight local peritonitis.

Antiseptic Surgery.

MR. LISTER says that there are some circumstances in which oily solutions of carbolic acid are of service, as for lubricating instruments introduced into the bladder, such as catheters, bougies, sounds, or lithotrites, where he has for some time past used a solution of one part of carbolic acid in twenty parts of olive-oil—a proportion which is not irritating to the urethra, and yet is trustworthy as an antiseptic; and there can be no doubt that the avoidance of putrefaction fermentation within the bladder is in many cases a matter of vital importance.

Chloride of zinc has the remarkable property among all antiseptics that he has tried, that a single application of it to a recent wound in a solution of the strength of 40 grains to the ounce of water, although it produces no visible slough, yet prevents the occurrence of putrefaction on the cut surfaces for days together, in spite of the action of the septic material; and if the discharges have oppor-

tunity to flow freely away, as after the removal of a tumour of one of the jaws or a portion of the tongue, there may be absolutely no odour from first to last, the divided textures being thus guarded from the bad effects of the putrefaction during the dangerous period, before they have been covered by the protecting layer of granulations.

Addison's Disease.

DR. GREENHOW, in his Croonian Lecture at the Royal College of Physicians of London, says that Addison's discovery has not yet been generally accepted, nor even generally understood. The connection of the constitutional symptoms and bronzing of the skin with the disease in the supra-renal capsules is still regarded by many rather as a matter *sub judice* than as a certain and definite relation. He has himself, on twelve occasions, diagnosed Addison's disease of the supra-renal capsules, in the presence of medical students and friends, and in eight of these cases the correctness of the diagnosis has been shown by the autopsy. It is still argued, however, that although a diseased condition of the supra-renal capsules may frequently coincide with certain clinical symptoms, it is by no means essential to their development, and consequently cannot be the cause. But medical records have as yet produced no single case exhibiting the really characteristic features of Addison's disease in which this particular lesion of the supra-renal capsules was not also present. He mentions 228 cases where the supra-renal capsules are reported to have undergone the one particular morbid change which he has described. In 101 of these cases the train of constitutional symptoms and the peculiar changes in the skin colour were observed during life in a more or less developed form. In all the 101 cases the supra-renal capsules were found after death to be diseased, and the disease was in every case of the same nature, corresponding with one or other of the stages of the particular lesion which he has described; and lastly, in none of the 101 cases did any other organic lesion exist which could be of the slightest importance.

Dr. Peter about Tobacco.

DR. PETER (*Jour. de M. et de Ch. Prat.*, March, 1875) makes great war against tobacco, and accuses it of many evil effects on the organs of the economy, and among great smokers in particular, he says, it produces most commonly a flatulent dyspepsia. It is very remarkable that in such patients charcoal-powder produces no effect. Above all it is necessary to diminish and forbid the use of tobacco. Pretty good results are obtained from the use of strychnine, especially from the tincture of nuxvomica. But these are difficult of administration, and, besides, patients know their names and fear them. He therefore recommends the following prescription:—One drachm of bitter drops of baumé, five drachms of tincture of rhubarb, made into forty pills, one or two of which are taken before each meal.

Statistics of Suicide in Prussia.

THE Statistical Office of Prussia has just published the following table of the suicides in that country from 1869

to 1872, which shows that in 1869, 3,186 persons killed themselves, of whom 2,570 males, and 616 females. In 1870, 2,963 suicides occurred, of whom 2,334 males, and 633 females; in 1871, 2,723 suicides, of which 2,183 males, and 540 females; lastly in 1872, 2,950 suicides took place, of which 2,363 were among males, and 587 among females. Hence four times as many men as women destroyed themselves. The greatest number of men kill themselves in Prussia between 10 and 15, and between 50 and 60. In women the tendency to suicide is most marked from 15 to 20, and past 17 years. Married people contributed 452 suicides per 1,000, and unmarried persons over 15, 339 per 1,000. Fear of the conscription, tobacco and alcohol are doubtless the main causes.

Electrolysis in Nævi.

MR. S. J. KNOTT (*Lancet*, 20, 3, '75) says that with one of Stöhrer's continuous batteries, six or eight cells usually being used, he has generally cured nævi. If the nævus is small he uses one or two needles attached to the negative pole and one to the positive, and passes these into the tumour; but if large he puts on several needles in the negative cord, and uses charcoal points with the positive. After the needles have been in the tumour a short time, decomposition begins, and this is shown by bubbles of gas passing by the side of the needles. A clot is then formed, the tumour turns bluish-white, and in this clot fibrous degeneration takes place, and cure. The advantages of galvanism are its certainty, safety, and the faintness of the scar, whilst the pain ceases at once after the operation. In one case, in an infant aged four months, there was a venous nævus at the end of the nose, making the organ look blue and bulbous. Two needles were applied on the 4th December, 1874, and the child was quite cured. In another case, in an infant four and a-half months old, there was a capillary nævus on the inner side of the right labium of the vulva. Two needles were applied, and the child was discharged cured on April 26, 1873, after being in hospital a month. In a third case, a child aged five months came on the 21st October, 1873, with a capillary nævus on the right eyebrow, about the size of a sixpence. Two needles were used. The child had a second application on the 30th, and was discharged cured on November 12th.

Cellar Dwellings in Berlin.

BERLIN has long been known to be a very unhealthy city, and Dr. Schwabl has written a very interesting paper upon the effects of underground habitations on the health of the poorer inhabitants of the capital of Prussia. He ascribes one part of the unhealthiness of Berlin to the increased supply of water which has recently been granted to the city, without, at the same time, making due provision for the draining off of the water when used. It seems that the death-rate at the last census was 21.6 per 1000 for persons living in the first-floors; 22 per 1000 in persons living on the ground-floor; and 25.3 in the case of persons living in cellars. But it seems that the death-rate of those who lived in garrets was as high as 28.2 per 1000. This is, then, only the old tale, that the chief factor of death is poverty. Poverty, in short, is the reigning evil of the human race, and kills more persons than all the wars in history.

Phosphorus in Bone Disease.

PROFESSOR JACOBI, of New York, says that in a number of cases of bone disease he has resorted to a rather novel treatment. He referred to phosphorus. It was a number of years ago that a German anatomist fed a great many hundreds of rabbits, whose bones he had broken, on phosphorus. He found that fractures of bones would heal rapidly when the animals were fed on food containing minute quantities of phosphorus. When phosphate of lime is given in rickets, it is found that it is just as speedily eliminated as it is introduced into the system, and then it is really doubtful whether it is of much use or not. He was in the habit of prescribing phosphate of lime, because it is still believed that some portion of it will be retained in the system; but eventually it will be found that there is but a very unsatisfactory result. With phosphorus it is different. This gentleman found that when he fed these rabbits on phosphorus, a large amount of callus was thrown out, and in a very short time relatively, the bone was healed. He says himself that he had no chance to try his method on the sick. When Dr. Jacobi read this paper, it occurred to him to try phosphorus in bone disease. He had since done so in a large number of cases, both subacute and chronic, both in private practice and in his clinique, and a large number of these had undoubtedly been benefited by it; he had now a number of cases of caries, subacute and chronic; and pure periostitis got well under this treatment when it could hardly be expected.

The dose should be not more than one-twelfth to one-tenth of a grain to an adult, or one-thirtieth to one-fortieth of a grain four times a day to an infant, in the proper menstruum. It should be given after meals, mixed with mucilage, or barley-water, and at the same time a little iron given. The use of phosphorus as a remedy for bone disease should be remembered, for it cannot yet be found in books or journals.

Hereditary Syphilis.

DR. JACOBI says that it is probable, that the large number of diseases we see in childhood, extending into manhood and adult life, and exhibiting themselves in the abdominal cavity, are due to syphilis. If placed on a mercurial treatment, a great number of these would recover. He would repeat the observation he had already made many times, that the great reputation which calomel had gained in the treatment of every sort of disease is in consequence of the fact that a large number of forms of disease are due to hereditary syphilis. Whenever the physician has to deal with syphilitic diseases, no matter of what description, generally, mercury will do good. There may be suppuration and pus, and other consequences, due to syphilis: give calomel, give mercury in various forms. There may be chronic pneumonia, or pericarditis, or consumption, due to the same cause: give calomel, and success will follow in many cases, in a very short period, when success was not thought possible. It appears that we are menaced by a revival of mercury in America of formidable dimensions.

Cancer of the Cervix Uteri.

DR. CHARLES LIEBMAN read a paper at the meeting of the Obstetrical Society of London on the 3rd March in

which he narrated the particulars of four cases seen by himself, which showed that cancer of the uterus spreads much higher on the lining membrane of the cervical cavity than on the exterior part of the neck. He considered amputation of the cervix useless in all cases of cancer, except those of pedunculated, canceroid, papillary tumours of the cervix. In the discussion which followed, Dr. Heywood Smith said he had tried Dr. Gibb's method of treatment with plugs of strong perchloride of iron, and had had bad symptoms, like those of septicæmia, supervene. Early removal should in all cases, when practicable, be had recourse to. Dr. Priestley said he had seen cases where cancer of the uterus had commenced in the cervical cavity, whilst the external labia were quite unaffected. Cancer beginning first in the fundus uteri was not uncommon. He had seen cases where cancer had commenced in the fundus and eaten into the peritoneum, whilst the cervix was to all appearance quite healthy. Dr. Rogers thought it impossible to cure cancer by escharotics, although bromine was the most useful of these. Dr. Barnes thought that the safest way to remove the cervix was by means of the galvanic cautery, and if the diseased mass projected into the vagina, so as to be able to be surrounded by a wire, it should be removed flush with the vaginal wall. There was rarely any serious-bleeding, sometimes almost none. In those cases where the disorder did not project, the button galvanic cautery could be moved over the surface and destroy the necrosed portions. In all cases but one reprieve and benefit to the symptoms had ensued from this operation. In one case the patient lived five years after the operation, but the disease returned. Dr. Wynn Williams said that the cancerous matter may be deposited in any of the tissues of the uterus. He did not think that anyone could well mistake the peculiar odour of a cancerous mass in the later stages for a fibroid of the uterus. The cancerous mass, wherever seated, should be destroyed by the *écraseur*, or galvanic cautery, and bromine should be injected into the parts that cannot be reached. One case had lived seven years after such treatment being applied. Dr. Routh said that if there were pain at night which persisted for any length of time, with menorrhagia, it was safe to put down the case as one of cancer. The wire *écraseur* was usually preferable to the galvanic cautery, because the electric wire was so thin. He was not satisfied with leaving the case to heal at will after such excision; but after waiting four or five days he destroyed the surface by means of bromine, or the actual cautery. In cases of hopeless cancer, accompanied by *fœtor* and loss of blood, he thought interference useful. Destruction of the ulcerating surface often both stopped the general cachexia and gave great relief, and the patient gained temporary restoration of health. He introduced the dry perchloride of iron into the uterus in some cases. Dr. Aveling stated that, after scooping away the diseased tissues, he had found that nitric acid was as useful an application as the actual cautery. Dr. Wiltshire said he had used chromic acid with great benefit. Dr. Bloxham spoke well of iodine and iodoform, the latter being applied in powder on wool. Dr. Edis agreed with the author of the paper as to the way in which uterine cancer originated, and had been accustomed to use a pear-shaped bulb of actual cautery to

destroy the lining membrane and interior of the cervix. Some patients had lived for years after this operation. Dr. Braxton Hicks said with regard to the deep burning of the galvanic wire that this was obviated by making the battery more powerful and screwing up the wire more quickly. The galvanic wire had this advantage over the *écraseur*—it cut quite clean and knife-like. He agreed that the remaining diseased parts should be destroyed by burning. Dr. Murray quite agreed with Dr. Priestley as to the difficulty of diagnosis between cancer of the fundus uteri and uterine fibroids.

Appointment of a Surgeon to the Tyrone Infirmary.

At a special meeting of the Governors of the Tyrone Infirmary, held on Saturday week, it was proposed, seconded, and unanimously passed—"That Edward Charles Thompson, Esq., be appointed Surgeon of the Infirmary."

There were four other candidates for the office.

At a meeting held on the 20th March, the following was passed. Resolved—"That the Governors of the Tyrone Infirmary at this their first meeting after the lamented death of Dr. Thompson, hereby record their sorrow at that event, and their sincere sympathy for his widow and family. Having so recently expressed their sense of the loss sustained by the institution and neighbourhood in consequence of his removal, they feel it to be unnecessary to add anything on that subject."

The Waterford District Lunatic Asylum.

DR. VERNON DELANDRE, Senior Medical Officer Waterford Dispensary, was on Wednesday appointed Visiting Physician to the Lunatic Asylum, vacant by the promotion of Dr. P. R. Connolly as Resident Medical Superintendent.

Hot Baths.

THE following practical rules have been suggested by Prof. Lasegue :—

No hot bath ought to exceed twenty or thirty minutes in duration.

The initial temperature ought always to be lower than the final temperature.

The increase of temperature ought always to be gradual.

The maximal temperature is usually 103°, but 108° can be easily tolerated if the patient does not remain in this temperature longer than eight or ten minutes, and that the unpleasant sensation produced by the vapour on the part of the body which is not immersed is avoided. On leaving the bath the patient goes to bed, and soon loses the sensation of unusual heat. Cold douches, which are so agreeable after hot-air baths, are not well borne after hot baths.

Lasegue has found a prolonged course of hot baths very useful in chronic rheumatic arthritis. Under their influence the movements of the articulations have become less difficult and painful. A similar mode of treatment has been found useful in chronic abdominal complaints, such as protracted diarrhoea, and even in obstinate chronic bronchitis.

Pharmaceutical Society of Great Britain.

A meeting of the Pharmaceutical Society of Great Britain will be held this (Wednesday) evening at half-past eight precisely.

Professor Hofmann will exhibit and briefly describe the specimens used in illustration of the Faraday Lecture, on "Liebig's Contributions to Chemical Science."

The following papers will be read :—

On "The Identity of Chrysarobine or Araroba and Goa Powder." Mr. E. M. Holmes.

"Notes on the Pharmacy of Atropine." Mr. Willmott.

"Ergot and its Liquid Extract." Mr. Gerrard.

Surgical Society of Ireland.

THE last meeting of the Surgical Society of Ireland took place on Friday evening, in the Albert Hall, Royal College of Surgeons. The chair was taken at half-past eight o'clock precisely, and the following communications were read :—Mr. H. G. Croly, on "A Case of Popliteal Aneurism cured by Digital and Instrumental Pressure;" Surgeon-Major Gore, on "A Case of Aneurism of the Arch of the Aorta communicating with the Left Bronchus, the opening being closed by Clot;" Mr. A. H. Corley, on "A Case of Necrosis." The President of the Royal College of Surgeons, Mr. Jolliffe Tufnell, then delivered the valedictory address, and the Society adjourned until next November.

DEPUTY SURGEON-GENERAL C. R. FRANCIS, M.B., of the Indian Medical Department, has retired on an allowance of £456 per annum, together with an additional pension of £250.

DR. HANDSEL GRIFFITHS has been elected to the Chair of Chemistry in the Ledwich School of Medicine, rendered vacant by the appointment of Professor Cameron to the Chemical Chair in the Royal College of Surgeons in Ireland.

THE discredited *ruse* of constructing an *ad captandum* paragraph out of the penny newspapers is again resorted to by the *Lancet*, which gravely, and in the oracularly professional vein, contradicts a little scrap of penny-a-liner gossip about the Prince of Wales and His Royal Highness's health, which, being assiduously circulated amongst editors, becomes a useful advertisement. We observe that the *Lancet's* contradiction is flatly contradicted by another journalist, who probably knows quite as much about the Heir Apparent's ailments as our Delphic contemporary, so that there is another opening for a recriminatory puff in the penny papers of next Thursday. Our contending medical contemporaries are so rabid for publicity that we may be well assured that they would not conceal under the bushel of their modesty the light of their "exclusive" information if the indiscretion of the Prince's attendants permitted them to get hold of any scrap of truth; and it may therefore be assumed that they know as little as they give utterance to, or they would not be driven to repeat the pseudo-medical chatter which may be had any evening by the investment of a halfpenny in an *Echo*.

Literature.

OUTLINES OF ZOOLOGY AND COMPARATIVE ANATOMY. (a)

THESE Outlines have been suggested to the author by the want which exists of a handbook of the subject suited for those who desire merely a general knowledge of zoological arrangements. The author frankly prefaces that "he lays no claim to originality, but that he has merely endeavoured to arrange and condense the leading features of zoology and comparative anatomy suitably to those who have not time to read larger works on the subject." Accordingly we find that within reasonable limits Dr. Ward has condensed an amount of information in Zoological Outlines that will ensure a wide use and appreciation of his little work. In the introduction the author gives an outline of the cell formation, and in the general subject matter he commences, contrary to the more general habit, from the head man to the last link between the animal and vegetable creation. The modern and most usually adopted classifications are selected, and are judiciously exemplified. The larger section of the book being devoted to the vertebrata, leaves perhaps rather too limited a space to the less familiar and less interesting invertebrates. The author has adopted a most practical method of simplifying the various zoological terms, by giving their derivations, with the original words and translation, and has illustrated the kind of knowledge which he seeks to extend by quoting a series of questions given at the various examining boards. Mr. Ward, in publishing a manual of modest pretensions, as he intimates, as to originality, has put together a concise and convenient handbook which, we doubt not, will be valued by the student and by anyone desiring a condensed and useful treatise on these subjects.

Correspondence.

PHARMACY IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The enclosed correspondence has appeared in the *British Pharmaceutical Journal*; but as the readers of your paper naturally take an interest in and are much more concerned in the subject of pharmacy legislation for Ireland than the English trade, I should therefore be obliged by your inserting these letters in your next issue, that the medical profession may judge the relative merits of the questions at issue, and the chemists and druggists are satisfied to abide their judgment.

I am, Sir, yours respectfully,

WILLIAM HAYES.

Hon. Secretary of the Chemists and Druggists' Society of Ireland.

12 Grafton Street, Dublin, March 25, 1875.

To the Editor of the *Pharmaceutical Journal*.

SIR,—I must take exception to your article of the 27th February, inasmuch as you appear to be labouring under a delusion with regard to the different classes connected with pharmacy in Ireland. You speak of chemists and druggists and Irish pharmacist classes of gentlemen to my knowledge non-existent. Apothecaries we have in this country, and we have druggists, the former being the only recognised body qualified for the dispensing of medicines. They have to undergo a searching examination in "arts" before being articulated, after which, in anatomy, physiology, practice of medicine, chemistry, botany, and materia medica—in fact, there is little difference between the requirements of an Irish apothecary and an Irish physician. The druggist's shop, as at present constituted, is a kind of general store where goods of every description can be purchased, drugs included; but

(a) "Outlines of Zoology and Comparative Anatomy." By Montgomery A. Ward, M.B., &c.

whether the druggist's knowledge thereof would even meet the requirements of the minor examination I very much question; and I must confess my surprise at the pharmaceutical organ even suggesting that Irish pharmacists should form the nucleus of a Pharmaceutical Society for Ireland. There is certainly no analogy between the pharmacists of England and an Irish druggist in point of qualification, and I see no reason why the latter body of gentlemen should expect to derive more benefit from a pharmacy act than the humblest shopkeeper. I feel confident that Sir Michael Hicks Beach will frame a bill acceptable to the majority of apothecaries, and I am assured by many that it will be acceptable if based upon the same principle as the Pharmaceutical Society of Great Britain. A humble suggestion of mine I trust will not come amiss. Would it not be as well for the country at large if the Apothecaries' Hall as a medical body ceased to exist, and turned its attention to pharmacy only.

I must apologise, Mr. Editor, for not sending this letter last week. I certainly should have done so had I seen the journal in time.

Signed, CHARLES H. HARTT.

107 Grafton Street, Dublin, March 9th, 1875.

To the Editor of the *Pharmaceutical Journal*.

SIR,—I have hitherto refrained from entering into a paper controversy on this subject, but my attention having been drawn to a letter in your last week's issue signed C. H. Hartt, in which truth is so grossly misrepresented for the sake of shop, I cannot refrain saying a few words in reply. In the first place this gentleman appears to ignore the existence of the chemists and druggists; he graciously permits them to retain what he considers the humbler grade—viz., "druggists;" but if they are *entitled* to this name as being vendors of drugs, much more are they to that of chemist, as being both vendors and also to a large extent manufacturers of chemicals; and if I mistake not, their knowledge in this branch would contrast very favourably with very many who hold the title of apothecary. Mr. C. H. Hartt glories in the fact that the Irish apothecaries are the only recognised body for the dispensing of medicines, and that they have to undergo examinations and pursue studies which would qualify them for the degree of M.D., which consequently most of them follow, leaving the pure pharmacist almost extinct. Consequently, the necessity for immediate legislation on the subject which we now seek. The next item of valuable information in Mr. C. H. Hartt's letter is that "the druggist's shop is a kind of general store, where goods of every description can be purchased, drugs included; but whether the druggist's knowledge thereof would even meet the requirements of the minor examination I very much question."

Now with regard to this sweeping assertion, I wish in the first place to say that his description of what he calls the "druggist's shop" is not applicable to the *Irish chemists and druggists' shops*, in which "every description of goods CANNOT be purchased." But supposing the description to be true, it will also be true of the larger apothecaries' establishments, including the Apothecaries' Hall, but with the addenda of "Prescriptions Compounded;" but to apply this latter portion of the sentence to this respectable body of men I will require with your leave to paraphrase or perhaps alter it a little. I think the following will be about correct: "But when the employes, including the compounders, could pass any kind of examination is a matter of doubt, at least, if the following were put as a test question of their competency: Describe the difference between carbonate of ammonia and cyanide of potassium." While on this subject I may mention that, as far as my memory will carry me, I can say no accident to the public has occurred in Ireland through the ignorance or incompetence of any chemist and druggist or their assistants. Perhaps Mr. C. H. Hartt can inform you if he can say the same for the apothecaries. With regard to his humble suggestion "that the Apothecaries' Hall as a medical body should cease to exist and turn its attention to pharmacy only," perhaps if Mr. Hartt used his influence with that worthy corporation he might be able to accomplish his wish; but I fancy they consider themselves quite as competent as Mr. Hartt to manage their own affairs, and I think if he would take a hint it might be better for both his own interests and those of the public if he would mind his. One word more and I have done. It is with reference to Mr. Hartt's want of visionary instinct in "not seeing why the Irish druggists should expect to derive more benefit from

the Pharmacy Act than the humblest shopkeeper." I can only attribute such a remark to the grossest ignorance or wilful blindness, and I should be making little of the common sense of the readers of your valuable journal to say another word on the subject. Apologising for the trespass on your space,

I am, dear Sir, your obedient servant,

WILLIAM HAYES,

Hon. Secretary to the Chemists and Druggists' Society of Ireland.

12 Grafton Street, Dublin, March 17th, 1875.

IRISH POOR-LAW MEDICAL CONTRACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few days since, four of the largest houses in Dublin sent in tenders for supplying medicines and medical appliances to a Poor-law union. I subjoin in four columns the prices at which they proposed to furnish twelve articles in general use. I leave it to you to supply the comments which these columns suggest, and to the public to draw their own conclusions.

Your obedient servant,

T. E.

s.	d.	...	s.	d.	...	s.	d.	...	s.	d.
2	6	...	1	10	...	3	6	...	3	0
1	4	...	1	8	...	3	0	...	2	0
2	10	...	2	6	...	4	0	...	6	0
1	9	...	2	0	...	2	8	...	2	4
1	6	...	2	4	...	1	4	...	3	6
2	0	...	2	6	...	3	8	...	3	0
3	0	...	4	0	...	6	0	...	3	0
2	0	...	2	4	...	3	6	...	2	0
5	0	...	3	6	...	10	0	...	4	0
26	0	...	18	0	...	30	0	...	24	0
1	6	...	2	0	...	3	4	...	2	4
1	4	...	0	4	...	0	6	...	0	8
£2 10 3		...	£2 3 6		...	£3 11 6		...	£2 15 6	

[Without entering on a discussion of the prices charged, we may deduce the reasonable conclusions from these figures:—

1. That if 43s. be a fair price for twelve genuine drugs, the contractor who charges 71s. for the same *must* be an extortioner.
 2. That if 71s. be the just commercial price of the twelve drugs, the contractor who undertakes to supply them for 43s. *must* contemplate supplying fraudulent goods.
 3. That amongst contractors who charge 30s. and 18s. for the one article, 1s. 4d. and 4d. for a second, 2s. 6d. and 6s. for a third, 10s. and 3s. 6d. for a fifth, there *must* be a bare-faced rogue somewhere.
 4. That a public department which permits such gross imposition with reference to one of its most important duties to continue cannot lay claim to the confidence of the public.
- Such a method of supply of medicines is a travesty on Poor-law medical relief.]

Medical News.

Seven cases of diphtheria in children have appeared amongst the soldiers' families now quartered at the Red Barracks since their removal from the huts on Woolwich Common, and five of them have been fatal. The new colony in the Red Barracks has by this time been comfortably established, and its general health is good. Several days have elapsed since the last case of fever appeared, and it is confidently hoped that the epidemic has at length worn itself out.

At a meeting of the Society for the Prevention of Cruelty to Animals held in Glasgow last week, it was agreed, on the motion of Sir William Thompson, to petition Parliament in favour of a bill to impose proper restrictions on the practice of vivisection. In moving this the learned Professor observed that it was far from his intention to join in any movement which would unduly restrict men of science in whatever operations might be necessary for advancing knowledge, but he considered that the repetition of cruel experiments on the lower animals, merely for the purpose of showing students what had been done, was altogether unnecessary.

Professor Menetrier has just published a scientific work in which he declares the weight of the earth to be about 5,000,000,000,000,000,000,000,000 tons. The learned professor is not particular about pounds and ounces; perhaps he is right in leaving these to imaginative minds.

The London Temperance Hospital.—The success of this institution is stated to be so pronounced, that it has induced the board of management to adopt measures for the erection of a larger building. For this purpose a site in the Hampstead Road has been purchased for £3,300.

Gleanings.

Accouchement in a Patient who had submitted Two Years previously to Gastrotoomy.

DR. FOURRIER communicates the following case to the *Bull. Gén. de Thérap.* for January 30 :

The operation for gastrotoomy which had been performed by himself was reported in the *Bulletin* for August 15, 1872. It was undertaken for the relief of rupture of the uterus with passage of the fœtus and appendages into the peritoneal cavity.

Since the time of this operation the general health of the patient had been as good as possible. She had been obliged, however, to wear an abdominal bandage, in order to support a threatened hernia of the intestines at the point of cicatrization.

Becoming again pregnant in 1873, the patient was removed, when the time for her confinement drew near, to the hospital, where her accouchement was accomplished, August 15, 1874, without any accident. At the moment when the pains assumed an expulsive character, the hands of an assistant were employed in supporting the cicatrix, in order to keep the intestines in place, while Dr. F. himself supported the uterus.

The fortunate termination of this case is especially worthy of record, says Dr. Fourrier, since in similar cases the production of abortion at an early date has been suggested. Even in the present instance, indeed, the question was discussed.

To watch the labour, and to terminate it by version or by the application of the forceps in case it becomes too long delayed or too painful, should be, Dr. F. thinks, the duty of the physician, and he feels that in the case just described he has reason to congratulate himself on not having interfered too precipitately.

Action of Conium upon Cutaneous Sensibility.

M. GUBLER reported, at a recent meeting of the Société de Thérapeutique, certain facts which show that hemlock modifies sensibility, and called attention in particular to the well-known phenomena attending the death of Socrates, and the observations recorded by Hunter, where a man who had taken a large dose of hemlock had lost the use of his fingers. He then went on to relate a case coming under his observation, where this action upon sensibility had been most evident.

It was that of a woman who had applied a pomade containing conium, with the fingers of her right hand, to a tumour of a cancerous nature situated upon her husband's body in the

region of the liver. After a time, the fingers which had been used in making the friction lost their sensibility. The woman then ceased using the right hand and employed the left, covered with a glove: but in spite of this the fingers lost sensibility. All these symptoms disappeared rapidly upon ceasing the employment of the ointment.

Dr. Gubler draws attention to this fact in order to show the reality of those modifications of sensibility brought about by conium, a proposition which he had already recorded in his "Commentaires de Thérapeutique."—*Bull. Gén. de Thérap.*, January 30, 1875.

A Case of Hysterical Hemiplegia.

(Dr. W. Svetlin: *Wiener Med. Presse*, No. 4, 1875.)

THE patient, a single woman, æt. 24, on the 12th of November, 1873, was exposed to cold just at the close of a menstrual period, consequent upon which she had spasms of the entire body very similar to those which result from poisonous doses of strychnia. Other symptoms of affections of a nervous character came on, and lasted for some time, but a gradual improvement took place which continued until February, 1874. On the 10th of the month, the patient, upon the receipt of news of a startling character, sank on her chair in a condition of unconsciousness. On the next day it was found that there was total paralysis of motion of the right side, with a diminution of sensibility.

About the end of March, treatment of the paralysis with the induction-apparatus was commenced, and after forty sittings there was some improvement in the motion of the upper extremity, and the voice, although still unintelligible, became more sonorous. From July the use of electricity twice a week was continued, and hydropathic treatment was also employed. The patient was twice a day rubbed down in baths the temperature of which was lowered one degree daily. By the end of the month, the patient was able with but little assistance to walk about the garden of the establishment, dragging the right foot but slightly, and could even go up-stairs.

ONE of the most foolish of the many extraordinary utterances of coroners is reported from the lips of a coroner named Couchman, at Stratford-on-Avon, which taxes our credulity, accustomed as we are to the stupidity of inquest judicial pronouncements. The investigation was as to the death of a man who perished from neglect, never having had medical advice, although he was dying of acute bronchitis. A druggist named James had made up some "stuff" without ever seeing the patient, and the poor man died probably for want of reasonable care and competent advice. Coroner Couchman, the exponent of law and justice on the occasion, appeared to think this circumstance very gratifying, for he launched into a panegyric upon the druggist. We are told that he "complimented Mr. James on his capacity, and observed that the country was greatly indebted to such a class of persons. He was a registered chemist, and qualified to give prescriptions, and remarked that such chemists as Mr. James were conferring a great benefit to people by their ministrations, especially to the poorer classes."

The judge in this precious inquiry must have his own private reasons for thus belauding the prisoner, but those reasons are certainly not to be found either in knowledge of the law or in good sense. If he was incapable

of discerning the fact that it is undesirable for uneducated tradespeople to prescribe for life or death illnesses without even seeing them, he might, at least, be expected to know that it is totally contrary to the law for his protégé, the druggist, to prescribe at all, and such persons have been many times punished for doing what he thought himself justified in eulogising.

A more humiliating display of judicial indiscretion we never heard of.

DR. WILLIAM STOKES, the venerated Senior-Physician to the Meath Hospital, has resigned his connection with that institution which has so long existed, and which his high professional character has rendered so valuable to the hospital. The vacation of this appointment by Dr. Stokes has been long expected, but had not been anticipated just now. The profession will learn with surprise that a successor to Dr. Stokes has been already appointed in the person of Dr. John William Moore, of Cork Street Hospital. Dr. Moore has, though not long entered on his profession, distinguished himself already as an ardent worker in science, a physician of great promise and a man of high culture, and it is to be regretted that his appointment to the Meath—which, of itself, would receive unqualified approval—should be shadowed by the fact of its being an uncontested "walk over." The method of his appointment does credit neither to Dr. Moore nor to the hospital, and must be unqualifiedly condemned as constituting a bad precedent.

WE have reason to believe that Mr. Croly, of the City of Dublin Hospital, will offer himself for a seat on the Court of Examiners of the Royal College of Surgeons in Ireland at the coming election in May next. An intention is spoken of on the part of the Council of the College to obtain a change in the bye-laws so that they may be enabled to increase the number of examiners from seven to eight, which it is considered will be a more convenient number for the examination of the four candidates who are now simultaneously submitted to examination. If Mr. Croly should seek the Examinership he will vacate his seat on the Council, and the vacancy will be contested at the general meeting of the College on the first Monday in June.

CLOTTING OF THE BLOOD.

IN the earlier volumes of "St. Bartholomew's Hospital Reports" Mr. Savory treated at length the subject of Thrombosis and Embolism. In the second volume attention was drawn by Sir James Paget to cases of phlebitis attacking preferentially the veins of the lower limbs in persons of gouty constitution. In the new volume Dr. Henry M. Tuckwell records three cases illustrating the great danger of embolism in gouty phlebitis, and shows that other abnormal states give rise to the same danger, one of these being chlorosis. In gout, he observes, the clotting usually takes place in the superficial veins, mostly of the legs, from which it creeps upwards. In chlorosis, on the contrary, clotting may occur in any vein—in the femoral veins, the cerebral sinuses, or even in the cavities of the heart. A further distinction—in gout the veins are inflamed prior to the clotting, in chlorosis not. Hence we should speak of gouty phlebitis and chlorotic thrombosis. Dr. Tuckwell relates three cases of the latter, and quotes a fourth from the "Pathological Transactions" which he thinks admits of the same interpretation.

NOTICES TO CORRESPONDENTS.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d., at the offices in London, Dublin, or Edinburgh.

✉ SIR JOHN GRAY, M.D.—We regret to be informed that our respected confrere has dangerously ill at Bath.

DR. J. H. A.—The matter is not yet before the House of Commons. CLINICAL SOCIETY OF LONDON.—On Friday evening, at 8½ p.m., Dr. Buzzard will exhibit a Patient with Disseminated Sclerosis. Dr. Dowse: "An unusual Case of Lead Poisoning." Mr. Jonathan Hutchinson: "On a Case of Intra-cranial Aneurism diagnosed during Life, and in which spontaneous Cure occurred and the Patient lived eight years." Dr. Hermann Weber: "On three Cases of Pyæmia caused by Acute Suppuration of the Middle Ear;" and a "Case of Acute General Tuberculosis caused by Chronic Inflammation in the same locality."

F.R.C.S.—If possible in our next.

FOUNDATION OF THE LINNEAN SOCIETY.—The Linnean Society, it would appear, like many another great institution, had its origin in an accident. The late Sir John R. Smith, then a medical student, was breakfasting one day with Sir Joseph Banks, when the latter told him that he had just had an offer of the memoranda and botanical collections of the great Linneus for a thousand pounds, but that he had declined to buy them. Young Smith, whose zeal for botany was great, begged his father to advance to him the money, and at length persuaded him to do so, though not without difficulty. It may appear strange that Sweden should consent to part with the treasures of the far-famed naturalist; and indeed the king, Gustavus III., who had been absent in France, was much displeased, on his return, at hearing that a vessel had just sailed for England with these collections. He immediately dispatched a vessel to the Sound, to intercept it, but was too late. The Herbarium books, MSS., &c., arrived safely in London in 1784, packed in twenty-six cases, and cost the purchaser £1,083 5s. In the following year Smith was elected a Fellow of the Royal Society, and devoted himself more to botanical studies than to his profession as a physician. In 1792 he had the honour of being engaged to teach botany to Queen Charlotte and the princesses, and he was knighted by the Prince Regent in 1814. At his death, in 1829, the celebrated collection, with Sir J. E. Smith's additions, was purchased by the Linnean Society.—From Caswell's "Old and New London" for April.

MR. J. R. E.—The case was a most unusual one, and beset with difficulties; we do not see how you could have acted otherwise under the circumstances.

CONSAQUINITY.—Our correspondent shall be answered in our next, or by private note.

VACANCIES.

St. Luke's Hospital for Lunatics. Resident Medical Superintendent. Appointment limited to single men. Salary, £100, with board and furnished apartments. (See Advt.)

Abbeyleix Union. Medical Officer to the Abbeyleix Dispensary District. Salary, £100 as Medical Officer, and £20 as Sanitary Officer. (See Advt.)

Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 65 Market Street, Bradford.

Wolverhampton Hospital. House Surgeon. Salary, £100 per annum, with board and residence. Address the Chairman of the Medical Committee.

Adminster Union. Medical Officer. Salary, £23 per annum, exclusive of midwifery and other fees. Address the Clerk to the Union.

Liverpool Royal Infirmary. Resident Medical Officer. Salary, £100 per annum, with board, &c. Address the Chairman of Committee.

Bristol Royal Infirmary. Dispenser. Salary, £100 per annum. Non-resident. Applications to the Secretary.

Dundee Royal Infirmary. Resident Medical Superintendent. Salary £200, with board. Applicants should address Mr. Stewart, Solicitor, Dundee.

Consumption Hospital, Brompton. Two Physicians. Honorary.

APPOINTMENTS.

BOLTON, J. A., L.R.C.S.I., L.M., Medical Officer for the Coniston District of the Ulverston Union.

BRAYLEY, W. R., M.A., M.D., Lecturer on Comparative Anatomy at St. George's Hospital Medical School.

CARTER, C. H., M.D., M.R.C.P.L., a Physician to the Hospital for Women, Soho Square, London.

COLLINS, W. C. G., M.B., C.M., M.R.C.S.E., Assistant House Surgeon to the Swansea Hospital.

COVENTON, C. J., L.R.C.P., Medical Officer of Health for the Bequilly and Llanbister Sub-district of the Knighton Rural Sanitary District.

CRIMINO, H. G., F.R.C.S.E., House Surgeon to the Exeter Hospital.

HEARN, R. T., M.B., House Surgeon to the Dorset County Hospital, Dorchester.

HENWOOD, J. D., Resident Medical Officer to the Charing Cross Hospital.

HOLLAND, E., M.D., F.R.C.S.E., an Assistant Physician to the Hospital for Women, Soho Square, London.

LEDGER, H. A., M.B., M.R.C.S.E., Medical Officer to the Central London Sick Asylum District in new Asylum in Cleveland Street.

ODUM, Dr., Assistant Medical Officer to the Durham County Lunatic Asylum, Feggsfield.

REID, W., M.B., C.M., Resident Medical Officer and Secretary to the West Norfolk and Lynn Hospital.

SINCLAIR, J., M.D., M.R.C.S.F., Medical Officer for No. 10 District of the Parish of Liverpool.

SMITH, R. T., M.D., an Assistant Physician to the Hospital for Women, Soho Square, London.

THOMAS, J., L.R.C.P. Ed., a Surgeon to the Swansea Hospital.

THOMAS, J. W., F.C.S., Public Analyst for Cardiff.

THOMPSON, E. C., M.B., L.R.C.S.I., L.M., Surgeon to the County Tyrone Infirmary, Omagh.

THORNLEY, J. G., M.D., L.R.C.S. Ed., Physician's Assistant at the General Hospital, Bristol.

TONGE-SMITH, WINCKWORTH, M.R.C.S.E., House Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

Marriages.

CLARKE—ATKINSON.—On the 30th ult., at the Congregational Chapel, Lancaster, T. E. Clarke, M.R.C.S., of Dalton-in-Furness, to Maggie, eldest daughter of Mr. William Atkinson, of Kirby-Lonsdale.

HOPKINS—KIRKMAN.—On the 31st ult., at St. Peter's, Catherington, Henry Culliford Hopkins, Surgeon, of Bath, to Georgina Mary, youngest daughter of J. T. Kirkman, F.R.C.S., of Hordean, Hants.

RAVESHILL—BROOKFIELD.—On the 30th ult., at St. George's Church, Oxford, Edmund Burton Ravenhill, M.R.C.S., of Wolverhampton, to Ellen Mary, daughter of John Brookfield, of Midhurst, Sussex.

RIGDEN—FENTON.—On the 31st ult., at the Parish Church of St. George, Duncester, Walter Rigden, Surgeon, of Montpellier Square, London, to Cecelia Frances, third daughter of C. D. Fenton, M.D., of Duncester.

Deaths.

BEST.—On the 25th March, at Hyères, France, Alexander Vans Best, M.D., F.R.C.S.E., of Aberdeen.

CARDELL.—On the 14th March, J. M. Cardell, F.R.C.S.E., of St. Columb, Cornwall, formerly of Salisbury, aged 43.

CUMMING.—On the 23rd March, James Cameron Cumming, M.D., of Exmouth, aged 72.

DAVIDSON.—On the 22nd March, Samuel Davidson, M.D., of King Street, Aberdeen, aged 33.

EDMOND.—On the 22nd March, James Williams on Edmond, M.D., C.M., of Inveresk.

PALMER.—On the 24th March, Silas Palmer, M.D., of Newbury.

STEWART.—On the 26th March, at Tunbridge Wells, Duncan Stewart, M.D., late Surgeon-Major H.E.I.Co.'s Service, aged 70.

YOUNG.—On the 23rd March, James Young, M.D., of Kirkcaldy.

Advertisements.

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Applications, with testimonials, to be forwarded to Colonel Bull, J.P., Honorary Secretary, Abbeyleix.

By order,

Clerk's Office, Workhouse,
30th March, 1875.

JAMES FINNEGAN,

Clerk of Union.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

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J. HOLME NICHOLSON, Registrar.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 14, 1875.

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THE LUMLEIAN LECTURES.

ON LIFE, AND ON VITAL ACTION IN HEALTH AND DISEASE. (a)

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

LECTURE II. (continued).

Absolute Distinction between the Living and the Non-living.—The conclusion which is impressed upon my mind, with ever-increasing force, is, that the distinction between the living and the non-living is not of a gradational kind; but, on the contrary, that it is absolute. Whatever may be the difference between plant and animal, however deep and wide may be the gulf which intervenes between the lowest and the highest living, it will, as I believe, be shown to be as nothing compared with the chasm by which the lowest living is separated from every form of the non-living.

It has been contended that because the line, supposed by our predecessors to mark off the vegetable from the animal kingdom, has proved to be fallacious, the distinction held by some to exist between the living and the non-living will, some day, be broken down. But what analogy is there between the two cases? It would be as logical to insist that, as it can be shown that certain changes in a dog, in some particulars, somewhat resemble certain changes in an oak, it necessarily follows that at some future time it will be proved that dogs and oaks are not to be distinguished from crystals. It ought not to be necessary to point out that the demonstration that a distinction formerly believed to exist between different kinds of life could not be established, did not ensure the fur-

ther demonstration, at some future time, of an alliance between any life and no life. We may be, in some respects, like plants, without men and plants being like stones.

In this lecture I have adverted to many facts and arguments which seem to me to justify the conclusion that there are certain phenomena characteristic of all living matter, and which are included under the terms *nutrition, growth, formation, multiplication*,—which are not physical, and which cannot be in any degree explained by physical law. I propose, therefore, to call these *purely vital actions*, and I consider that they ought to be placed by themselves in a class or category distinct from that of physical phenomena.

I have never been able to discover in any non-living bodies whatever any phenomena which can be fairly said to correspond to, or to be comparable with, the above. Nor can I discern the faintest analogy between the marvellous changes which affect every kind of living matter in nature, and any changes which have been proved to occur under any circumstances in matter which does not live. And if we believe with Grove that "man will never know the ultimate structure of matter or the minutiae of molecular actions," must we not conclude, *à fortiori*, that man will never know the ultimate structure and arrangement of the atoms of living matter, and the minutiae of those marvellous phenomena which proceed in the centre of every living particle?

Until the ultimate structure of non-living matter and the minutiae of molecular actions, and the ultimate arrangement of the atoms, and the minutiae of the actions of living matter shall have been made known, there can be no valid objection to our being influenced by facts that are actually known at this time, which justify the arrangement of phenomena in two distinct classes:—

1. Vital phenomena.
2. Physical phenomena.

The vital actions of living beings are exclusively confined to the bioplasm or living matter. When this becomes converted into any kind of formed material, or when it suddenly dies, physical and chemical changes ensue which we are able to investigate. The purely vital

(a) Delivered at the Royal College of Physicians on Friday, March 12th.

phenomena of the bioplasm continue only as long as this remains in its living state. If we endeavour to investigate the nature of vital actions, and attempt, in the first place, to ascertain the constitution of living matter, the first thing we do is to destroy its life. The substances we submit to examination are not really the actual materials that were alive, but only chemical compounds that were formed at and after death.

There is yet another consideration to be advanced in favour of the doctrine of the absolute difference between living and non-living matter. In the non-living world every change is dependent upon, or is a consequence of anterior change; and must, in its turn, lead to consequential changes. Each antecedent has its consequent. A real cause is not conceivable in the physical world, but I do not know upon what data the same could be affirmed with respect to the living world.

Consider how the simplest vital action is to be accounted for. Such movement, for example, as may be seen to take place in the living matter of a common amoeba. Let us inquire what was the condition of the moving matter at a given spot just before the visible movement occurred. Who shall prove the nature of the antecedent to which the movement of the particles is a consequent? And who will demonstrate that the movement immediately following was a direct consequence of that which had been observed? It will, I know, be again most confidently asserted by physical authority that the movement in question, as well as other phenomena which puzzle us at this time, will, to a certainty, be proved to be due to physical change in the time that is to come. "To-morrow, and to-morrow, and to-morrow," has always been the refuge of the philosophers who have faith in the dogma that matter alone is competent to develop every form of life. But the "to-morrow" of Lucretius has not yet dawned, and how many thousand years, I would ask, may be expected to pass away before the prophecies of those who would now go along with Lucretius shall be fulfilled?

Let us now revert to the changes occurring during the nutrition and growth of the simplest living organism, such as the yeast corpuscle. May we not conceive physico-chemical forces to be at work there to any extent imaginable, and yet fail to gain anything approaching to an adequate explanation of the facts discerned? Let it be admitted that in nutrition electro-chemical changes play an important, if you please, an absolutely essential, part. The internal surface of the cell-wall, in contact with the bioplasm, and the external in contact with water will, no doubt, be in opposite electrical states, and electrical currents will be constantly manifested. But will these or any other physical conditions account for the formation of the matter of the "cell-wall," or the increase of the bioplasm within?

As it were, behind all the physical and chemical actions in living beings are prior changes which are as essential as is the arrangement of the metals and solutions of a voltaic cell to the establishment of the current. Behind the osmose and the currents in the living cell are the changes in the bioplasm, by which alone the physical actions are rendered possible, and the continuance of these provided for. The phenomena of the bioplasm is their antecedent or cause. These phenomena have already been briefly adverted to under another head, but it is desirable I should recur to them here.

Observation has accompanied us throughout a long line of investigation which has been passed by, almost without notice, by physical philosophers. Let us now, however, proceed beyond this point and stretch onwards in imagination, and see whether our notion concerning the absolute difference between the living and non-living is supported or contradicted, neither swerving to the right nor to the left from that straight path which was pointed out from the first. We must again try to conceive the changes proceeding in those minute centres of living matter to which I have already adverted. Within every centre of every one of the thousands of minute molecules of which I con-

ceive every particle of living matter is constituted, is a more central centre in which the matter is a degree nearer the point where it began to live, and where new powers were first communicated to it. To bring the mind, as it were, face to face, with the actual change that occurs, seems, at this time, hardly possible. But surely one is justified in concluding that the *cause* must be, so to say, very central, and that in living matter the direction of the action of the forces is from, and not towards, centres. All that goes on in the environment is necessary—essential if you please—but it is to the power acting from the centre within, and welling up, as it were, from a yet more central source of power which seems inexhaustible, that vital phenomena must be attributed. Having been carried so far, how am I to resist the conclusion that the power that influences must be more central than the matter that is influenced; and that, therefore, the central life-communicating power plays a far more important part in the phenomena of life than anything in the environment acting from without. That forces in the environment react upon the force or power acting from the centre may be fully admitted, but that these are the *cause* of central activity, is clearly an untenable proposition. The central action is absolutely essential, and the difference between the matter in the centre, and the matter in the environment, is absolute. Neither can the conditions, under which action occurs, be regarded as the true cause of the action, since the conditions are conceivable without the action; and the action, in question, clearly must exist ere it can be influenced by conditions. It would surely be as unreasonable to regard the *power* by which the atoms of a mass of living matter are arranged and their forces guided as the same in nature as the atoms and forces themselves, as it would be to suggest that the mind of the artist is but another form or mode of the properties of the matter of the paints he blends, and disposes as he may determine upon his canvas.

The phenomena which I have described as characteristic of every kind of living matter in nature, and which are known only in connection with living matter, I must ask you to regard as purely *vital actions* due to the operation of a force or power capable of controlling matter and its forces, but neither originating in them, nor formed by or from them, nor capable of being converted into them—a power which we cannot isolate or physically examine, but the effects of the action of which we may study. Thus we may learn much—and even, I think, form some dim conception of this wonderful power which, stirring in every living particle, establishes between it and every non-living atom, or collection of atoms, a difference which is absolute.

The Construction of the Body by Bioplasm.—All development of structure, all the structural peculiarities of living beings, are due to changes which have taken place in bioplasm, all those characters upon which we depend for distinguishing one living form from another, are the result of changes occurring in bioplasm, changes which took place long before any differential characteristics had manifested themselves. In the formation of every tissue, in the construction of every organ, and of every form of mechanism existing in a living being, bioplasm is the sole essential and active agent. And if, as I have endeavoured to show, the ordinary phenomena, characteristic of all living matter, cannot be adequately explained except by the operation of an agency of an order or kind distinct from, and without direct dependence upon, or causal connection with any mode of physical force yet discovered, how is it likely that the yet more remarkable results of formative or constructive power should be accounted for, unless we admit the operation of such peculiar agency? Whether we examine the marvellous details of the most minute structures entering into the formation of the tissues, or study their chemical composition, whether we take note of the simplicity of the conditions under which they are produced, or consider their wonderful, and in many instances, inexplicable properties, we shall be forced to conclude that no ordinary physical actions will, alone, account for the result. The

more minutely the details are investigated, the more firmly, I feel sure, will the conviction become established, that the agency by which each one of a long series of successive, but not necessarily consequential changes cannot possibly be of the nature of ordinary force, seeing that no forces known, except those operating in living matter, have been found competent to effect special structural arrangements. But the case is still stronger than I have stated it, for many of the special arrangements in living animals, wonderful and elaborate as they are, serve only a temporary purpose. While these are in active function, more permanent, and perhaps still more highly endowed, organs are slowly undergoing formation.

Every attempt to explain the formation of any definite organ by what is called evolution and the operation of physical causation, independently of intelligence, and of guiding governing power, has signally failed. Even with the aid of that wonderful "nature" with a capacity for differentiating herself, which the evolutionists have been obliged to call to their aid, we get only a very confused and inadequate notion of the formation of any single tissue of any one organ—the eye for example. Let it be fully explained, in full detail, according to evolutionary law how the formation, not of the eye as a whole, but of one only of the tissues of the eye is carried out. Such an explanation would have far more weight than the assurance that the eye may be compared with a telescope, or that it exhibits an indelible stamp of its lowly origin. By vague suggestions of this sort, nothing whatever is proved, or even rendered probable. An interpretation of facts is authoritatively given, favourable to certain preconceived views, and that is all. Other interpretations might be given, but for the time all others are excluded, by authority which rules as if it were infallible.

No one has yet been able to account for the arrangement even of the nerve fibres of a nerve plexus of the eye or of any other organ. The little papillæ of the frog's tongue are, as I have remarked, organs admirably adapted for investigation, and I wonder that these have not been selected to illustrate the theory of evolution. They can be easily obtained for study, and are far less complex, and more easy of investigation, at every stage of development, than the eye. (a) A discussion concerning their formation, and the laws by which it is governed, would be extremely interesting. It is not very likely that evolutionists will accept this or any other challenge for the purpose of testing the application of their doctrine to the details of anatomical structure. They prefer generalities; and as long as they are able to make people believe that their doctrines are true, and that their prophecies will be verified, they are wise. If they are encouraged to persist in calling attention to general characters, to the exclusion of details, and to select, out of nature's storehouse, just those facts which support their own theories, taking no account whatever of facts which cannot be explained by them, they will be able to hold their own, but whenever they are forced to go into detail, and study the minutæ of the development of an individual organ, the difficulty of the application of the doctrine will be apparent enough to every one, and the farther the investigation is pushed, the more will the difficulties to be surmounted by the evolutionists increase, as regards degree and number.

Let me now consider, but only in the merest outline, the changes which occur when bioplasm, manifesting its wonderful developmental powers, at last gives rise to the formation of tissue.

The earliest state of matter, in every kind of development, is that of bioplasm, which was derived from pre-existing bioplasm. The masses of living matter absorb nutriment, and the whole increases in bulk. So far, the only indication of formed material is afforded by the presence of a little soft transparent mucus-like matter without any indications of any definite structure. This material is formed, and accumulates around each mass of bioplasm. During the development of tissue, bioplasm masses, em-

bedded in their soft matter, continue to divide and subdivide. As development advances, there may be discerned, amongst the bioplasts here and there, one which undergoes more active change than the rest. This, in fact, becomes a new centre, from which growth proceeds, while the neighbouring bioplasts remain passive for a time, and some gradually waste. Soon, by division and subdivision, a collection, composed of a new series of bioplasts, results. Many such collections are formed, being separated from one another by the altered bioplasm particles of the previous generation, and their imperfectly developed formed material. Thus results the first indications of the different structures and organs which appear in the embryo of man and the higher animals at a very early period of development. The process above indicated is repeated many times probably ere the first traces of actual structure with capacity to act are to be detected. Nay, the tissue which is at last formed, and which acts, exhibits structure, but this first tissue only serves a temporary purpose, and differs in its characters from the permanent texture which is at length formed. Thus the first muscular tissue, for example, which is produced in the mammalian embryo, only lasts but for a short time, and it is entirely replaced by a form of contractile tissue which differs materially from it in structural arrangement and in mode of growth. The formation of cartilage, bone, nerve tissue, glandular, and other organs, illustrates the same fact.

But formed material—whether its structural character be simple or complex, its function be low or exalted, and exerted only temporarily or throughout life—results from changes in bioplasm. I propose, therefore, now to consider the actual change from bioplasm to formed matter, and then I shall advert to the powers and properties of the particles of the bioplasm which succeed one another, series after series, or generation after generation, as long as the development of tissue continues.

The production of formed material may be studied in the early development of any of the tissues and, in many of them, at any period of life. Epithelium, muscle, nerve, certain forms of fibrous tissue, are being produced from bioplasm at every period of life, and changes of the same order as those by which the first formation of tissue is provided for may be observed. In all cases the newest formed material is that which is nearest to the living matter. This formed material is pushed out, and a more recent formation occupies the space between it and the bioplasm. Gradually the formed material loses water, becomes firmer, and slowly undergoes other alterations, until it assumes its characteristic form and begins to fulfil its proper function. In some cases, as I have already remarked, the bioplasm actually moves onwards, leaving the formed material which it has produced, behind it. I have described this phenomenon as it occurs in certain forms of yellow elastic tissue and muscle, in which tissues the thickening of the fibre can be clearly seen to be due to the formation of new material by the bioplasm as it moves over the surface of the fibre already formed. The new matter is soft and does not at first exhibit the peculiar characteristics of the tissue.

But however long a period may elapse before the formed matter assumes its characteristic peculiarities, and becomes functionally active, its characters, its properties, and its chemical composition mainly depend upon the changes which occurred just at the moment it ceased to be bioplasm. The elements entering into its composition must have been arranged in a definite way, while they were yet bioplasm, so that they were certain to combine in the manner required at the time when they assumed the condition of formed material. If, then, we desire to discover the true cause of the formation of tissue, we must search for it in the bioplasm ere formation occurs. Some of the elements of the living matter combine to produce the formed material, while others combine to form gaseous or solid substances which escape or are carried away dissolved in fluid. That which determines the combination—that which causes the elements to unite so as to produce the definite matter or the tissue is the *cause* of its formation.

(a) "Protoplasm," 3rd edition, p. 349.

According to my idea, which however may be considered by some very unphilosophical, there is something operating in each kind of bioplasm which in fact determines the kind, by virtue of which the living matter *must* grow and *must* produce formed material of a certain character, if only it be supplied with pabulum, and be placed under certain conditions. This something is, I believe, a power or force which the bioplasm has derived from pre-existing bioplasm—a force or power which has been transmitted onward, perhaps for ages, with or without variation. Conditions may indeed modify the action of this power within certain limits, or may prevent its action altogether, but that the action results from the power, and ought not to be attributed to the conditions, is obvious from the fact that one form of bioplasm exposed to the conditions favourable to the developmental phenomena belonging to another kind will not be so influenced as to exhibit these.

The characters of previous generations are indelibly stamped upon every individual belonging to each generation, and these inherited characters can be transmitted by the bioplasm only. In fact, is not the "nature or constitution of the organism" the nature or constitution of the bioplasm out of which the organism is formed? It may still be asked, whether all generations were potentially included in the first, and whether the germs of all were included one within the other from the first creation as Leibnitz thought—each being containing the germs of its successors one within the other, which were thrown off one after the other, as envelope might be removed from envelope? Such questions must now be regarded from a point of view different from that from which they have been considered hitherto. The study of the characters and properties of the bioplasm will open out new lines of inquiry, more particularly with reference to the powers by virtue of which all formation takes place.

Those peculiarities of external form, and of external and internal structure and action, in which one species differs from all others, must also be attributed to the vital phenomena of the bioplasm. In like manner the power of origination, and handing down of newly acquired properties and characters, is limited to bioplasm. Bioplasm is the agent concerned in the transmission of all hereditary structural peculiarities. Nay, this living matter alone can inherit, and whatever it inherits comes from bioplasm. There is nothing in the non-living world, it need scarcely be remarked, that presents any analogy with this marvellous power of inheriting from predecessors definite characters, and transmitting them to those that succeed. All will accept Mr. Darwin's conclusion, that whenever variation occurs, the cause of variation must be attributed to something in the "nature or constitution of the organism,"—or, as I venture to think, we may say with still greater accuracy, to something in the nature or constitution of the bioplasm from which the organism is developed. This cause of variation must, as it seems to me, be very closely related to the cause of the formation of tissue by bioplasm, and is in its nature *vital*—not *physical*.

(To be continued.)

SUCCESSFUL REMOVAL OF A FOREIGN BODY IMPACTED IN THE PHARYNX BY THE OPERATION OF PHARYNGOTOMY, BEING THE FIRST CASE OF THE KIND IN IRELAND. (a)

By W. I. WHEELER, F.R.C.S.I.,

M.D. Univ. Dub.; Licentiate of the King and Queen's College of Physicians; Demonstrator of Descriptive and Surgical Anatomy, Royal College of Surgeons; Surgeon to the City of Dublin Hospital, and Lecturer on Clinical Surgery.

THE treatment of foreign bodies in the œsophagus and pharynx being of great interest to all practical surgeons

(a) Read before the Surgical Society of Ireland, March 19. The discussion will be found at page 320.

has induced me to bring before this Society a brief outline of the treatment recommended in such cases, and a short history of the nature and result of a case of the kind which has lately been under my care in the City of Dublin Hospital, in which I performed the operation of pharyngotomy, being the first time in this country. To all surgeons bodies impacted in the pharynx are a source of anxiety, calling, as they do in almost every case, for prompt assistance perchance to relieve the sufferer from impending suffocation. When bulky and solid they are generally arrested behind the cricoid cartilage, but when pointed and sharp are more usually found in the soft parts at the base of the tongue, the discomfort caused being most distressing, and vomiting and pain and difficulty in swallowing and breathing being the common symptoms. Cough and laryngeal irritation may be produced, depending on the situation; small bodies occasionally set up inflammation, causing suppuration, and abscess in the neck resulting, and cases are stated where the cervical vertebrae have become diseased; coins have been impacted for months, and finally coughed up. (Dr. O. Ward, "Path. Trans.," 1848-9.)

False teeth are not unusually found impacted in the gullet and œsophagus; such cases are indeed comparatively common.

Sir James Paget relates a case where a gentleman, in a fit, got a set into his pharynx, where they remained for four months. (*Med. Times*, 1862.)

Mr. Bryant, in his valuable work on "The Practice of Surgery," relates the case of a half-set of teeth falling into the pharynx during an operation for ovariotomy, the patient being under the influence of chloroform.

I assisted myself the late Professor Geoghegan in the removal of several teeth from the pharynx of a gentleman, and great caution and dexterity was required, from the danger of wounding the arteries bounding the tonsil by a sharp hook attached to the plate in which they were set.

Sir William Fergusson relates the case of a female who swallowed four false teeth with gold setting, which became fixed at the lower end of the gullet; he pushed them into the stomach. In four days the patient appeared proudly displaying the teeth again in her mouth. In the meantime they had travelled the length of the intestines, and when found were replaced to perform their ornamental duties. He thought the patient might relinquish them for a new set; but she preferred them, as lost and found cherished friends. (*Lancet*, 1869.)

Mr. Pollock and others relate numerous cases of this kind, which it would be tedious to record. Such foreign bodies as punch-ladles, forks, and gold watches have also been found impacted in the gullet, and some difficulty has been experienced in detecting even such large substances when embedded for some time in its walls. Fabulous stories have been told of the passage of these bodies, but recently I have been informed of a reliable case by Mr. Robert McDonnell, of a lunatic in America who swallowed a pair of scissors, which ulcerated through the epigastrium. But although in nearly all the surgical works there is mention of the manner to explore for foreign bodies situated in the pharynx, and the various methods at the command of the surgeon for extraction by the mouth, or pushing them into the stomach, or opening the trachea or larynx, yet the majority of surgical writers say little or nothing on the subject of pharyngotomy, and appear to mix this operation and œsophagotomy indiscriminately. The latter has but seldom been performed, and in but few cases out of the many requiring it has the operation been attempted, and thus many lives have been lost through the dread of operating. On looking over the works of some of the most recent surgical writers I find Mr. Bryant never performed the operation. Sir W. Fergusson relates how the operation may be performed in the dissecting-room, but considers it attended with the greatest danger on the living subject. Pirrie merely relates there is an operation of the kind. Gross never performed œsophagotomy, and makes no mention of pharyngotomy. Miller states when the operation of œsophagotomy was first proposed. Gant-

gives a few lines on the subject. In several well-written works there is no notice at all of the operation. In the "Mémoires de l'Académie de Chirurgie" will be found a most exhaustive account of fatal cases where the foreign bodies remained in the gullet, or had been swallowed, and it appears to me that the case recorded by Mr. Kirby in the "Dublin Hospital Reports" as dying from spasmodic constriction of the muscles of the glottis might have been saved had he performed the operation of pharyngotomy and removed the foreign body.

Foreign substances, when extracted otherwise than by the mouth, have almost in every case been removed by the operation of œsophagotomy, which appears to have been proposed by Verdue, but to have been first performed by M. Goursaud, who extracted from the œsophagus a portion of bone; the patient recovered. M. Begin performed the next operation of the kind; recovery followed. Mr. Amott performed the third operation of œsophagotomy on a child 2½ years old ("Medico-Chirurg. Trans.," 1838). The operation was not performed till five weeks after impaction. The incision was made on the right side of the neck; the spinous process of one of the dorsal vertebrae of a sheep was removed; the child died of pneumonia. In the year 1832 M. Begin performed the operation of œsophagotomy twice successfully (*Journal Hebdomadaire*, 1838). Dr. Martini has the next case on record. He made an incision on the foreign body, a portion of bone, but it was swallowed by the patient before it could be extracted. The bone passed to the rectum. The treatment stated to be adopted in this case was frequent bleedings. Sixty attempts with various forceps and instruments, endeavouring to remove the impacted substance, were made. Belladonna was administered by the rectum; tartar emetic injected into the veins; enemata of opium were given to check its effects. During this period the patient could not swallow even a drop of water. Need I add the case was fatal. In 1845 M. Delarocherie, Professor of Clinical Surgery at Liege, extracted a large piece of bone from the gullet of a man by œsophagotomy (*Journal de Chirurgie*, 1845). Efforts were made to remove the foreign body which caused hæmorrhage and injury to the gullet; the incision was made on the left side. The patient had recovered on the twenty-fifth day. The wound both suppurated and sloughed.

Now all the cases I have just related are cases of œsophagotomy, and no account is given of the operation of pharyngotomy being performed till those graphically described by Mr. Cock in "Guy's Hospital Reports." Although the steps of the operation are different, the same structures are not engaged, the parts to be avoided are not similarly situated, and there is not the same readiness in getting at the pharynx as there is at the œsophagus on the left side of the neck. Although there are other difficulties to counterbalance this—namely, the extreme proximity of the left common carotid to the œsophagus compared with the pharynx, there is danger of wounding the thyroid gland in the one case, not in the other; the almost absolute necessity of dividing the insertion of the omohyoid muscle in pharyngotomy, not in œsophagotomy; the danger of the inferior thyroid artery being wounded in œsophagotomy, not in pharyngotomy. These are all differences and distinctions which do not appear to me to have been weighed by surgical writers, and evidently for the reason that the operation has not been contemplated or performed. And thus the two operations, œsophagotomy and pharyngotomy, have not been separately described, and the description of the former ideal and theoretical, while the latter is ignored by most surgical writers. The history of the case and the operation I was called on to perform some months ago, is as follows. The notes have been accurately taken by Mr. Arthur Benson, now a member of this College, at that time resident in the hospital.

John O'Brien, æt. 45, married, a large man, in robust health, by occupation a farmer, residing in the County Leitrim, was admitted into the City of Dublin Hospital on Tuesday, November 10th, 1874, under my care, having

been sent to me by my friend and former fellow-student, Dr. Palmer. At the time of his admission his face was full and flushed, with slightly injected conjunctiva, and there was a huskiness of voice not unlike that of acute laryngitis. From one corner of his mouth hung a strong black thread, which was fastened round the left ear. He states that on the Sunday previous, that is two days before his admission, he had been sewing a button on his trousers, and having put the needle into his mouth, eye foremost, it slipped down. He endeavoured to withdraw it by the thread, but it seemed to him to fasten it tighter, for the obvious reason that he was embedding the point more firmly. On examining his throat with the laryngoscope I was able to detect the exact position of the needle, being somewhat obliquely situated, the eye-end being buried in the left palato-pharyngeus muscle, the point in the left arytenoid cartilage. At a subsequent period this diagnosis was confirmed by Dr. R. McDonnell, who kindly examined the patient with the laryngoscope for me.

Intense anxiety was depicted on the countenance of the man; he could not swallow anything but fluids. Before his admission Dr. Palmer had tried to extract the needle, and also Dr. Little, of the Sligo Infirmary. I endeavoured on the night of his admission to extract the needle, but without success, and although I believe on one occasion I caught it with the forceps, it slipped through the blades. I ordered him ice to suck, and made slight traction on the thread by fastening it to the cheek by means of adhesive plaister. On the following day, the 11th November, I called a consultation of my colleagues, and with the assistance of Mr. Tufnell (President of the Royal College of Surgeons) and Mr. Arthur Barker, both of whom attended, I tried again to remove the needle, but without success. I had procured different kinds of forceps for the purpose, and have to thank Mr. Butcher for lending me an instrument whose blades opened antero-posteriorly, which I thought might have been useful. After some attempts to withdraw the needle the patient suffered considerable laryngeal distress, and I determined not to again try its removal for some days, until the symptoms ascribable to the endeavours at removing it had subsided. Ordered ice to suck, and to inhale the steam of warm water.

12th November.—The great laryngeal distress he suffered from in the night had considerably subsided. Ice continued; diet, milk and beef-tea.

On the 15th I again endeavoured to withdraw the needle, and had an eye or loop put on the external surface of one of the blades of the forceps, in order that the thread, to which I had added a portion of hempen ligature, to make it longer, might run through the eye, and thus direct the forceps to the needle. The needle had, however, become so completely and firmly embedded that it was impossible to catch it. I next tried the thread through a catheter with the eye in the end (kindly lent to me by Mr. Tufnell), hoping by this means to depress and dislodge one side or end of the needle. This was likewise unsuccessful. I contemplated dividing the needle, and to try the effect of magnetism, but I abandoned these ideas for reasons obvious.

17th November.—Up to this date the patient had not swallowed any solid food from the day of the accident, and had got considerably thinner, and pale and haggard looking. Occasionally he suffered from considerable pain, which caused him sleepless nights, being not only where the foreign body was situated, but even up the side of his head, and in his ear; the patient did not suffer so much laryngeal irritation after this trial at removal, and it was wonderful to witness the great toleration of the patient to these trials to relieve him.

Having tried every means possible for the extraction of the needle without operating and opening the gullet, I felt from the condition of the patient, his increasing weakness, the anxiety he was suffering, the occasional intense pain, added to his numerous and constant importunities to relieve him and cut it out, there was not any other means at my command but to perform pharyngotomy. After due

deliberation with my colleagues, Mr. Tufnell and Mr. Barker, who on every occasion I required most kindly attended and assisted me, I determined to operate, and on Monday, the 23rd of November, I proceeded in the following manner, before a large class of students and several distinguished surgeons of Dublin.

The man being placed on the operating table in the theatre, was put under the influence of chloroform. I made my incision on the left side of the neck, commencing from the body of the os hyoides to the superior margin of the cricoid cartilage; through the integument and fascia a small vessel sprung, most probably the sterno-mastoid branch of the superior thyroid artery, which I quickly ligatured. Each layer of fascia I took up on a director, and cautiously divided; the common external and internal carotid arteries now came into view, also the superior thyroid artery and superior laryngeal nerve, with a few descending filaments from the ninth nerve. I now separated the attachment of the omo-hyoid muscle. The chloroform, which was administered by Mr. Gardiner, the senior resident, was now discontinued. The vessels Mr. Butcher was good enough to retract for me, and kept them to the outside. I now passed a staff, as originally recommended by Vaceca-Berlinghieri, into the mouth and pharynx. Mr. Tufnell, to whom I handed it, caused it to bulge, the pharynx to the left side, and at this prominent point I made a small incision sufficient to allow in the top of my index finger. The staff was now withdrawn, and I enlarged with my fingers the opening already made in a direction upwards and downwards. I now passed my finger behind the ala of the thyroid cartilage, and endeavoured to feel for the needle, which I was unable to find. I next passed in a small forceps on the palmar aspect of my left index finger to the situation I knew the needle was, but could not get it. Failing this, I passed my left fore-finger upwards towards the mouth and brought the thread attached to the needle from the mouth through the wound. I followed the course of the thread, but the needle was entirely embedded in the soft structures. I now scraped through the tissues with my nail, and came on the needle by slight traction on the thread, and grasping the needle with the forceps before mentioned, I withdrew the needle, to my great gratification and relief of the patient. During the period I was abstracting the needle the patient suffered great dyspnoea, his face was congested, eyes protruding, the perspiration was pouring off of his face, and to the uninitiated it would appear as if dissolution was near at hand. I put no sutures in the gullet, but the edges of the wound I brought towards one another with a few points of carbolic suture. The man was speedily conveyed to bed, a piece of lint soaked in carbolic oil was laid over the wound, a poultice of bread and milk placed over the abdomen, to be renewed in four hours. Nutritive enemata to be administered during the day, ice to suck, &c., and a sponge soaked in iced milk was occasionally squeezed on his lips.

I saw him in four hours after the operation: the expression of anxiety had left his countenance; he expressed himself relieved; some of the milk given by means of the sponge and in teaspoonfuls came out through the wound, but the greater part followed the natural course to the stomach.

On the 24th he was doing well; had some sleep.

25th November.—Had a rigor; temperature 100°; the edges of the wound slightly inflamed; an abscess formed in the vicinity of the incision, which discharged itself through it, as I had taken the precaution not to draw the edges together, as such was likely to follow.

On the 6th of December the fluid ceased to come through the wound, and he was discharged from hospital perfectly recovered on the 19th of December, 1874.

The points of practical interest appear to me as follows:

1. To arrest hæmorrhage from the small vessels necessarily severed immediately, so as not to obscure any of the parts to be divided, which should be well examined before being cut.

2. To have the vessels well retracted.

3. To have a staff put into the pharynx from the mouth to make it bulge.

4. Not to pass a knife into the pharynx to enlarge the opening up and down, as recommended by Mr. Cock, as to my mind this was the cause of the hoarseness in his case, and it was thus he wounded the filaments of the nerve.

5. The patient need not of necessity be fed with a tube.

6. Should the thyroid gland appear, not to mistake it for the gullet.

7. To operate on the left side of the neck, being more convenient to the surgeon, unless the foreign body is bulky and bulges on the right.

In conclusion, I agree with Mr. Cock, who believes the operation, if dexterously performed, not to be a fatal one; and I have thus, as faithfully as I can remember, described each step of my operation, in hopes that it may be of use to others if called on to perform pharyngotomy.

ON SOME PECULIAR SYMPTOMS CONNECTED WITH OBSTRUCTIONS OF THE LACRYMAL PUNCTA, CANALICULI, AND NASAL CANALS. (a)

By C. E. FITZGERALD, M.D., Ch.M. Dub.,

Ophthalmic Surgeon to the Richmond Hospital; Assistant Surgeon to the National Eye and Ear Infirmary; Lecturer on Ophthalmic Surgery, Carmichael School of Medicine.

THE subject I propose bringing under the notice of the Society this evening appears to me to be possessed of some importance, and especially as it is one which, so far as I am aware, is not treated of in any of the standard English works on ophthalmology, and I believe the only foreign text-book which contains any account of it is Dr. Galezowski's "Treatise on Diseases of the Eye." (b) Both as a clinical teacher and writer, Dr. Galezowski has always strongly insisted on the importance of examining the condition of the lacrymal passages in the various forms of ophthalmia, and he is clearly the first who has directed attention to and described the peculiar train of symptoms which form the subject of the present paper. He has written two papers on affections of the lacrymal passages. The first was published in the *Gazette des Hôpitaux*, (c) a translation of which appeared somewhat later in the *Dublin Quarterly Journal of Medical Science*. (d) The second was contributed to the *Recueil d'Ophthalmologie*, (e) a quarterly journal edited by Dr. Galezowski.

I thoroughly recognised the importance Dr. Galezowski attaches to the careful examination of the lacrymal passages when attending his clinique at Paris, and since I commenced practise in this city I have had ample opportunity of verifying, and in most particulars confirming, the truth of his views regarding this subject.

If we take up any one of the standard works on diseases of the eye and refer to the part which deals with the subject of obstruction of the lacrymal passages, we find that only one prominent symptom is mentioned as present in this condition—namely, lacrymation. Of course I am not now speaking of cases of abscess, or inflammation of the lacrymal sac (dacryo-cystitis), but merely of cases of simple obstruction to the passage of the tears. Now, Galezowski maintains, and I can corroborate the statement, that even slight obstructions of the lacrymal passages are very frequently accompanied by

(a) Read before the Surgical Society of Ireland, March 19. The discussion will be found at page 321.

(b) "Traité des Maladies des Yeux." Par X. Galezowski. Paris. 1872.

(c) "Essai sur la Conjonctivite Lacrymale et son Influence sur la Vue." (*Gazette des Hôpitaux*, 1868.)

(d) "Lacrymal Conjunctivitis and its Influence on the Sight." (*Dublin Quarterly Journal of Medical Science*, Nov., 1869.)

(e) "Etude sur les Affections des Voies Lacrymales." (*Recueil d'Ophthalmologie*, 1873.)

symptoms which may and often do assume a grave aspect—at all events, causing the patient considerable uneasiness, alarm, and anxiety. I am convinced that these symptoms have hitherto been invariably ascribed either to the special affections, whose presence they simulate, or to some general constitutional disturbance, or possibly the patient has been looked upon as a hypochondriac, and his complaints regarded as mere fancies. In the one instance the treatment will either be directed to the special malady supposed to be present, or to the constitution; in the other, according to the code of a very dubious morality, the patient will probably be furnished with a placebo. Both lines of treatment fail, but still there remains the comforting assurance that "time cures all."

Let us now inquire what are the consequences which may follow obstructions of the lacrymal passages. According to Galezowski these obstructions are capable of producing a special form of conjunctivitis, which he terms lacrymal conjunctivitis, which is characterised by the gradual and insidious manner of its invasion, and by a peculiar vesicular eruption (if I may so term it) on the palpebral conjunctiva. As further consequences he has noticed both suppurative keratitis and blepharitis. The latter had also been observed by Desmarres the elder, and the occurrence of the former is confirmed by a statement in a recent report by Dr. Nieden (*a*), surgeon to the Ophthalmic Institute at Bonn, on the treatment of that form of ulcer of the cornea described by Prof. Samiech under the title of "ulcus cornea serpens." The statement is "that dacryo-cysto-bleorrhœa and stenosis of the lacrymal duct establish a predisposition to the formation of suppurative corneal ulcers."

The most remarkable consequence, however, which may follow obstruction of the lacrymal passages—and one which, in my experience, occurs very frequently—is the appearance of a train of symptoms exactly resembling those which mark the presence of the affection termed asthenopia. The patient complains of inability to use the eyes for any close work, such as reading, or needlework, without very soon experiencing a feeling of intense uneasiness in and around the eyes. This feeling is variously described as heat or weight in the eyes, as a tightness, a dizziness, &c.—in fact, it seems to be indescribable. In the more aggravated cases it amounts to pain in the eyes and across the brows. If the reading or work be persevered in the sight becomes confused and clouded, the words run into one another, and, to use a common and very expressive term, the sight becomes "spread." All these symptoms are greatly aggravated by artificial light, so much so, indeed, that eventually the patient is obliged to relinquish reading or working in the evening. Added to all this there is frequently photophobia. In one case which I had under observation this was so intense that the patient was obliged to have her chair placed in a corner of the room with the back to the light, in addition to which she found it necessary to use an eye-shade.

A point Galezowski lays stress on, and it is an important one, is, that in these cases there is frequently no lacrymation complained of; and, indeed, in the most aggravated cases I have met with this symptom was not present—in fact, I am inclined to think it is the exception to find it so, at all events to any great extent.

The obstruction may occur either in the puncta, canaliculi, or nasal canals. It is not at all uncommon to find the former greatly narrowed (atresia, or stenosis of the puncta and ducts)—indeed, the puncta are sometimes so small that it is a matter of some difficulty to introduce the small director which Mr. Bowman employs for his operation, or even the very fine silver probe with which the case for Anel's syringe is furnished, and which is not much thicker than the ordinary silver suture wire. When the obstruction is situated in the nasal canal, it is pro-

bably owing to a thickening of the mucous membrane, the result, it may be, of a catarrh of the nasal cavity. How these obstructions of the lacrymal passages produce the symptoms already described is a question which I honestly confess I am as yet unable satisfactorily to solve. Galezowski says it is due to the irritative action of the tears lodging in the conjunctival *cul-de-sac*. He asserts that the quality of the tears changes. From being neutral they become distinctly alkaline. This may possibly account for the occurrence of blepharitis, conjunctivitis, and keratitis already alluded to; but it does not appear to me to account, at least in a satisfactory manner, for the peculiar affection we are now considering.

As regards the treatment in these cases, of course, the first object must be to get rid of the obstruction. The plan I generally adopt is to inject some water through the lower canaliculus by means of Anel's syringe. If there be an obstruction in the nasal canal the water will return through the upper punctum and fill the conjunctival *cul-de-sac*. Thus the syringe serves as an aid towards making a diagnosis. But it possesses a further advantage—namely, that with it alone we are often able to overcome the obstructions in mild cases. On the whole, however, it may be better, if the patient will consent, to slit up the canaliculi, for then if the symptoms still persist, owing to an obstruction in the nasal canal, this can easily be dealt with by catheterisation. The most convenient instrument for performing the operation of slitting up the canaliculus is the small probe-pointed knife devised by Dr. Weber. If there be any conjunctival irritation a mild astringent lotion should be prescribed. In conclusion I shall very briefly narrate three cases which have come under my own observation, and which illustrate this peculiar affection.

CASE 1.—Mr. H. came to consult me in May last. Four years ago he first noticed "a weakness in his eyes." This increased so much that for the last two years he had been quite unable to read in the evening. This gentleman was connected with an extensive business in one of our principal provincial towns; but his office work was not heavy, and he did not suffer from his eyes when engaged at it. As soon, however, as he commenced to read in the evenings he experienced most intense uneasiness in and around the eyes. His wife being similarly affected, and both being very fond of literature, they were eventually compelled to hire a person to come in the evenings to read to them. I syringed his lacrymal passages, and as this proved of some benefit to him, I recommended him to have the canaliculi slit up, which he consented to have done. There was an obstruction in both nasal canals, for the treatment of which he remained in Dublin for some time. Eventually he returned to the country, and I received a letter from him in December. He states that though his eyes have not yet regained their old power, he has had "to give them a good deal of work both by gas and lamplight," and that he is "quite surprised at the improvement."

CASE 2.—Miss A. consulted me in February, 1874. About a year previously she first experienced pain and uneasiness in the eyes and across the brow when attempting to read. She had consulted an oculist, who correctly diagnosed the presence of hypermetropia of about 1-20, and prescribed the proper correcting glasses. These appeared to afford her some relief for a time, but gradually the symptoms returned with the same severity. I syringed the lacrymal passages regularly for some time, and she so far improved that she was soon able to give up the spectacles, and she can now read with ease and comfort.

This case was specially interesting, because taking the symptoms in conjunction with existence of hypermetropia spoke strongly in favour of its being a case of accommodative asthenopia.

CASE 3.—Miss G. was brought to me last December. She complained of not being able to read or work without experiencing pain and fatigue in both eyes. She had hypermetropia of about 1-36th, which was entirely latent. Syringing the lacrymal passages gave little or no relief, so

(a) "Archives of Ophthalmology and Otolgy," vol. iii., No. 1, 1874, p. 242.

I prescribed the proper correcting glasses for the hypermetropia, and desired them to be always worn when the patient was reading or writing. The patient, who was at a boarding school in the suburbs, now returned home to spend the Christmas holidays, during which time she wore the spectacles. For a time the latter appeared to give her some ease, but soon the symptoms returned. She visited me again last month. The eyes were very painful whenever she tried to use them, and she complained greatly of photophobia. I saw the case in consultation with Mr. Swanzy, who suggested that the canaliculi should be slit up. This was accordingly done, and the result has been so far most satisfactory.

This case is to me very interesting, for it proves that syringing alone is not, as I supposed, a sufficient test in all cases.

Hospital Reports.

ADELAIDE HOSPITAL.

ON RETROVERSION OF THE GRAVID UTERUS :

BEING THE ABSTRACT OF A CLINICAL LECTURE
DELIVERED BY

LOMBE ATTHILL, M.D.,

Obstetric Physician to the Hospital.

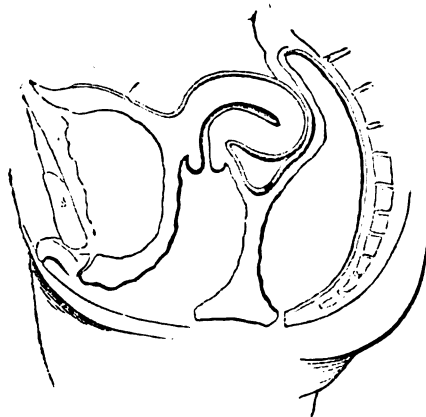
RETROVERSION of the uterus is not, at least in its complete form, a displacement of frequent occurrence; doubtless partial retroversion, by which is to be understood that condition in which the fundus inclines more or less backwards, the whole organ lying in a sloping direction across the pelvis, the os being still, however, its lowest point, is not very rare; but this partial version of the womb seldom gives rise to distressing symptoms, and consequently, as a rule, escapes notice. But true, complete retroversion is of infrequent occurrence. But although this displacement is comparatively rare, still it is an affection of great importance, not only from the gravity of the symptoms it gives rise to, and the serious and even fatal consequences which may result from its occurrence, but also because of the frequent errors of diagnosis made in relation to it.

In retroversion the uterus, as the name indicates, is turned completely backwards, the os uteri looking upwards and forwards, the fundus lying in the hollow of the sacrum, and sometimes almost on the perineum.

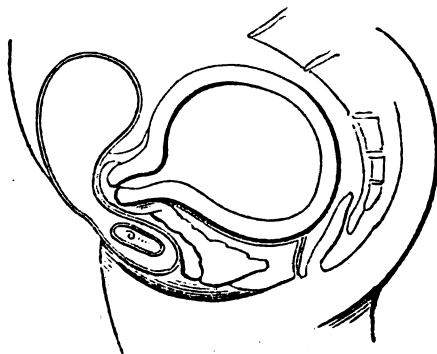
It is of importance that you should clearly understand the difference between retroversion and retroflexion of the uterus. In the former the whole organ is, as I have explained, turned over; in the latter it is flexed, or bent at a point usually corresponding to the os internum. The annexed diagrams will convey to you a tolerably correct idea of these two very distinct affections, which, however, are frequently spoken of as identical, or at most as differing only in degree.

Retroversion, at all times a rare affection, is still more rarely met with unconnected with pregnancy. It generally occurs about the end of the third month of pregnancy, and the first symptom it gives rise to, almost invariably, is retention of urine. You will be asked to see a woman in the third or fourth month of pregnancy, who will tell you that she is unable to pass water, and on examination you will find the bladder to be distended with urine. On emptying it, you will on a further examination find that a globular body occupies the hollow of the sacrum and that the os uteri is high up behind the pubes, possibly altogether beyond your reach; at the same time, a bimanual examination will prove the uterus to be absent from its normal position. But possibly the patient may tell you, as in the case at present under our observation, that she is able to pass water, nay more, "that it is

always coming." This is a statement which constantly misleads inexperienced practitioners; the dribbling of



Retroflexion of the Unimpregnated Uterus.



Retroversion of the Gravid Uterus.

urine is under such circumstances but the overflow of a too greatly distended bladder, and if you fail to recognise this, and promptly to empty the bladder, your patient's life will be endangered, possibly lost. She may die of peritonitis, or of uræmic poisoning, or the mucous membrane of the bladder may become softened and subsequently gangrenous, and death ensue.

The causes producing retroversion of the uterus are various. Frequently the displacement appears to take place suddenly. A pregnant woman makes an effort such as that requisite to lift a heavy weight, and immediately experiences some pelvic distress. By-and-by she finds that micturition is impossible, and on examination retroversion is found to exist. The conclusion is that the displacement took place on the moment. I doubt if this explanation is ever perfectly correct. Most probably the uterus had been, ever since, probably before the occurrence of pregnancy, lying in an abnormal position—namely, more or less across the pelvis, and that the sudden muscular effort, the bladder being at the time distended, merely completed the displacement which had previously been in gradual progress. The subsequent retention of urine is the result of two causes—one, that the posterior wall of the bladder is drawn down by the uterus, to which it is attached; the other, that the neck of the uterus presses upon the urethra, and thus obstructs the flow of urine. But in some cases the patient cannot assign any cause for the production of the distressing symptoms from which she suffers. There may have been a gradually increasing difficulty in evacuating the contents of the bladder, till finally that cannot be effected at all, or at most, but partially, only a very small quantity of urine being voided

at a time. What has occurred under such circumstances probably is this: the patient, previous to her becoming pregnant, may have been the subject of retroflexion of the uterus; pregnancy occurring, the fundus of the uterus, as it enlarges, instead of rising, sinks gradually lower, drawing down with it the posterior wall of the bladder, the flexion in time being thus converted into a version. This, however, is, I believe, of very rare occurrence. I have, on the contrary, frequently known patients, the subjects of retroflexion of the uterus, to become pregnant, and have observed that as utero-gestation advanced, the fundus gradually rose, and finally assumed its normal shape and position. Dr. Barnes believes that this is effected by the gradual enlargement of the fundus upwards, there being no obstacle to its growth in that direction, and that thus, in time, the pelvic portion is partially "drawn out of its lodgment."

Cases of retroversion of the gravid uterus usually terminate in one of three ways:

1. The uterus may be raised above the promontory of the sacrum and utero-gestation proceed normally;
2. Abortion may occur; or,
3. Death may ensue.

I shall here detail for you the particulars of the case of the patient at present in hospital, as she is likely to afford an example of the first and most favourable termination of this displacement, and it will also, I think, impress on you deeply, the importance of being able to recognise the affection, for this woman had been under treatment for some time before she came under my care, without the true nature of her case being suspected.

A. M., a married woman and the mother of five children, was admitted into hospital a fortnight ago, evidently suffering great pain. She stated that she had a "tumour" in the abdomen, which had existed ten or twelve days, during the whole of which period she had been in constant pain. For some time previous to the formation of this "tumour" she had, she said, experienced a good deal of discomfort, or rather distress, which was greatly increased by a constant desire to pass water, her efforts to do so being but partially successful, only a very small quantity of urine being voided at a time. Latterly, however, her condition had undergone a great change: there was now incontinence of urine, or, to use her own words, "it was constantly coming from her;" nevertheless, her sufferings were, if possible, more intense than ever. On passing the hand over the abdomen, a well-defined tumour could be felt above the pubes, pressure on which caused great pain. A vaginal examination detected another tumour lying in the hollow of the sacrum, and almost resting on the perineum. The os uteri was absent from its normal situation, lay high up behind the pubes, and could not be reached without the greatest difficulty. On questioning her, she stated that, though a married woman, she did not think she was pregnant, but on being pressed on this point, admitted that she had not menstruated for at least ten or twelve weeks. On proceeding to pass a catheter, she objected, stating that this had been done the day before, and that she was told that there was no water in the bladder. However, being satisfied that this statement must be incorrect, I persisted, using for the purpose an ordinary No. 9 gum-elastic catheter, and drew off about two quarts of turbid, highly ammoniacal urine. The diagnosis was now clear, and a careful examination verified my previous impression, that I had to deal with a case of complete retroversion of the gravid uterus.

The thorough emptying of the bladder was followed by much pain, and fearing that peritonitis might supervene, I desisted for a time, after one ineffectual attempt, from any further effort at replacing the uterus in its normal position, and with the view of allaying the pain which this woman suffered, administered half a grain of morphia, in the form of a suppository.

After the lapse of eight hours, I found her in a comparatively satisfactory condition. She had slept, and the pain had nearly altogether subsided. The bladder was now again emptied, and the patient being placed in the

ordinary obstetric posture, on her left side, I proceeded to endeavour to raise the uterus. For this purpose I introduced two fingers of the right hand into the vagina, and made steady pressure on the fundus, directing it upwards and rather to one side. Such of you as were present will remember the stress I laid on the apparently trifling point of making the pressure laterally, instead of directly upwards: by so doing the promontory of the sacrum, which often opposes a serious obstacle to the ascent of the fundus, is avoided. In the present instance the effort I made, as described, was attended with complete success; the fundus yielding to the steady pressure, slipped above the brim, and remained there; the patient experienced great relief, and has since progressed favourably. The catheter was, however, used regularly night and morning for some days subsequently, for though the patient could pass water, she was unable to empty the bladder, and it was very desirable that no accumulation should be permitted to occur. This precaution—namely, that the catheter be passed twice a day, in all cases in which retention has continued for a considerable time, should never be omitted, otherwise the bladder may not recover its tone. The subsequent history of this patient presents no point of interest; pregnancy is proceeding normally, and there is no reason to suppose that she will not go to her full time.

This fortunate termination is not, however, to be frequently expected, in the great majority of cases in which retroversion of the gravid uterus takes place, abortion occurs either as a direct consequence of the accident or as a result of the treatment necessary to effect reposition; therefore, be always careful to give a guarded prognosis. Thus, not long since I was urgently requested to visit a lady who, in the twelfth week of pregnancy, suddenly discovered that she was unable to pass water. I found her in great agony, having for some hours endeavoured ineffectually to relieve herself. She stated that she had always enjoyed the most perfect health; that on the morning of the day on which I saw her she had been engaged superintending some domestic arrangements, during the progress of which she had assisted in raising a heavy box to a considerable height; that at the moment of making this effort she became conscious of "something giving way inside" her; but, as at the time she did not experience any discomfort, she thought no more about it, till after the lapse of some hours, being desirous to pass water, she discovered that she was unable to do so. By-and-by her sufferings from this cause became severe, and she sent for me. I at once recognised the nature of the case, emptied the bladder, and endeavoured to raise the uterus, which I found to be retroverted, above the brim, but my efforts were ineffectual. In this case I passed the catheter morning and evening, on each occasion of doing so, endeavouring by pressure on the fundus to replace the uterus in its normal position, and on the sixth attempt, that is, at the end of three days, succeeded in doing so. This patient seemed to go on well for a time, but after the lapse of ten days, a sharp dash of hæmorrhage occurred, and she aborted. My belief is that in this case the force necessarily exerted to replace the fundus, and not the accident itself, was the cause of the abortion.

But abortion is not the result most to be dreaded—death may possibly follow. One fatal case occurred in my own practice. This patient was further advanced in pregnancy than either of those just alluded to, before her sufferings induced her to seek relief. It was her first pregnancy, and she was unable in any way to account for the displacement. The symptoms appeared to have developed themselves very gradually, and the difficulty of micturition to have been progressive, till finally it became impossible. As well as could be ascertained, she was, when I saw her, in the sixteenth week of pregnancy; the whole of the abdomen was very tender to the touch, and the retroflected uterus nearly filled up the true pelvis; the greatest difficulty was experienced in raising the fundus. This was mainly due to the size of the uterus; but I am also of opinion that the uterus was bound down by adhesions. Abortion occurred within twenty-four hours after the

reposition of the fundus had been effected, and she died in a few days. I am of opinion that this may have been a case of congenital retroflexion, which, under the influence of pregnancy, was, as previously explained, converted into one of retroversion. The adhesions were of recent origin; probably local subacute peritonitis existed previous to the raising of the fundus, and that this subsequently spread over the whole abdomen and proved rapidly fatal.

In the treatment of retroversion of the gravid uterus, two indications are plainly indicated, one being to keep the bladder empty, the other to restore the uterus to its normal position. The former should always be effected by means of a long gum-elastic catheter, for an ordinary silver female catheter will often in these cases fail to reach the bladder, so greatly is the urethra elongated and displaced. The bladder being emptied, it is generally advisable to attempt reposition at once, unless, as in the case first narrated, great pain is caused by doing so, under which circumstances it is wiser to allow some hours first to elapse, care being taken to pass the catheter at short intervals.

In the majority of cases, especially if pregnancy has not advanced beyond the twelfth or thirteenth week, steady pressure, exerted by means of two fingers introduced into the vagina, will be successful in raising the fundus, care being taken to make the pressure rather to one side, so as to avoid the promontory of the sacrum. Occasionally, however, you will fail to effect reposition by this means. When this is so you will sometimes succeed by introducing one of Dr. Barnes' india-rubber bags into the rectum, (a) distending it with water, while pressure is still exerted by the fingers in the vagina. If these efforts fail in raising the fundus above the brim, no resource remains but to bring on abortion. This under the circumstances is best effected by introducing a catheter or sound into the uterus, and if possible rupturing the membranes, but sometimes, in consequence of the os uteri having been forced up behind the pubes, the introduction of a catheter or sound is impossible, and then, as a last resource, an effort should be made to lessen the size of the uterus by tapping it through the rectum by means of a fine trocar or aspirator. This has been done several times successfully; the liquor amnii having been evacuated through the trocar, abortion followed, the patient subsequently recovering; but in all cases of retroversion the tendency to abortion is great, and occasionally peritonitis supervenes. Bear in mind that, in addition to abortion, the possible occurrence of peritonitis is to be dreaded, and death may ensue from this cause. Retroversion, therefore, of the gravid uterus is always to be looked on as an accident of a very serious nature.

But supposing you have succeeded in raising the fundus, the patient will still, under the most favourable circumstances, need care for a considerable time. It is essential to attend to the state of the bladder, and to pass the catheter at stated intervals till satisfied that the organ has regained its tone, and you must watch lest the fundus of the uterus fall down again into the pelvis. To lessen the risk of this occurring, and also with a view of counteracting the tendency to abortion, you should for some time confine the patient strictly to the recumbent posture. As the uterus enlarges, the risk of a relapse lessens, and after a time becomes impossible, but the tendency to abortion for a long time continues, and in a comparatively small percentage of cases does the patient reach the full time of pregnancy.

Before concluding my remarks on this subject, I must say a few words on the question of diagnosis. In all the cases which have come under my observation in which an error in diagnosis had been made, no sufficient examination appeared to have been instituted; thus, with respect to the patient whose case I am specially alluding to, the fact that she was suffering from retention of urine was not recognised, although the enormously distended bladder could be easily

(a) This method was, I believe, first suggested by the late Dr. Halpin, of Cavan.

felt above the pubes. This negligence is quite inexcusable. But it is just possible that an ovarian or other tumour occupying Douglas' space might be mistaken for a retroverted uterus, even though an examination had been instituted, especially if it were large enough to press against the urethra and thus obstruct the flow of urine; but in such a case the symptoms of pregnancy will probably be wanting, and, moreover, a careful examination will detect the uterus, which, under such circumstances, would probably have been forced up above the pubes, lying anterior to the tumour. Any other tumour, such as that caused by the sudden escape of blood into the recto-vaginal *cul-de-sac*, may, in like manner, cause some perplexity. All doubts, however, will be dispelled if, on emptying the bladder, the uterus is found lying anterior to the tumour. Excusable errors in diagnosis, then, in cases of retroversion of the gravid uterus, are possible, but with ordinary care such should rarely, if ever, occur.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 23RD, 1875.

Sir JAMES PAGET, Bart., F.R.S., D.C.L., LL.D., in the Chair.

MR. WALTER RIVINGTON, M.S. Lond., F.R.C.S.E., related a case of

PULSATING TUMOUR OF THE LEFT ORBIT, CONSEQUENT UPON A FRACTURE OF THE BASE OF THE SKULL, CURED BY LIGATION OF THE LEFT COMMON CAROTID ARTERY, SUBSEQUENTLY TO INJECTION OF PERCHLORIDE OF IRON, AFTER DIGITAL COMPRESSION AND OTHER MEANS OF TREATMENT HAD FAILED; WITH REMARKS AND AN APPENDIX CONTAINING A CHRONOLOGICAL TABLE, AND A RESUME OF THE RECORDED CASES OF INTRAORBITAL ANEURISM.

THE author prefaced the narrative of the case with an historical *résumé* of the views and observations placed on record by previous writers. The first known case was described by Mr. Travers, in 1809, as a case of aneurism by anastomosis, and the second by Mr. Dalrymple in 1812, under the same designation. Notwithstanding the observation of Guthrie, in 1823, of a case in which similar symptoms existing on both sides were shown by post-mortem evidence to have resulted from an aneurism of each ophthalmic artery within the orbit, the views of Travers were generally adopted for many years, as explanatory at least of the idiopathic cases of intra-orbital aneurism. Mr. Busk, in 1835, met with a case which arose gradually after a fracture of the base of the skull, and was able to cite the prior case of a boy, under the care of Mr. Scott, in 1834, at the London Hospital, in which protrusion and pulsation of the eyeball supervened after an injury to the head, occasioned by a fall into a ship's hold, and in which the subsequent occurrence of violent arterial hæmorrhage from the nose rendered it necessary for Mr. Scott to ligature the carotid; a cure resulting. Mr. Busk combated the views of Travers, and advocated the view that his own case and previous ones had been cases of ordinary aneurism affecting the ophthalmic artery within the orbit. His paper had a marked influence on subsequent observers, as might be judged from the fact that M. Pétrequin, Mr. Curling, M. Bourguet, M. Legouest, Mr. Zachariah Lawrence, M. Gioppi, Dr. Morton, and Dr. Schmid of Odessa, all diagnosed their cases as examples of aneurism of the ophthalmic artery; whilst M. Démarquay, Mr. Nunneley, Mr. Jos. Bell, Mr. Ernest Hart, Dr. Delens, Mr. Holmes, and others who had ably and successfully opposed the view of Travers, had repeated, with reinforcements of their own, Mr. Busk's arguments. To Mr. Nunneley was due the chief credit of first directing forcibly the attention of pathologists in England away from the orbit to the vessels lying behind it; and he showed from post-mortem observations in two out of six cases which he had met with, that the symptoms might be due to an aneurismal affection of the internal caro-

tid artery in the cavernous sinus, or an aneurism of the ophthalmic artery within the skull. The record of Mr. Bowman's well-known case, by Mr. Hulke, in which no change was found in the arteries, but in which the cavernous, transverse, and petrosal sinuses were obstructed by clot; and M. Aubry's case of obliterated inferior petrosal sinus; and MM. Wecker and Richet's fatal case, were all so many indications that aneurisms within the orbit were only exceptional conditions. A brilliant light had been thrown on the pathology of the traumatic cases, by the publication of two cases under M. Nélaton, in which all the symptoms had resulted from a direct communication between the internal carotid artery and the cavernous sinus produced by the fracture of the base of the skull; and a similar case observed by M. Hirschfeld. These cases, and cases of spontaneous rupture of an aneurismal carotid, related by M. Baron, in 1835, and M. Gendrin in 1841, were little known in this country until the publication of Dr. Delens' monograph, and Mr. Holmes's lectures at the College of Surgeons. The author's own case was briefly this. W. C., aged 24, was admitted into the London Hospital in July, 1873, with a fracture of the skull. Six weeks later the patient heard a noise in his head, like wind blowing; the eye gradually became prominent, pulsation of the eyeball was seen for a day or two, followed by the formation of a pulsating and thrilling tumour between the eye and the margin of the orbit. There was a *bruit*, continuous, with reinforcements, and the *bruit de plement* could be heard at intervals. At the time of the commencement of the aneurismal symptoms, Mr. Reeves was in charge of Mr. Rivington's wards, and carried out very thoroughly digital compression, without making any impression on the disease. Ligation of the carotid was discussed, but negatived at a consultation. A further trial of compression, digital, instrumental, and direct, having been made without effect, combined with veratrum, and the affection at the end of a year being decidedly aggravated, threatening extinction of vision and preventing work, an injection of five drops of a neutral watery solution of the perchloride was made; but this proving to be insufficient in quantity to cause sufficient coagulation in the dilated ophthalmic vein, and a second injection being impracticable, on account of subsequent swelling, the carotid artery was tied by Mr. Rivington, and effected a cure of the disease; a slight *bruit* only remained, but superficial ulceration of the cornea occurred a few days after ligation, and resulted in opacity. The author then discussed at length the causation, symptoms, pathology, differential diagnosis, and treatment of the affection, the following being a few of his conclusions. 1. Of 62 recorded cases, 29 were idiopathic, and 33 traumatic; of the 29 idiopathic cases, 11 were affected on the left side, and 13 on the right; whilst of 33 traumatic cases, 22 were affected on the left side, and nine on the right, the side affected not being mentioned in the others. Thus, the preponderance of cases in which the affection had existed on the right side was entirely maintained by the traumatic cases. 2. Pulsation of the eyeball and a pulsating tumour might be absent, but no case should be regarded as one of so called intraorbital aneurism unless, in addition to exophthalmos and chemosis, a *bruit* were present. 3. The only true basis for the pathology of intraorbital aneurism was the record of post-mortem examinations, to which allusion had been already made. By this the doctrine of aneurism by anastomosis had been negatived, and a variety of morbid conditions had been disclosed (*vide supra*). 4. It was of great importance to recollect that, in eight out of twelve cases examined after death, the ophthalmic vein had been found varicose and enlarged, and in four certainly had formed the pulsating tumour observed during life at the orbital margin. The distension of veins might reach to the bridge of the nose and the forehead. After specifying the distinctive features of erectile tumours of the orbit, pulsating encephaloid cancer, speno-orbital meningocele, and rejecting as efficient causes of the affection arterio-venous aneurism of the orbit, circoid aneurism, and aneurism by anastomosis within the orbit, and morbid conditions of the sympathetic nerves and ganglia, the author pointed out the necessity of studying the mode of occurrence of the symptoms, the nature of the paralytic symptoms of orbital muscles (if present), the character of the *bruit* and pulsating tumour, and other points, for the purpose of forming an opinion as to the pathological causes of the affection in any given case. Having discussed the means of treatment, and given the statistical results, the author showed that the symptoms might return in three

different ways; that loss of vision might occur in cases treated by any method, or not treated at all, the result depending chiefly on the degree of interference with the circulation by the formation of coagula before anastomosing channels could be established. The conclusions as to treatment were the following:—1. Belladonna, digitalis, veratrum, and ice were worthy of a trial; 2. Digital compression should always be essayed; 3. Instrumental compression was more difficult, and more likely to injure important nerves; 4. Galvano-puncture was not well suited for application to a thin-walled vein; 5. Coagulating fluids were adapted only for cases of arterio-venous aneurisms; 6. Ligation of the carotid was the remedy most generally applicable, but should not be hastily employed. The author expressed his obligations to Mr. Holmes for his interest in the case and supply of valuable information.

Mr. HENRY POWER said the affection was a rare one. He did not remember to have seen a case; and the late Sir William Lawrence, in his work on the eye, did not mention that he had seen one. He doubted whether the forms described could be distinguished accurately from each other. He thought the injection of perchloride of iron dangerous, and would prefer the ligation.

Mr. HULKE said that Mr. Rivington had spoken of aneurism by anastomosis. This term had been used in different senses. William Hunter applied it to arterio-venous aneurism. As to the question of the formation of erectile nœvus in the orbit, he would call Mr. Rivington's attention to a case described by Von Grafe some years ago, in which an encapsuled cavernous tumour was found in the orbit; also to a similar case recorded by Mr. Critchett. He doubted whether the tone of the *bruit* was of any value; but it was important to observe whether it was continuous or interrupted. He regarded injection of perchloride of iron as a risky proceeding, unless the communications with vessels around could be cut off. He had heard of a case in which the injection of a few drops of solution of perchloride of iron into a nœvus was followed by death; and of two other cases in which extensive sloughing took place.

Mr. CURLING agreed with Mr. Power that the malady was very rare. The author had collected his materials from very various sources, extending over a long period of time, and had found only sixty-two cases. Still it was important that surgeons should know something of the subject, lest they might meet with cases. In traumatic cases he regarded the early application of the ligation as of importance where vision was seriously threatened. He would not wait to see the effects of digital compression. In idiopathic cases, where there was no indication of injury, digital compression and other measures might be tried before resorting to ligation.

Mr. C. J. B. WILLIAMS wished to call attention to the medical aspect of the subject. The disease described in many instances closely resembled exophthalmic goitre. He believed that in all such cases there was an enlargement of the carotid arteries, extending to the arteries at the back of the eye, and sometimes accompanied by a murmur. Usually there was also enlargement of the thyroid, from enlargement of its vessels. The cases seemed to belong to a diseased condition that had scarcely received sufficient attention—viz., partial enlargement of arteries. There was often an anæmic state of the system. He thought that in such cases medical treatment, applied early, was quite as successful as surgical, and said that cases of the kind were readily amenable to the internal use of perchloride of iron, with strychnia, digitalis, good living, &c. His remarks, of course, were not applicable to traumatic aneurisms of the orbit.

Mr. W. ADAMS called attention to Pravaz's experiments on the injection of perchloride of iron; he found one drop sufficient to coagulate a drachm of blood. The solution of perchloride of iron contained free hydrochloric acid; and this, if it escaped into the cellular tissue, would produce serious destruction of the parts. He related a case in which he had injected perchloride of iron into the tibial artery.

Mr. HULKE said that some years ago he had injected two drops of solution of perchloride of iron into the vein over the tendo Achillis in dogs, by Pravaz's plan; the result was instantaneous death. Extensive coagula were found in the veins.

Mr. C. HEATH had seen a case where a *bruit* was heard, and a ligation applied to the common carotid artery; after

death no aneurismal state of the arteries was found. Another case of the same kind had been referred to by Mr. Rivington; and if two cases had occurred, could it be inferred that there had been aneurism in all the successful cases?

The PRESIDENT had never seen a case of pulsating tumour in the orbit; but he would point out that any tumour deeply set in bone would commonly pulsate, even though it had no blood-vessels, receiving an impulse from the vessels, however small, in the neighbourhood. This might be noticed in tumours of the antrum. Pulsation, perceptible to the eye, was also communicated to the pus in cases of necrosis. In the same way he considered increased pulsation of the ophthalmic artery from any cause would be followed by a communication of the pulsatile movements to the eye.

THE SURGICAL SOCIETY OF IRELAND.

THE usual fortnightly meeting of this Society was held on Friday evening, 19th March, 1875,

The President of the College of Surgeons, Mr. JOLIFFE TUFNELL, in the chair.

PENDULOUS TUMOUR IN THE LEFT LABIUM.

Dr. BARKER exhibited a specimen presented to the Society and College by Dr. L'Estrange, of Wicklow. It was one of six years' growth, and it was removed by him in the infirmary on account of intense hæmorrhage. In looking over the museum he (Dr. Barker) found one smaller specimen, but of a similar character, given to the College by the late Mr. Kirby. The specimen now presented was of a fibrous nature, and also impregnated with a quantity of watery fluid. It was by no means malignant, and the woman made a very rapid recovery after it was removed. It appeared that the growth, which was about six years in forming, when it first appeared was the size of a pigeon's egg. It stopped in growth during lactation, but during pregnancy increased rather rapidly. It ulcerated at the lower part, and must have caused a great deal of suffering from its pendulous nature. He did not think there was anything further to notice with regard to it except that tumours in that part of the system were, as far as he could judge, of two distinct kinds. These tumours were very common, and sometimes grew to the size of a child's head. He might mention that Dr. L'Estrange was anxious to know whether the tumour was atheromatous. He (Dr. Barker) had never seen atheroma in these cases.

Mr. RICHARDSON: Where was the hæmorrhage?

Dr. BARKER: In the lower part at the fundus.

Mr. WHEELER then read a communication on

THE SUCCESSFUL REMOVAL OF A FOREIGN BODY IMPACTED IN THE PHARYNX BY THE OPERATION OF PHARYNGOTOMY, BEING THE FIRST CASE OF THE KIND IN IRELAND, which will be found at page 312.

In the succeeding debate,

The PRESIDENT said they had had several consultations in reference to this case, and at first he was under the impression that it could have been removed by passing down one of Arnold's tubes on the throat; by gently drawing they could then get the eye of the needle drawn into the catheter and in that way they could dislodge it. That, however, failed. Then he thought it might be removed by a double curved forceps—a regular pharyngeal forceps—by having an eye fastened to the side of the blade of the forceps, and by passing the thread through the eye so that the forceps thereby would be brought down on the needle to a certainty, and in that way they could get hold of it and withdraw it. This, however, was not possible, inasmuch as the eye and point, being firmly imbedded, left only a small central portion of the needle exposed. One thing they considered, too, was the amount of traction they might safely make on the thread which protruded from the mouth. The man stated that at the time of the mishap he was using the strong thread that country people used, and that it was in four doubles, or two plies. The man showed him a needle similar to that which he said he had swallowed, and on looking at it he (Mr. Tufnell) felt satisfied that the man could not have been using two plies of thread. It turned out afterwards that it was only ordinary thread put through the needle once. They therefore could not have relied on the man's statement, and could

not have judged of the amount of traction, because the difference between two and four folds of thread would have been considerable. It was a case that might occur to anyone at any moment, and he was sure it was most interesting. Foreign bodies of different kinds were frequently found under such circumstances, but a needle was certainly one that was rarely impacted in the way that had been described by Mr. Wheeler. Pins and needles had often been swallowed. If the thread had not been held by the man's mouth it was most likely that the needle would have taken the downward course. He recollected a case in which a lady's child had swallowed a wooden screw, the worm of which was deeply cut. About forty-eight hours afterwards it passed from the child, and no human being could have told what the screw was when he saw it. It looked like a piece of white chamois leather, so completely had it, when thrown out, been changed in appearance, and mucus filled in the cuttings of the screw. Now he recollected a case which came under his own observation a few years ago where a very small portion of a feather caused death. An individual was eating part of a turkey at Christmas time, and a very small portion of one of the legs had not been well plucked. A little piece about the size of a pin perforated the intestine, and death followed. They were aware, however, that metallic bodies, when swallowed, had generally come out without doing much harm to the individual.

Dr. DARBY had never seen a case requiring pharyngotomy. The case related by Mr. Wheeler was a very novel one. He (Dr. Darby) had seen needles and pins passed through the inside of the body in various places and come out through the skin. He thought the Society was greatly indebted to Mr. Wheeler for bringing forward so novel and singular a case. Were he (Dr. Darby) to draw upon his own experience—which he thought was the proper course for gentlemen to adopt at meetings of the Society, and not quote authorities or books—he must say he never saw a case in which he was not able to remove a foreign body from the pharynx or that it did not pass down the canal. On one occasion there was a large-sized brass pin, which he removed with the forceps, and he might mention a very remarkable case that occurred a very few years ago of a child, an infant of eight or nine months, who, while playing with a coral staff and bells swallowed the entire coral and the metallic top of it. The mother came to him in a state of great alarm, and he told her that as the thing was down, it must have arrived at the stomach, and not to give the child any medicine. She had previously been recommended by another medical man to give the child an emetic; but he (Dr. Darby) advised her not to do so. He met Dr. Sims, who knew the family very well, and on being told the circumstance, he gave it as his opinion that the child must die. The child, however, was not in the least sick, and in two days afterwards passed the foreign body by the rectum, and it never seemed to suffer in health at all from it. That was the only case of the kind of interest that he knew of.

The PRESIDENT remarked that it was extraordinary how the body had passed on.

Dr. WARD said that about five years ago he was summoned to a lady in Rathmines who had swallowed a fish-bone. When he arrived he found the lady suffering from intense dyspnoea, and on examining the pharynx he saw a piece of fish-bone sticking into the posterior half-arch of the palate. He took it out with a forceps without any trouble, whatever. It was situated in the palato-pharyngeus muscle. It gave a good deal of distress for the time, but immediately after it was removed the patient got perfectly well.

Dr. FLEMING said the paper read by Mr. Wheeler possessed a considerable amount of interest. He (the speaker) could not say that he had absolutely met with a case identical with this, but he had seen not a few cases where pins, not needles, had been lodged in the back of the pharynx; and he recollected one case in which a surgeon of some considerable eminence endeavoured in vain to remove a pin from the pharynx. He (Dr. Fleming) happened to look into the throat by mere accident, and thereupon saw a pin impacted in the transverse portion and under the side of the hard palate. They must recollect that in these cases it very often happened that foreign bodies, even such things as pins, would pass along the whole track of the intestine and would escape or be removed by the rectum. Yesterday he saw the case of a gentleman who had swallowed a piece of bone, though not a very large piece. Still it produced an enormous amount of uneasiness when it reached the rectum, and in the rectum it could be felt by the finger passing up and down. In other cases he had seen artificial teeth, and, as Mr. Wheeler had observed in

his paper, these were by no means uncommon, lodged in the pharynx, and they had been felt by some surgeons, but not interfered with further, the laceration being fortunately little in extent. He had two or three specimens of artificial teeth which had been passed by the rectum. In these latter cases the teeth remained for a lengthened period delayed in their transit, some months occasionally, but ultimately escaping by the rectum, and all uneasiness thus completely removed. He might mention another occurrence which was familiar to many members of the Society, and which certainly should put them on their guard in some cases. He would like to know whether any member of the Society had met with cases of epilepsy in persons who wore artificial teeth, either in sets or separately? He had, in cases of these fits or partial paralysis, been enabled to remove the teeth without any difficulty by passing a finger into the mouth; but it was quite intelligible to the members of the Society that some of these teeth may possibly have become embedded in the pharynx, or swallowed altogether. It was well known that a man of considerable rank had fallen a victim to such an accident. The people about him were not aware that he wore false teeth. Well, he died in a sort of semi-epileptic fit, but afterwards a set of false teeth was found impacted in the back of the pharynx. He mentioned that in order to put the members of the Society upon their guard, and as showing that they should attend to the possible contingency of obstructions where set up in the locality to which Mr. Wheeler had so graphically and so satisfactorily directed their attention.

Dr. BENNETT thought the members who had spoken had in great measure departed from the subject before the meeting. He did not think that the subject to occupy their attention was the form of foreign body or where it lodged in the pharynx: it was the actual operation which had been performed in this instance, and he did not think it should pass the notice of the Society merely with criticism as to the varieties of the foreign bodies and the mode of their lodgment. He thought the question before the Society was the operation, and he thought none of the members had much experience in that matter, and Mr. Wheeler had exhausted the literature of the subject pretty fully. There might be a point to which they would perhaps take exception; but that was not his (Dr. Bennett's) object in speaking: it was, however, to express, so far as his own opinion went—and he had no doubt he also conveyed the opinion of the other members present—an extreme sense of respect for the operation and for the skill and courage with which it was done. He thought the Society should express their approval of the spirit and courage of the operator.

The PRESIDENT observed that there was one difficulty in speaking of the operation, in this way, that they had only had this one single case.

Dr. BENNETT said the operation of pharyngotomy had been performed sufficiently often, but not in Dublin; hence he thought the greater honour was due to Mr. Wheeler.

The PRESIDENT said he had seen this case from the beginning to the end of it, and he knew of no other line of treatment that could have been adopted than that which was resorted to. Of course, there was a good deal of risk and danger, more or less, in the operation, and in inflammatory action which might follow. No one would resort to operative treatment if they could remove the needle by forceps or other manipulation.

Dr. F. T. PORTER said that, presuming the operation necessary, would it not be better in other cases of the kind to perform the operation at an earlier period, because he thought that a good deal of the difficulty experienced in removing objects of the kind was increased by the time they were allowed to remain in the tissues?

Mr. WHEELER, in reply, had very little to say, save that he was glad to hear gentlemen of the experience of Dr. Darby and Dr. Bennett express their gratification and satisfaction at the operation. With regard to the other foreign bodies—pins and needles—that passed down, no later than three days ago he was present at a post-mortem examination made by Dr. Finny in the City of Dublin Hospital of a woman who had swallowed a pin, and who was brought to the hospital in a state of peritonitis, which terminated fatally. The post-mortem examination showed that the pin had ulcerated through the vermiform process, and the woman evidently died from swallowing the pin. He remembered himself being fortunate enough to take out a pin on the 28th of December, 1864, in Beckett Street Hospital. It had been swallowed by a young man while eating turkey on Christmas day. Billroth stated a

case where a needle ulcerated in the same place—in the cæcum. With regard to Dr. Porter's question, it was laid down by Messrs. Cock, Arnott, and Bryant in his "Practice of Surgery;" these writers all stated that the earlier the operation was performed the better, and the greater the chance of recovery. He (Mr. Wheeler) did not think that in this case there was any undue delay, as a great deal of the time that elapsed was occupied in waiting for the instrument-makers to complete the necessary and special instruments for use in the case. The man was admitted on the 10th, and the operation took place on the 23rd. He quite coincided with Dr. Porter that the earlier these operations were performed the better. He found that, taking seven cases of the operation of œsophagotomy, two of the patients died; five recovered. One of the fatal cases was Dr. Martin's, and the result appeared to be caused by the treatment. The other case was one in which the dorsal vertebra of a sheep was stuck in the gullet, and the result was that the child died from pneumonia. With regard to the operation of pharyngotomy, he could only find that it had been twice performed. Mr. Denham had elaborately put forward statistics of œsophagotomy, but he (Mr. Wheeler) did not think them quite correct, inasmuch as he quoted 21 cases, including Mr. Cock's, two of which were purely pharyngotomy. As far as he could find out, the only two cases of pharyngotomy were those in which Mr. Cock operated.

Mr. FITZGERALD then read a communication on

SOME PECULIAR SYMPTOMS CONNECTED WITH OBSTRUCTIONS OF THE LACRYMAL PUNCTA, CANALICULI, AND NASAL CANALS, which will be found at page 314.

Mr. SWANZY said the subject was a most important one. In most of the half-dozen or so cases of the kind, that had come under his observation no doubt the syringing of the lacrymal passages had been sufficient. It was not, however, always sufficient. In many cases it would be necessary to slit up the canthus where symptoms of asthenopia were present, and where obstructions of the lacrymal ducts were established with chronic conjunctivitis. Very often those cases seemed incurable until it struck someone to examine the lacrymal passages. Prof. Becker, of Heidelberg, in his "Records of Ophthalmology," had related such cases. He (Mr. Swanzy) had a lady under his care who suffered from lacrymal conjunctivitis. She was under his treatment for some years, and eventually he performed Bowman's operation. In connection with asthenopia and conjunctivitis, he thought the examination of the passages most important. There was no doubt that until the lacrymal passages were opened the irritation was kept up.

Dr. MAPOTHER asked by what method were the tears discharged when the canaliculi were divided?

Dr. STOKES said that obstructions of the lacrymal passages were most important in diseases of the eye. He wished to know the method of treating the partial closing of the lacrymal ducts by means of dilatation. Formerly, when he was in the habit of treating cases of the kind, he used to resort to dilatation, which, to his mind, was the best mode of treatment, the instrument he used being one devised by an ophthalmic surgeon in Paris, M. Galezowski, whose name had been already mentioned. The instrument was no doubt like the one alluded to by Mr. Fitzgerald. He (Dr. Stokes) would be glad to learn what was Mr. Fitzgerald's experience of that instrument in treating partial closure. He (Dr. Stokes) had treated many cases of the kind with that instrument with very good effect. It had the advantage of avoiding any cutting operation, which persons, especially in private practice, had a great dread of.

Dr. F. T. PORTER thought that Mr. Fitzgerald was scarcely accurate in thinking that no Irish author had been distinguished in treating this subject, for the records of Mr. Pott showed a great deal of ability and spirit. He (Dr. Porter) wished to ask Mr. Fitzgerald what was his constitutional treatment in these cases, because he (Dr. Porter) was sure that many of them were connected with constitutional causes.

Dr. HENRY KENNEDY said that, if he understood Mr. Fitzgerald rightly, he said many of these cases occurred where there was no stoppage of the tears. He (Dr. Kennedy) wished also to mention that sometimes, in reference to these patients, dislike for artificial light and suffering from pain and weakness frequently existed without any stoppage of tears, and were treated freely by constitutional, without any reference whatever to local treatment. On one occasion he took a case to Sir Philip Crampton, and his treatment was entirely constitutional. He (Dr. Kennedy) would like to know if these

cases occurred without stoppage of tears, because he thought that was an important consideration.

Dr. PURSER thought the question of the stoppage of tears a most interesting one. He considered the question one of deep interest to ophthalmic surgeons as to how far the obstruction of the lacrymal passages could reduce the flow of tears. The fact of there being no flow of tears over the lids in these cases was no proof that there was no obstruction of the lacrymal passages.

Mr. WHEELER wished merely to mention that he had seen Mr. Fitzgerald use the syringe exhibited with the greatest benefit and with advantage. He (Mr. Wheeler) was very much struck with the neatness of the instrument.

Dr. WARD said that when demonstrating in the Ledwich School of Medicine some days since he was struck with the thickness and enlargement of the valve at the termination of the nasal duct. Between the termination of the nasal duct and the lacrymal sac, three valves, commonly called the valves of Hassner, Huysehe, and Foltz, existed. He would like to ask Mr. Fitzgerald, did he think those valves having become thickened caused the obstruction in the nasal duct to which he had referred?

Mr. FITZGERALD said, with regard to what had fallen from Dr. Mapother, the question of how the tears were carried off from the eye was still, he (Mr. Fitzgerald) believed, a disputed point. In none of these cases, while the operation was being performed, had he ever seen any tears from the eye at all. The tears seemed to be carried off perfectly, and he believed the explanation which was held in most favour was that it was produced by a process of exhaustion of the air in the lacrymal sac. Of course, if that be the case, the canaliculi could not interfere with it. As regarded Dr. Henry Kennedy's observations, he (Mr. Fitzgerald) never meant to say in his paper that there were no cases which might not depend on constitutional disturbance, a rather vague, but useful term. In cases after childbirth they not unfrequently saw intense photophobia, evidently due to exhaustion. The instrument alluded to by Dr. Stokes he was well acquainted with, and had used it, but had never employed it solely without the other forms of treatment as well. He (Mr. Fitzgerald) thought it almost useless in these cases where there was great stenosis of the lacrymal passages. With regard to what Dr. Porter had stated, he (Mr. Fitzgerald) regretted he had not read Mr. Pott's works, and as to the rest of Dr. Porter's question, the same answer as that given to Dr. Henry Kennedy applied. The question of the valves, mentioned by Dr. Ward, was rather a disputed point, because a great number held that they were merely folds in the mucous membrane, that they were not true valves, and, undoubtedly, in a great number of cases, they did not prevent the passage of an instrument through the nasal duct. He did not think that any amount of thickening could ever produce sufficient obstruction.

The Society then adjourned.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, APRIL 14, 1875.

THE ETIOLOGY OF TYPHOID FEVER.

NOTWITHSTANDING the many excellent monographs we possess upon the subject of typhoid fever, it must be said

that much remains to be done before the medical world shall become unanimous upon all points in the history of that very important disease. A discussion has recently taken place in the Société de Médecine Pratique of Paris which throws some light on the etiology, a point always very obscure. Dr. Flamarion mentioned that he had observed seventy-eight cases of this affection at the end of 1873 and the commencement of 1874 in two villages in Haute-Marne, twenty-seven of them being in Louvières and fifty-one in Donnemarie. Only two of these patients died, one of them during the disease, and the other in the period of convalescence, in consequence of imprudence.

The author, without going into any generalities about the etiology of typhoid fever, limited himself to seek out what was the origin of the two epidemics he had witnessed. He insisted particularly upon the evil influence which the water seemed to maintain, considered either as causing exhalations, or as an article of consumption. It seems that at Louvières twenty-one patients out of twenty-seven lodged in houses the doors and windows of which looked out upon a watercourse, which was pretty clear, but along which, for some years past, each house had established a sort of washing establishment, which became the receptacle of the kitchen refuse, and sometimes of filth.

Dr. Flamarion, with Pettenkofer, makes the level of the underground water play an important part in the production of typhoid fever. The lowering of this level, after a long drought, must, he thinks, contribute to provoke a putrid fermentation in the bed of such underground streams. For some years past the inhabitants of Louvières, it seems, had given up getting their supplies of water from springs which arose above the ravine, and had drawn them from a new spring in the middle of a little hill. Now, it was impossible not to be struck with the very regular succession, after the dryness, of the appearance of new cases of typhoid fever in July and September, 1873, in this village.

At Donnemarie there was no watercourse, except a little river, which ran at the foot of a hill, at the top of which the village was situated. When rain falls, the streets are furrowed in all directions by currents of water which may sometimes change into little torrents. These unite in a double stream, which merges into one in the middle of the hill, where the public fountain is situated. These streams, thus contaminated, become infiltrated by the waters which wash the dunghills and carry with them the straw, so that, when it rains, there issues from the pipe of the public fountain a dirty, muddy water, which the cattle sometimes refuse to drink. A remarkable fact is that the epidemic in this village commenced at the beginning of December, after abundant rains, and that the recrudescence of the disease has always coincided with an elevation of the layer of water in the pluviometer. The chemical analysis of the fountain-water, in December, showed a great quantity of organic matter in it.

With regard to the treatment of typhoid fever, the author mentions some of the so-called special treatments of the disease; and he more particularly insists on the treatment of Brand, which he could not try in the country on account of the prejudice of the country people. He does not see that this method, which at first promised so much success, now gives results more favourable than those ob-

tained by Valleix, Bouillaud, Andral, and Louis. The best statistics vary from 6·6 to 9·7 per cent.

Dr. Flamarion, for his part, said that he had employed a treatment apparently very complicated, but which was based on the general principle of watching indications, which he divided into general indications, directed to the whole of the symptoms and to the form of the disease, and special, which were directed to each separate symptom. Thanks to this treatment, the author had lost only 1·33 per cent. of his patients, for he eliminated the case of death due to imprudence at a time during convalescence, when cure might be considered as certain.

Dr. Flamarion then passes in review the different methods of treatment which have been suggested to him by the general indications, in the forms of ambulatory, mucous, and ataxo-dynamic fever. He then refers to the methods of treatment suggested by the special symptoms of each case, such as headache, delirium, pain in the spine, fever and heat, fuliginosities, diarrhoea, vomiting, constipation, meteorism, piles, bronchitis, hypostatic congestion, pneumonia, and gangrene.

It will be seen by this *résumé* of Dr. Flamarion's paper, that in France, as in this country, it is now beginning to be almost universally admitted that the prominent cause of typhoid fever is the impurity of drinking-water. Instances have of late years been so multiplied of the evil effects of the communication of sewage with drinking-water that there are probably but few physicians who now refuse to admit that this is the chief cause of the occurrence of epidemics of typhoid fever. Dr. Flamarion says but little about the contagious nature of the disease.

With respect to the treatment of Brand by cold water affusions, one very great difficulty in carrying this out has been mentioned; and that consists in the great prejudices against such a treatment, which exist even in London and in the best conducted hospitals in this country. It is doubtful, on this account, whether the cold-bath treatment of typhoid fever has ever been fairly tried in this country as yet. Whether Dr. Flamarion's wonderfully excellent statistics could be verified in London is a matter of grave doubt, and we suspect that, under all treatments, the mortality from typhoid fever will occasionally prove very high in such large cities. But there seems to be some prospect of almost entirely getting rid of typhoid fever from our better-drained towns. Meanwhile, the last word has by no means been spoken about typhoid fever and its etiology and treatment.

A ROYAL MEDICAL STAFF CORPS.

THE suggestion that the various atoms of which the present Medical Department is composed should be incorporated into a Royal Corps, and that all officers should be executive as far as the command of the Army Hospital Corps is concerned, both as regards officers and men, has our entire approval. We believe such a suggestion is only in accordance with the spirit of true progress, and would, we firmly believe, if adopted, do much towards establishing that *esprit de corps* and union of professional feeling among medical officers, without which they can never hope to rise above the prejudices and jealousies which beset them on every side—prejudices which have

marred their usefulness, and kept them in leading strings for more than 200 years.

Coeval with the formation of the English army military surgeons have been ever bound to it by the most intimate ties of humanity and honour. Having from the nature of their duties and profession only the interest and efficiency of the soldier to promote, they can never do otherwise than take a warm interest in its welfare. Yet, although a sharer with that army in all the vicissitudes of war, they have reaped hitherto only *barren honours* at those moments when gratitude and loyalty demanded that they should have had their due share of the public rewards. His Royal Highness the Prince of Wales told us not so very long since that "he could not help saying that we owed a deep debt of gratitude to those distinguished medical men who served in our navy and in our army." Yet, beyond the mere general expression of such opinions, military surgeons have little to look back upon or to bind them to the service with which they cast their fortunes. The greatest of all military commanders, Emperor and General, knew how to appreciate and reward the difficult and dangerous services of the military surgeon. He acted upon the principle that, as "the medical staff shares the fatigues and dangers of war, in just reason it is entitled to a share of advantages." He bestowed the highest grade of the Legion of Honour on Barons Larrey, Desgenettes, and Percy. The commanders of the French army considered that the Legion of Honour derived lustre and renown from the enrolment of such names in its ranks. The President of the National Assembly, when unveiling the statue of the first of these great men, said to the military surgeons in attendance: "I tell you, if anyone were bold enough still to dispute your right to proportionate rank in the army, proudly answer by pointing to this statue, and by citing the life of the man it represents." As yet such sentiments as these are unknown in the English army. The opportunity has now arisen when services rendered during so many centuries may be recognised by a mark of Royal favour. It appears to us that upon many grounds a change of designation is desirable. When the regimental system was practically abolished in April, 1873, and with it the old title of "Medical Staff," there was no name round which the best spirits of the service could rally. The term *department* has never been in favour, and has been silently ignored. More than one branch of the service has been wrecked upon the unpopularity of a name, and if the Government wish to gain recruits for the Medical Department of the Army, they must, in addition to substantial advantages, do away with all sentimental grievances. Already medical officers are Royal surgeons in virtue of the ancient charters of the colleges to which they belong. It only remains to embody them into a united Royal Corps. We see nothing Utopian in the idea, but a very practical and necessary change for the better, and one which has become absolutely essential to ultimate medical success should we again take the field in any serious military operations. The present Army Hospital Corps was originally raised as the "Medical Staff Corps," and in our opinion should wear the traditional scarlet uniform and black velvet facings of the officers under whose orders the men serve in station and general hos-

pitals. Being now on the staff of the army, our medical officers should wear the same distinctive staff dress without any marks which would render it offensively distinctive, or hurt their *amour propre*. If we would compete with the Indian and naval services for recruits, we must attend to these small grievances, as well as others. A compulsory retirement at sixty years for administrative officers, a better twenty years' voluntary retirement, a guaranteed promotion after fifteen years' service or before, a general roster for all officers, whether staff or regimental, forage according to rank, and a liberal scale of retirement for officers incapacitated by ill-health have become imperatively necessary if we would keep pace with the times.

THE WATER SUPPLY OF LONDON.

In these days, when it is almost universally acknowledged that the main cause of typhoid fever is to be found in the contamination of drinking water, it is a matter of universal interest to all dwellers in large cities to ascertain that they are supplied with the best and purest water attainable. Some years ago a gigantic scheme was set on foot by some of our able engineers to bring water to London all the way from the Cumberland lakes, giving off in the way supplies to the cities and towns lying near the aqueduct. Such a splendid scheme lies in the possibilities of the future, and we doubt not that far greater difficulties than even this would appear at first sight to be will be easily enough surmounted by our descendants in this favoured island.

In the meantime, London is more or less creditably supplied with water by the agency of eight large monopolies in the shape of water companies, most of which give handsome returns to their shareholders in the shape of dividends. The names of these companies are the West Middlesex, Southwark, Lambeth, Grand Junction. All of these derive their supplies from the river Thames. Next comes the East London, which derives its supplies from the river Lea. The New River is now supplied from springs in the vicinity of Amwell, Herts, and also from the river Lea. Lastly, we have to mention the Kent Waterworks, supplied from deep wells in the chalk. These companies supply the great metropolis daily with some 110 millions of gallons. About one-half of this supply is derived from the Thames, and a great proportion of the remaining supply is derived from the river Lea.

Dividing the daily supply furnished by the population of London, we find that somewhere like 30 gallons a head are furnished daily to the inhabitants of London. When we compare this supply with that of Glasgow, which is somewhere like 55 gallons per head daily to each inhabitant, of the purest possible water, we can see that the London supply still errs both in quantity and quality. And, what is worse, the tendency is to lessen both the amount per head furnished by the London water companies and the quality just as London increases in size; for the capacities of the Thames and Lea do not, of course, increase *pari passu* with that of the births in London.

We hence may look with some confidence towards a revival of the project of erecting an aqueduct through the heart of England, commencing in the lake districts, and

there can be little doubt that such a scheme could not fail eventually amply to repay the cost of construction and yield a handsome dividend to shareholders, because it would economise so much in the cookery of food and in soap, &c.

It must be admitted, we think, that, notwithstanding all allowances for the power which rivers possess of becoming free from the pollutions arising from the matters poured into them from the towns and villages through which they flow, a consummation devoutly to be desired, and which is contended for strenuously by Dr. Letheby and other able chemists, still there would be no small advantage to the inhabitants of large cities could their water supply be as pure and unsuspected as that of Glasgow or of ancient Rome. It is not a pleasant idea to contemplate, that a certain amount of sewage must necessarily be mingled with the water supply which Londoners derive from the Thames or river Lea. And that there must be a certain amount of fecal matter in the water supplied by the above-named water companies is a fact we think incapable of being denied, even by the greatest optimist, when we consider the great and increasing population which is situated on the banks of these rivers, at, or a very short way above the spots whence the supplies are derived.

It has been remarked that one method of procuring a plentiful supply of water might be found in the construction of large lakes or reservoirs in the upper valleys of our watersheds. Thus, if an artificial lake of large extent were constructed high up in the Thames valley, the superabundant flow of water, the origin of these periodical floods, which have lately caused such injury to the quality of the water supplied to Londoners, might be prevented, and a vast system of tubes or an aqueduct might be constructed to bring the pure water to London. Probably iron tubes might prove quite adequate to the supply of London and the riverside towns and villages on the Thames.

It is to be hoped that with the revival of the desire for cleanliness and good water which distinguishes the 19th century, as compared with the monkish ages, when filth and coarse living were held as a part of true piety, we may before long have as true an appreciation of the value of plenty of good water as the Romans of the days of the Empire possessed.

Notes on Current Topics.

Dr. Demarquay on Intestinal Obstructions.

In a meeting of the Académie des Sciences (*La France Méd.*, No. 24) Dr. Demarquay made recently a communication about the treatment of intestinal obstruction at the outset by means of the aspiration of gas. He remarked that intestinal obstruction is a rather common disease, and both physicians and surgeons are frequently powerless in treating it. Nélaton had recourse in a certain number of cases to gastro-enterotomy; but this operation is of itself a very severe one, and not suited to all surgeons—let us add that it was often followed by mishaps. The aim of Nélaton in making use of it early was to put an end to the tympanitis and to re-establish

the passage of the fæces. When the peristaltic movement of the bowels was once re-established, the intestinal obstruction has been seen to cease, and the patient has been cured.

Dr. Démarquay asked of himself whether he could not get the same result by an operative process more easy in execution and within the power of any physician. What happens when an obstacle suddenly is offered to the flow of the fæces? Gases accumulate in the upper part of the intestine, tympanitis appears, and at the same time nausea and vomiting supervene, and the intestinal loops become paralysed by excessive distension. If then, at the commencement of the disease, when no local or general peritonitis has as yet arisen, we can make the tympanitis disappear by removing the gases, and sometimes the peristaltic motions of the intestines re-established, with them there disappears the obstacle. Thrice in the course of some years he has had recourse to this practice, and the patients recovered.

In relating the last case which he has operated on in hospital, he indicates the operative procedure. A young man, aged 20, entered his hospital on the 23rd February with all the signs of an intestinal obstruction, which dated from the 23rd: he had nausea, mucous vomiting, considerable tympanitis, insomnia, and suffocation from throwing upwards of the diaphragm. On the 26th, at the morning visit, the condition of the patient was still aggravated. Without any hesitation Dr. Démarquay made, with the capillary trocar of Dr. Potain's apparatus, four intestinal punctures, two on the right and two on the left, and, making aspiration of the gases of the intestines by means of a vacuum in a great jar, a large quantity of gas was removed. The belly immediately sank, and the patient was relieved. At once after the operation the movements of gases were heard in the intestines, thanks to the peristaltic motions of the bowel. The patient was better during the day; he could not support the application of ice to the abdomen, but took, without vomiting, a little beef-tea and calomel in small doses. The nights of the 26th and 27th were less troubled than the two preceding ones. On the 27th, in the morning, tympanitis persisted, and the loops of intestines were visible through the walls of the abdomen. Dr. Démarquay again made four new punctures, and removed, as in the former case, a great quantity of gas and liquid matters from the intestines. About two in the afternoon all accidents had ceased. There is no physician who could not have recourse to this operation at the commencement, and thus might arrest the progress of a disease which is often fatal.

Polypus of the Uterus.

DR. HEYDENREICH (*Le Progrès Méd.*, No. 13) read the details of a case in the Société Anatomique of Paris where a woman, aged 49, married, came to the Hôtel-Dieu with menorrhagia, which was soon cured. She remained two months in hospital, and had merely symptoms of metritis, with feverishness. The cervix uteri was found large and red; and on the 6th November it was cauterised with the actual cautery. On the 17th November peritonitis ensued, and she succumbed next evening.

At the post-mortem examination there was found suppurative peritonitis in the lower half of the abdomen. The Fallopian tubes were filled with pus, and this, on pressure, flowed into the uterine cavity. At the external extremity of the right tube there was a cyst, filled with pus, communicating with the tube. The left ovary was small and atrophied; the right, on the contrary, presented all the symptoms of recent menstruation. As to the uterus, it had, at the upper extremity of the right side, a little fibrous body, the size of a hazel-nut, projecting exteriorly. The walls of the uterus had their normal thickness; the mucous membrane was red, and covered with a muco-purulent layer. Lastly, at the bottom of the uterine cavity there was, at the right side, a polypus, which descended until about a centimetre distant from the inferior orifice of the neck. This polypus was lengthened, blackish, soft, and very vascular: it was a mucous polypus, of the celluloso-vascular variety.

Disease of the Mammary Areola preceding Cancer of the Breast.

SIR JAMES PAGET ("St. Bart. Hosp. Rep.," 1874) mentions cases of women, ages from 40 to 60, who had found their disease of the breast commence by eruption of the nipple or the areola. In most of the cases the lesion consisted, first of all, in a very red efflorescence, strewed with fine granulations, as if almost the whole thickness of the epidermis were desquamated. This resembled a case of very acute eczema, or intense balanitis. The base of the ulceration constantly secreted an abundant limpid or yellowish liquid. The patients experienced feelings of stinging, itching, and burning, but the general health was not at all affected. We never see this eruption go beyond the areola; only in one case was there a deep ulceration, which occupied the thickness of the skin of the areola. Sometimes the lesion had the appearance of a chronic eczema, and allowed a viscous serosity to escape; at other times it was dry, like the scales of psoriasis; and sometimes there was observed beyond the areola on the breast a plate of psoriasis. In several cases he has seen these skin affections resist all local or general treatment, and in a year, or two at most, he has seen the appearance of a schirrous tumour in the thickness of the mammary gland. The schirrus has never commenced by a cutaneous disease; the latter, on the contrary, persisted until it was attacked by the neoplasm. The cancer, in this case, presented nothing special: it sometimes had an acute progress, sometimes a chronic one; it attacked the lymphatic glands, and was in no way distinguishable from the ordinary descriptions of cancer of the breast. He has also seen cancers of the penis, of the lower lip, and even of the tongue preceded by analogous skin eruptions.

Dr. Valette on Cauterisation.

DR. VALETTE, of Lyons (*Le Progrès Méd.*, No. 13), explains the application of cauterisation in several important surgical operations, such as in piles and prolapse of the rectum, extirpation of the uterus, removal of uterine polypi, in varicocele, in vaginal hematocele, cystic goitre, and in the opening of cold abscesses and ovarian cysts. He generally uses a porte-caustique, con-

sisting of two grooves wherein caustic of zinc can be placed, and which can be screwed up as tightly as is requisite. In the operation for the radical cure of hydrocele, which he has practised forty times, success has almost been constant. He perforates the integuments with one of the branches of the caustic holder, which has a sharp point, and thrusts it into the venous bundle, whilst the other branch is placed behind the veins: the two grooves having been first of all filled with caustic, are brought together by means of a screw. This instrument remains *in situ* for forty-eight hours, and in a fortnight the cure is completed. In vaginal hæmatocele he traverses the pouch filled with blood with a seton dipped in caustic, and withdraws it next day; there arises after this a moderate, progressive inflammation, which gradually determines the resorption of the effused blood and modifies the walls of the sac. By means of these same forceps M. Valette has obtained a remarkable cure of a very large cystic goitre. In other circumstances he has removed successfully an enormous enchondroma of the neck. Lastly, in a case of complete inversion of the uterus he does not hesitate to extirpate the organ, and he has been able by the caustic method to obtain a complete cure after this grave operation.

More about the Jews.

We have already spoken of the question of circumcision among the Jews, and our remarks have called forth an interesting series of letters. Moreover, we are indebted to the editor of the *Jewish Chronicle* for the following information, contained in his issue of March 12. Baron Larrey says that—

“The convolutions of the brain, whose mass is in proportion to the cavity of the cranium, are more numerous, and the furrows which separate them are deeper, among the Jews than in other races, and the matter which forms the organ is more dense or firmer. The nervous system appears to be composed of nerves more dense in structure than those of Europeans in general, whilst the heart and arterial system display the most remarkable regularity and very perfect development. Fourthly, that the external senses of the Jews are very acute and perfect. One race among all others seems to have resolved the problem of acclimatisation, and that is the Jewish. The Jew occupies at this day every part of the world: he is found in Europe, from Gibraltar even to Norway; in Africa, from Algeria to the Cape; in Asia, from Cochín China to the Caucasus, and from Jaffa as far as Pekin; in America, from Montevideo to Quebec. Fifty years ago he invaded Australia. Not only is he acclimatised under the tropics, but he has also lived during a long series of centuries in the only country in the globe situated 400 metres below the valley of the sea—in the valley of the Jordan. It is worthy of remark that in many countries where the Jew may be studied and compared with other people amongst whom he lives, a difference more or less pronounced is always discovered in the proportion of births and deaths, in that of the sex of the births, and finally, in the degree of predisposition for different maladies, of which some constitute the almost exclusive property of the Jewish race, while others seem to spare it. In Prussia, during a period of nineteen years from 1822 to 1840, the proportion of deaths was found to be, amongst 100,000 inhabitants—in the Prussian population, 2,961 deaths; in the Jewish, 2,161.”

M. Mayer, in his treatise relative to the duration of life in the Jewish population compared with that of the Christian, found the following facts connected with the statistics of Furth for a period of ten years:—Mean aver-

age of Jews, 37 years; Christians, 26 years. Excess in favour of Jews, 11 years. Amongst Christians, one-half die before the age of 30.

In France Dr. Neufville has found analogous results. In Prussia the Jewish population increased 34½ per cent. from 1822-4, whilst in the same time the Christians augmented only 28 per cent., increase by immigration being the same. There was 1 birth to every 28 Jews, 1 to 25 Christians; 1 marriage to 139 Jews, 1 in 112 Christians; 1 death among 40 Jews, 1 in 34 Christians. Legoyt says the Jews have fewer still-births than Christians; and it must be remembered that circumcision is said by Hutchinson to prevent the contagion of syphilis. Glätter gives 1 still-birth in 19 Christians, and 1 in 34 Jews.

In these days of positive science it is most important to hear of such results. The days for dogmatic theologies are at an end, and the era of science is fast dawning. To live a long and painless existence is the recognised aim of all religion worthy of the name; and, in future, we must judge of faiths by their results in attaining happiness and longevity for the race.

Alleged Death from Ether.

A DEATH from the inhalation of ether has been reported from Manchester, which we find reported in the *Students' Journal and Hospital Gazette* in the following terms:—

On Monday an inquest was held at Manchester on the body of a boy, aged 16 years, who died at the Manchester Workhouse Hospital whilst under the influence of ether, which had been administered previous to removing some dead bone from his hand. Deceased had been operated on two former occasions, when chloroform was administered, but as he did not tolerate it well, it was thought safer to administer ether. Only a very small quantity was given, but in three or four minutes the patient suddenly fainted, and died without recovering consciousness, notwithstanding the employment of galvanism and every other means likely to be of any avail.

In the absence of any circumstantial report of the case, we can express no opinion upon the matter, and it is quite probable that on investigation it may turn out, as it did in a similar case in America, that the ether had nothing to say to the death. Although we have very strongly advocated the substitution of ether for chloroform, we have never suggested that its use is absolutely free from danger, or that it is not possible to kill a patient by the careless or bungling use of it; but we maintain that the chances of mortality are reduced to a minimum from its use, and that no surgeon is justified in subjecting his patient to a risk of death for the sake of convenience or prejudice.

The *Students' Journal* says:—

We have always maintained that there is but little, if any, difference as regards safety, between ether and chloroform, and that were ether used so extensively as chloroform is, deaths from the former agent would be almost as numerous as they are at present from chloroform.

We read with surprise a statement that, “were ether used so extensively as chloroform” deaths would occur as frequently. Is our contemporary aware that ether is used much more largely than chloroform, being almost the only anæsthetic employed in America, and that the statistics of mortality prove it to be eight times less dangerous than chloroform?

The Contagious Diseases Acts and the Committee of Supply.

In a Committee of the whole House of Commons, on Thursday last, when the vote of £73,330 for medicines and medical stores came under consideration, Mr. Gourley asked for an explanation of the item of £15,500 in the vote for the expenses of carrying out the Contagious Diseases Acts. Mr. A. Egerton said the money had been expended in carrying out the details connected with the Acts. Mr. Whalley said he had spent some time at Portsmouth and Davenport Hospitals in making inquiries relative to the working of this Act, and he was convinced that no public money was better expended and for better purposes. The Act had worked well in the social interests of those districts where it was in operation. Mr. Gourley said he objected to public money being expended for the encouragement of vice. The vote was agreed to.

The late Sir John Gray, M.D., M.P.

In our last we announced that our esteemed *confrère*, and one of the few representatives of our profession in the House of Commons, was lying hopelessly ill at Bath. The intelligence was, unfortunately, only too true, as on Saturday morning we received a telegram announcing that he had passed away during the night. Of the medical career of the deceased but little can be said, as early in life he turned his attention to the field of politics, into which he entered with all the force of his ardent and energetic nature. Still the interests of the profession were not forgotten, and whenever he considered them at stake, or matters directly concerning them were before the legislative assembly of the country, Dr. John Gray was always to the front. Deceased was born at Claremorris, in Mayo, in 1815; he was therefore 60 years of age. He entered Trinity College, intended for the Church, but, altering his views to the medical profession, he obtained his degree in due course. For several years he was connected with one of the Dublin hospitals, and was a diligent student, devoting himself to his profession with that enthusiasm which he displayed in all his subsequent pursuits during life. Residence in Dublin, and association with literary and political men, influenced the feelings of Dr. Gray, and gave a cast and complexion to his life which decided his future. In 1842, with Dr. Atkinson, and his brother, Wilson Gray, a barrister, the interest in the *Freeman's Journal* was purchased. From this event may be truly dated his public life. He has also contributed to our columns.

For very many years past Sir John Gray held the position of Town Councillor to the City of Dublin, which he held to the hour of his death; but though often tendered the Mayoralty he always declined the distinction. His labours in the Municipal Council were productive of the highest benefits, and the Vartry Waterworks alone are an abiding and noble monument to his memory. For the direction and accomplishment of this beneficent public work, the Viceroy, Lord Carlisle, in 1863, conferred on him the honour of knighthood, an honour eminently merited.

In 1865 Sir John was returned M.P. for Kilkenny city, for which he sat for the last ten years.

Thus Death has robbed us of another representative in Parliament, one whom we can ill spare, for although many differed from him politically, it can truly be said to his memory that he had few personal enemies.

CATTLE disease is again, unfortunately, very prevalent in the county of Devon. During the last week the number of animals affected with foot-and-mouth disease and scab was 2,022.

THE Medical Society of the College of Physicians will meet this evening at 8 o'clock, at the College Hall, Kildare Street, when the following communications are set down for reading:—Dr. W. G. Smith "Notes on some Diseases of the Skin—(1) Favus, (2) Erythema Multiforme;" Drs. Grimshaw and J. W. Moore, "On Pythogenic Pneumonia," Dr. Grimshaw to exhibit an improved aspirator.

A SPECIAL meeting of the Council of the Queen's College, Belfast, was held last week, for the purpose of considering the charge brought against a number of medical students of participating in the disturbances which took place in the common hall during the recent visitation. A petition on behalf of the students so summoned, expressing regret at the disturbance, was handed in to the Council. After a deliberation of some five hours, the Council mulcted three of the students in a fine of £10 each, and a fourth in a penalty of £18. The remainder were reprimanded.

THE appointment of a Mr. R. T. Hearn as House-Surgeon to the Dorset County Hospital is noticed in all the Dublin papers as being a signal honour which the press may delight to record. In addition to the emoluments of the office, Mr. Hearn will be permitted to enjoy the privilege of taking his meals with the matron, two other surgeons having refused the appointment in consequence of this requirement being insisted on.

THE Ulster Medical Society will meet this evening at 8 o'clock at the Belfast General Hospital, when the following communications are set down for reading:—Dr. J. J. Charles will exhibit a Dissection of the Parts of an Old Dislocation of the Elbow. Dr. John Moore will give an account of two cases—the first, of Traumatic Emphysema, and the second, of Inguinal Hernia complicated with an Undescended Testis.

ON Saturday morning Captain Boyton started from Dover, for the purpose of demonstrating, by a trip in his newly-invented life-saving dress across the English Channel, the value of his apparatus to shipwrecked mariners. Although he was not successful in reaching France without assistance, the trial nevertheless proved that a man could remain in the water in his dress almost as long as he could find sustenance to keep him alive. He started with his body at the normal temperature of 97.7°, and after fifteen hours' immersion, so little variation had it undergone, that the thermometer recorded only the fraction of a degree.

THE sixth meeting of the Dublin Obstetrical Society was held in the College of Physicians on Saturday, the

10th April, 1875. The following communications were read:—1. Dr. M'Swinye, "Report of a Case in Midwifery Practice;" 2. Dr. T. More Madden, "On Monstrous Births, and the influence of Maternal Impressions on the Fœtus in Utero;" 3. Mr. H. G. Croly, "Case of Ovariectomy."

Correspondence.

"FUNGUS EAR DISEASE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I write to thank you for the favourable notice which you took of my little *brochure* on the above form of ear disease; also to say that I am pleased to learn that a case of true ear fungus had been recorded so long ago as 1857. But my paper may, as you observe, call attention to what seems to have been a hitherto overlooked cause of disease of the ear; in this respect it will not be without its use. I may, however, so far as I know at present, lay claim to be the first aural surgeon in Great Britain who recognised and recorded such a case. A Mr. Pennefather, in your issue of the 31st of March, in relation to this disease, refers to his "work" to show, among other things, that it is not an uncommon form of ear disease, &c. In reply, I have to say that it is a matter for regret that that gentleman did not make himself acquainted with the subject of my paper before he wrote the letter referred to.

I am, Sir, your obedient servant,

JAMES PATTERSON CASSELLS.

2 Newton Terrace, Glasgow.

Medical News.

The International Medical Congress.—The following resolutions as to the conduct of the International Medical Congress for 1875 have been adopted:—

1. The International Medical Congress of 1875 will open at Brussels on the 19th of September, under the auspices of the Government, in the large hall of the Government at the Museum.

2. This Congress will be exclusively scientific, and will last one week.

3. The Congress will consist of members of the medical profession, both native and foreign, who have sent in their names to the Committee. They alone will have the right to take part in the discussions. The members of the Congress will not be subjected to any contribution except that they will have to pay 12fr. 50c. (10s.), in return for which they will receive a copy of the Proceedings. This sum must be paid by members when they send in their application; by visitors when they present their cards. Applications may be made after July 1. The inscription and distribution of the tickets will be made as follows:—On September 18, from 12 o'clock in the day till 5 in the afternoon, and on the 19th inst., from 9 a.m. till noon, in the rooms of the Academy at the Museum.

4. The business of the Congress will be divided between eight sections.

5. At the time of receiving their ticket, the members will put their names down in the section to which they wish to belong. The same member can put his name down in several sections. The Committee will appoint the provisional officers of the sections—viz., a president and two secretaries to each. The sections will elect their own permanent officers (a president, two vice-presidents, and two secretaries).

6. The Congress will meet twice a day—in the morning for the business of the sections, in the afternoon for that of the general meeting.

7. Reporters, appointed beforehand by the Committee, will make reports to the sections of the subjects that have been assigned to them. The reports will end with provisional conclusions which the sections will consider in the order adopted in the report. When this business is at an end, the sections will employ their time in receiving different communications special to each, and not relating to the general programme.

The conclusions arrived at by the sections will be communicated to the general assembly through the delegates appointed by them.

8. The sittings of the general assembly will be devoted—1stly, to discussions upon subjects of general interest to the medical world, and not mentioned in the programme; 2ndly, to reading and discussing the reports of the sections.

9. Members who wish to make a communication upon a subject foreign to the programme should give notice to the Committee at least a month before the opening of the Congress. The Committee will decide as to the suitability of the communications, and the order in which they will be brought forward. The time allotted to each speaker will be limited to twenty minutes. This arrangement will not apply to those who have prepared reports.

10. At the first meeting the Congress will appoint its permanent executive, which will consist of a president, two acting vice-presidents, and an indefinite number of honorary vice-presidents, a general secretary, and two secretaries of meetings.

11. All the papers read at the Congress, whether in the sections or the general meetings, shall be deposited on the table, and the Committee, which will resume its duties after the meeting, in order to proceed to the publication of the proceedings of the Congress, shall decide as to the insertion (partial or entire) of the papers in the Proceedings.

12. Whilst the French language will be that in which the sections will be conducted, the members will be also allowed to express themselves in other languages. In this case, if it is wished, their meaning will be briefly explained by one of the members present.

13. The president will conduct the meetings and debates according to the manner usually adopted in deliberative assemblies.

14. Students of medicine will receive tickets of admission, but will not be permitted to take part in the proceedings.

The sections are as follows:—Medicine (pathology, pathological anatomy, and therapeutics), Surgery (including military surgery and syphilography), Obstetrics (including diseases of women and children), Biology, Public Health (hygiene, forensic medicine, statistics), Ophthalmology, Otolgy, Pharmacy.

All communications respecting the Congress must be addressed to Dr. Warlomont, Brussels.

The Hampstead Hospital Agitation.—At a full and rather excited meeting of the Metropolitan Board of Works, on Saturday last, the offer of a third alternative site and the proposal by the inhabitants of Hampstead to purchase for £28,000 the ground on which the temporary Hospital for Contagious Diseases at present stands were rejected by majorities of 18 to 13 and 19 to 14 respectively.

NOTICES TO CORRESPONDENTS.

HOMOEOPATHY IN ASIA.—A new Chinese remedy for worms, syphilis, vomiting, and skin diseases, and possibly for any other kindred malady for which the patient may take it, is prepared as follows: Maggots are taken from privies and washed, then dried in the sun, fried, pulverized, and either made into pills or eaten in powder. We think it would be better for the Chinamen not to get these diseases.—*New York Medical Record.*

MEDICAL SUPERINTENDENT.—There is a fairly remunerative appointment in Canada now being advertised as Medical Superintendent of the Toronto Asylum. Emoluments, £411 per annum, with furnished residence, fuel, light, and furnished table for self and family. Candidates must have had experience in the management of asylums. Applications to be addressed to Mr. McKellar, Office of Provincial Secretary, Toronto.

DR. W. E.—The gentleman who gets up the "Dummy Notices" for our contemporary has the library of the College of Surgeons of England at his back; hence their antiquity.

DOGGON'S CARRIAGES.—A venerable physician of Philadelphia, still living, Dr. Condie, the author of a book on "Diseases of Children," would never keep a carriage, says an American contemporary, notwithstanding his large practice, and is made responsible for this *bon mot*: "If a doctor drive one horse, it indicates physical weakness; if he drive two, mental weakness."

DR. CAREY.—The work referred to is by an American physician, and would sell at about 12s. in English currency. You will doubtless be able to obtain it through one of the foreign houses in London—Messrs. Baillière, Tindall, and Cox, or Trübner's.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I should feel much obliged if you kindly inform me in your "Answers to Correspondents," in your next publication, in what way a surgeon anxious for an appointment in the Peninsular and Oriental Company's Service should proceed in order to obtain it.

Your obedient servant,

SUCROSB.

[These appointments are almost uniformly in the gift of directors and secretaries of companies, and of the owners themselves, with whom,

as may be believed, personal influences are a better recommendation than any professional qualification. The appointment is made by the directors, and the surgeon is bound for three years' service. He is placed always at first on some of the lines at the other side of the Isthmus of Suez, and is drafted into the "home" service between England and Alexandria as vacancies occur. The pay is at first twelve guineas per month, which is afterwards increased; and he is permitted to receive such fees as may be offered for attendance on passengers, whom, however, he is bound to attend without charge if required to do so. Occasionally large fees are paid by grateful patients; but usually the income from this source is not large, and less in the home service than elsewhere. The surgeon can resign on giving a month's notice when on leave, i.e., when his ship is laid up.]

MR. KNOWLEY THORNTON wishes us to correct an error which occurs in our notice of an "Ovarian Cyst," showed by him at a recent meeting of the Pathological Society of London. He believed the "papillomatous growths" referred to to be less common than Dr. Wilson Fox stated them to be, as he had only seen them a very few times, though he had examined more than 100 tumours. In the same report the cyst referred to by Mr. Spencer Wells is spoken of as "a parovarian one," whereas it was taken by Mr. Thornton to the Society as a further illustration of the occurrence of truly ovarian unilocular cysts. In these comparatively rare cases of cysts arising from droopy of an ovarian follicle in which this papillomatous growth is found they must be treated as if they were malignant, and hence early removal by ovariectomy was indicated.

DR. JAMES COLLARD.—See reply to Dr. Carey.

DR. JOHN LOWE is thanked.

MR. H. A. L.—Proofs will be sent you in due course, but we cannot possibly promise any particular week, having already so many papers in hand.

MEETINGS OF THE LONDON SOCIETIES.

- WEDNESDAY, April 14th.—Hunterian, 7½ p.m. Meeting of Council. 8 p.m. Dr. Pyle-Smith, "On Leucæmia."
- THURSDAY, April 15th.—Harveian, 8 p.m. Mr. Field: "Some Cases in Aural Surgery."
- FRIDAY, April 16th.—Medical Microscopical, 8 p.m.
- MONDAY, April 19th.—The Medical, 8 p.m. Ordinary.
- TUESDAY, April 20th.—Pathological, 8 p.m. Ordinary.
- ROYAL INSTITUTION, 8 p.m. Prof. P. M. Duncan, "On the Grandeur Phenomena of Physical Geography."

APPOINTMENTS.

- BINGHAM, J. J., L.R.C.P. Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 5 District of the Mansfield Union.
- BOYD, H. W. B., L.R.C.S.I., L.K.Q.C.P.I., L.M., House Surgeon to the Queen Adelaide Dispensary, Bethnal Green.
- BRAMWELL, B., M.B., L.R.C.S. Ed., Pathologist to the Newcastle-upon-Tyne Infirmary.
- DAWSON, Mr. C., an Assistant Resident Medical Officer to the General Infirmary, Leeds.
- EGGAR, R. T. S., M.B., M.R.C.S.E., House Surgeon to the Coventry and Warwickshire Hospital.
- FAIRWEATHER, A. F. A., M.B., Medical Officer for the Pocklington No. 7 District and the Workhouse of the Pocklington Union, Yorkshire.
- FOULIS, Dr. D., Pathologist and Curator of the Museum at the Royal Infirmary, Glasgow.
- GOWLAND, Mr. G. R., Resident Assistant Medical Officer at the Crumpsall Workhouse, Manchester.
- GRANDISON, A., M.B., L.R.C.S.I., L.M., Medical Officer for the Workhouse and St. Mary's District of the Dover Union.
- HANDYSIDE, P. D., M.D., F.R.C.S. Ed., Examiner in Anatomy and Physiology at the University of St. Andrews during the illness of Professor Bell.
- HAY, F., M.D., M.S., Visiting Surgeon to the Hull Dispensary.
- LEE, E., M.R.C.S.E., an Assistant Resident Medical Officer to the General Infirmary, Leeds.
- LYALL, W. L., M.D., C.M. Glas., Parochial Medical Officer and Public Vaccinator for the Parish of Campsie, Stirlingshire.
- MISTER, J. M., M.D., (additional) Hon. Physician to Her Majesty the Queen.
- MORRELL, R. B., L.R.C.P. Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for No. 5 District of the Bradfield Union.
- POPHAM, T., L.K.Q.C.P.I., L.M., L.R.C.S.I., Medical Officer, &c., for the Bantry Dispensary District, and Medical Officer to the Workhouse of the Bantry Union, co. Cork.
- SANDERSON, C., L.R.C.P. Ed., Medical Officer, for the Districts of Drymen and Aberfoyle, Stirlingshire and Perthshire.
- SMYTH, HATTON, M.B., C.M., T.C.D., L.M.K.Q.C.P.I., Medical Officer of Health for the Cranford and Kinson Sub-district of the Poole Rural Sanitary District.
- WELSH, J., F.F.P. & S. Glas., Medical Officer for the Brampton-Brian District of the Knighton Union, Radnorshire; Medical Officer of Health for the Knighton and Brampton-Brian Sub-district of the Knighton Rural Sanitary District.
- VERDOY, W., M.R.C.S.E., a District Surgeon to the Royal South London Dispensary.

Marriages.

- GOWERS-BAINES.—On the 6th inst., at Leeds, W. R. Gowers, M.D., of Queen Anne Street, London, to Mary, second daughter of Fredk. Baines, of Westwood Lodge, Leeds.
- WELSH-JUPP.—On the 7th inst., at Christ Church, South Hackney, Edward Welsh, M.R.C.S.E., of Hackney Road and Victoria Park Road, to Julia Sophia, daughter of John Jupp, of Victoria Park Road.

UNIVERSITY OF EDINBURGH. SUMMER SESSION, 1875.

The CLASSES for the different Branches of STUDY will be Opened as follows, and will meet daily (Saturdays excepted), unless otherwise stated:—

Classes.	Days of Opening and Hours of Attendance.	Professors.
Natural Philosophy (Short Course for Medical Students)...	Mon., May 10, 11 A.M.	Prof. TAIT.
Botany	Mon., May 8, 8 A.M.	Prof. BALFOUR.
Botanical Demonstrations (Mon. Wed. and Frid.)	Mon., May 10, 9 A.M.	
Vegetable Histology (Tues. and Thurs.)	Tues., May 11, 9 A.M.	Prof. CAUM. BROWN.
Chemistry, Advanced Class (Mon. Wed. and Frid.)	Mon., May 8, 1 P.M.	
Practical Chemistry	Mon., May 8, 10 and 11 A.M.	Prof. TURNER.
Practical Chemistry, Advanced Class	Wed., May 5,	
Anatomical demonstrations	Wed., May 5, 11 A.M.	Prof. LISTER.
Practical Anatomy	Mon., May 3,	
Clinical Surgery (Mon. and Thurs.)	Mon., May 8, 12 NOON.	Prof. SIMPSON, on Diseases of Women.
Clinical Medicine (Tues. and Frid.)	Tues., May 4, 12 to 2 P.M.	
Medical Jurisprudence	Mon., May 3, 11 A.M.	Prof. MACLAGAN.
Obstetrical and Gynecological Operations (Tues. and Frid.)	Tues., May 4, 10 A.M.	
Natural History	Mon., May 3, 2 P.M.	Prof. HUXLEY, for Prof. WYVILLE THOMSON.
Practical Natural History (Mon. Wed. and Frid.)	Mon., May 3, 3 P.M.	
Practical Physiology, including histology	Mon., May 3, 3 P.M.	Prof. RUTHERFORD.
Medical Psychology and Mental Diseases (Mon. Wed. and Thurs.)	Wed. May 5, 3 P.M.	
Do. with Practical Instruction at an Asylum (Tues. and Frid.)	Frid., May 7, 3 P.M.	Prof. LAYCOCK.
Operative Surgery, (Mon. Tues. Thurs. and Frid.)	Mon., May 3, 4 P.M.	
Morbid Anatomy and Practical Pathology	Tues., May 4, 11 A.M.	Prof. SANDERS.
Royal Infirmary	Daily at NOON.	

The following means are afforded for Practical Instruction:—
The Dissecting Rooms are open daily, under the superintendence of the Professor, assisted by J. A. Russell, M.A., M.B., C.M., and D. J. Cunningham, M.B., C.M.

The Royal Edinburgh Asylum is open to Members of the Class of Medical Psychology exclusively for Practical Instruction in Mental Diseases by Professor Laycock, and the Physician Superintendent, Dr. Coultson.

Chemical Laboratories.—The Laboratory for instruction in Analytical Chemistry and for Chemical Investigation, under the superintendence of the Professor, assisted by E. A. Letts, Ph.D., is open from ten to four. The Laboratory for instruction in Practical Chemistry, under the superintendence of the Professor, assisted by A. P. Aitken, M.A., D.Sc.

The Physiological Laboratory is open daily for Physiological Investigation, under the superintendence of the Professor, assisted by William Stirling, M.B., C.M., D.Sc.

The Physical Laboratory, is open daily from Ten to Three, under the superintendence of Professor Tait.

The Medical Jurisprudence Laboratory is also open daily from Ten to Three, under the superintendence of the Professor, assisted by J. O. Aitken, M.D.

The Practice of Obstetrical and Gynecological Operations is carried out in the Obstetrical Museum, under the superintendence of the Professor, assisted by J. Halliday Croom, M.B.

The Natural History Laboratory is open daily, under the superintendence of Professor Huxley, assisted by Isaac Bayley Balfour, D.Sc.

The Natural History Museum in the Museum of Science and Art, Chambers Street, is accessible to the Students attending the Natural History Class.

The Royal Botanic Garden, Herbarium, and Museum are open daily. April, 1875. JOHN WILSON, Sec. Sen. Acad.

LECTURES ON HOMŒOPATHY, instituted by the British Homœopathic Society.—Dr. RICHARD HUGHES will continue his course of HOMŒOPATHIC MATERIA MEDICA every Thursday, at 6 p.m., at the London Homœopathic Hospital, Great Ormond Street, Russell Square, W.C. Subject (Thursday, April 16th) to-morrow: BELLADONNA.

A Course of FOUR LECTURES ON CLINICAL MEDICINE has been commenced by Dr. HALL (one of the Physicians to the Hospital). The next Lecture, subject, LARYNGITIS, will be delivered at the London Homœopathic Hospital on Tuesday, April 20th, at 5 p.m.

Members of the Medical Profession admitted on presentation of address card. Medical Students can obtain admission on application to Dr. Bayes (Hon. Sec. Lectures Committee), 68 Brook Street, W.

EXTENSIVE APOTHECARY BUSINESS, Established over a Century, at No. 82 Grand Parade, Cork, to be DISPOSED OF, privately or by auction.—Apply to A. P. and G. FOOT, Solicitors, 89 South Mall, Cork.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The SUMMER SESSION commences on MONDAY, MAY 3rd. The Hospital contains 350 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week. The usual Courses of Lectures are also given by the appointed Teachers. Dr. Robert Barnes has this year been chosen Lecturer on Midwifery, and Dr. Brailey Lecturer on Comparative Anatomy. Further information may be obtained from the Treasurer or Dean of the School, at the Hospital.

UNIVERSITY COLLEGE, LONDON.—FACULTY OF MEDICINE.—The SUMMER SESSION will begin on Monday, May 3rd. Prospectuses containing full information respecting the Classes in the College, Clinical Instruction at the Hospital, Scholarships, Exhibitions, &c., may be obtained at the Office of the College, Gower Street, W.C.

H. C. BASTIAN, M.D., F.R.S., Dean of the Faculty.
JOHN ROBSON, B.A., Secretary to the Council.

BRISTOL MEDICAL SCHOOL.—The SUMMER SESSION will commence on MONDAY, MAY 3. Prospectuses may be obtained on application to
GEORGE F. BURDER, M.D., Hon. Sec.
Medical School, Old Park, Bristol,
April, 1875.

RESIDENT MEDICAL SUPERINTENDENT.—ST. LUKE'S HOSPITAL FOR LUNATICS.—There is a VACANCY in this Hospital for a RESIDENT MEDICAL SUPERINTENDENT, and a Committee of Governors will meet at the Hospital on WEDNESDAY, the 21st APRIL, instant, at 12 o'clock at noon, to consider the applications and testimonials.

Candidates for the office must be single, not under 25 years of age, must have both a medical and a surgical qualification, and be duly registered under the Medical Act. The salary will be £200 per annum, with apartments and board in the Hospital. Applications and testimonials must be forwarded on or before the 19th APRIL, to the Secretary, from whom any further information may be obtained on personal application at the Hospital, between the hours of 11 and 2 o'clock.

By order,
GEORGE SEYMOUR,
Secretary.

St. Luke's Hospital,
April 2nd, 1875.

OWENS COLLEGE (MANCHESTER ROYAL) SCHOOL OF MEDICINE.

SUMMER SESSION.

Midwifery and Diseases of Women and Children—Dr. Thorburn.

Materia Medica and Therapeutics—Mr. Somers.

Forensic Medicine—Mr. G. Morley Harrison.

Ophthalmology—Mr. Windsor.

Practical Chemistry—Prof. H. E. Roscoe, F.R.S.

Botany—Prof. W. C. Williamson, F.R.S.

Hygiene and Public Health—Dr. Arthur Ransome.

In addition to the above, Classes will be held for Practical Operative Surgery in connection with that of Practical Anatomy, conducted by Mr. J. B. Ferrin, and for Morbid Histology, by Dr. Dreschfeld.

The Session will commence on the 1st May next.

Prospectuses will be forwarded on application.

J. HOLME NICHOLSON, Registrar.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £25 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

MIR. I. SANDHEIM,

Dentist,

16 SUFFOLK STREET,

DUBLIN.

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WEDNESDAY, APRIL 21, 1875.

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THE LUMLEIAN LECTURES.

ON LIFE, AND ON VITAL ACTION IN HEALTH AND DISEASE. (a)

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

LECTURE III.

MR. PRESIDENT AND GENTLEMEN,—One of the most remarkable examples of inherited constructive power, and one which, as it seems to me, is especially worthy of our consideration with reference to many abstruse questions relating to the transmission of vast power through the agency of infinitesimal particles, is the bioplasm of the spermatic particle. The powers derived from the organism which produced it, are by this tiny speck of living matter transferred to bioplasm through which its influence is brought to bear upon vast quantities of living matter.

The bioplasm of a human spermatozoon, which, perhaps, hardly weighs as much as the one-hundredth part of a single red blood-corpuscle, may stamp with unmistakable individual characteristics several tissues and organs which, in their fully developed state, weigh many pounds. Moreover, the influence of the power thus conveyed extends over many years, and is as distinctly manifest in the action as in the structure of tissues. This influence may not be clearly evident until many years have passed since the minute particle of bioplasm left the organism that produced it. But how are we to explain the association of such far-reaching constructive power with molecules of such minute size? With what properties of ordinary matter can these powers be placed in comparison?

The special particles of matter endowed with the

powers under consideration are produced in one particular organ which does not attain its power of production until many years have passed since its development commenced. Surely no one would consider it reasonable to attribute the powers manifested by the spermatozoon to the properties of the elements of which its minute speck of bioplasm is composed. No properties of any elements that have been discovered, are, in any way, comparable with those manifested by this wonderful particle. Mr. Darwin has therefore endeavoured to explain the marvellous properties in another way. But let us consider what insuperable objections immediately present themselves to the acceptance of his hypothesis of pangenesis.

Here is one of the very smallest living particles, carrying the most extensive powers—powers which may reach to every tissue in the being that is to be formed. It is nevertheless suggested that the spermatozoon may be composed of millions of particles, one or more having been detached from every component element of the tissues of the parental organism. But this is not all, for every one of millions of spermatozoa must be considered as having been formed in the same way.

Now, concerning the manner in which the supposed particles meet together to form the spermatozoon. We are asked to conceive that particles are being continually detached from each anatomical element of each tissue, and that they pass from every part of the body where they were formed, and move with unerring precision towards the gland tubes, where they collect together in sets without confusion, thus to form the spermatic particle. If several particles from the same locality come together, they must separate again, and find their way to the collections which were deficient in these particular particles. By what means all these millions of particles find their way to the precise spot which is their proper destination—how they sort themselves, or by what means they are sorted, how at last they arrange themselves in proper order in the minute particle of bioplasm which they are supposed to constitute, has not even been suggested. But this is not all. The hypothesis assumes that particles are detached from each anatomical element. But from what part of the cells they are supposed to come, is not stated.

(a) Delivered at the Royal College of Physicians on Friday, March 13th.

Now these anatomical elements are complex in structure, and many are composed of several kinds of matter. Many are growing, and the matter of which they consist is in very different states in different parts at different periods. As I have shown, the outer parts of the cells and certain of their contents are, in many cases, non-living. Now, if non-living particles were to collect in the manner assumed, the resulting collection would not be anything like a spermatozoon, and it is not conceivable that such a collection of non-living particles could, in any way, have vital powers communicated to them after they had collected together. On the other hand, if we assume that the minute particles from the different anatomical elements are detached from the bioplasm, our difficulties will still be found to be insuperable, for the bioplasm is surrounded by the formed material, and we should have to assume that minute particles of bioplasm passed through even the thickest and hardest formed material in a direction the opposite of that in which nutrient fluid was flowing. We must further conceive such living particles as making their way into the intercellular spaces, and directing themselves, or being drawn, into the blood-vessels or lymphatics, or working their way through the tissues in the most direct course towards the seat of their development. By what means they find their way, why they do not take up nutrient material and grow so large as to be stopped in their course, how it is that many are not lost and impacted in growing parts, it is impossible to conjecture. Upon the whole, I think it will be difficult for any one to accept this doctrine if he tries to realise the occurrence of the phenomena implied by the terms of the hypothesis.

Lastly, I have to consider whether it is probable that in living things, especially in those having an organism of complex structure, there is any agency which exerts a *directive influence* over the whole, as some have supposed. It has been suggested that a general directing agency might be influential in regulating and governing the phenomena contemporaneously proceeding in all parts of a living body which result in the formation of very different structures, somewhat as a number of workmen are controlled and directed by a central authority placed over them. And, certainly, the facts of the case do seem to demand some such postulate; for, as each part grows and undergoes development, changes occur in other parts not anatomically connected with the first, but otherwise related, though separated, perhaps, by a considerable distance. But the more carefully we consider the question the less shall we feel inclined to accept any hypothesis which involves the idea of supervision on the part of any central power acting in the organism. There is, in fact, no centre from which such power could act, and there are no means by which it could be conceived to operate upon tissues at a distance. I cannot even admit that any facts known to us justify the belief that one cell is capable of acting upon adjacent cells. I do not believe that any particle of living matter is capable of influencing the phenomena of any other particle except, perhaps, by taking up more than its own share of pabulum, in consequence of an unequal distribution. I have, elsewhere, adduced reasons for rejecting Virchow's views upon this matter. It is difficult to conceive how one living particle can "excite" increased or diminished action upon the part of adjacent living particles; and I cannot think that under any circumstances do particles of living matter act in sympathy or in antagonism with neighbouring particles.

It will be asked how, then, are the facts to be explained? If the development of any particular tissue be carefully studied, as may be done by comparing specimens taken at different stages of growth, the observer will be able to form a conception of the phenomena which succeed one another in an orderly manner, until, in place of the bioplasm-particles of the embryo, he finds a highly elaborate arrangement of parts performing a definite office; but I fear I shall fail in my attempt adequately to represent the series of pictures which would be formed

and combined into a moving panorama in the mind of one who had thus studied.

At first, all that is to be seen is a number of masses of bioplasm which divide and subdivide. Each bioplast, by virtue of its inherent vitality, continues to produce successors in regular series, and, at a certain rate, a limited range of change, in external circumstances, being, as it were, allowed for, does not affect the result.

After the process of multiplication has continued for a certain period of time, each portion of bioplasm undergoes change upon the surface, and produces formed material. The arrangement and shape assumed by each particle will in some measure be determined by the growth of neighbouring masses, and the pressure that may be exerted, as well as by a number of other circumstances. Indeed, the general form of the organ or tissue is determined chiefly by the inherent vital powers of each individual portion of bioplasm out of which it is formed, but in part by the growth of contiguous organs or structures. Whether the elementary part shall be drawn out like tendon, muscle, or nerve, flattened, many sided or oval, like certain forms of epithelium, will depend upon its connections which were determined at a very early period, and whether it be subjected to stretching or pressure. If free to grow equally in all directions, as in fluid, the mass will certainly be spherical. Many questions that might be asked with reference to many of the matters to which I have very briefly adverted cannot, in the present state of our knowledge, be answered, and are likely to remain unanswered for a long period of time. But I venture to think that if scientific men substitute conjectures for answers, and confidently recommend to the public their own speculations as if they were scientific conclusions based upon evidence, it is the duty of other scientific men to examine the propositions, and to carefully criticise them. From what has lately fallen from some of those attached to the doctrine of evolution, it would almost seem as if they considered that their views were to be accepted by us without even the slightest examination. Against this idea one cannot too strongly protest, and especially when one finds the most far-fetched hypotheses advanced and pressed upon the people as worthy of being accepted and believed as actual truths. No objection ought to be made to the free discussion of whether, for instance, certain instincts constitute the foundation of the moral faculties, but it would be monstrous to assert that such had actually been proved to be the case. In the same way, attempts might be made to force people who have not the knowledge to enable them to form a judgment upon such a question, to believe in the truth of the hypothesis that man has resulted by direct descent from lower forms. Now one can conceive that if but one clear case could be made out in which it had been clearly proved that two distinct species of any kind of animals had descended from a common progenitor, the evolution hypothesis would be received almost without opposition, but at present no evidence advanced is perfectly conclusive, and people ought to be allowed to discuss the matter freely without condemnation. *Aut Darwin aut nullus* is a method of argument that seems to me by no means more convincing than the assurance on the part of a philosopher that he would prefer to have descended from an amiable beast than from a savage man.

Bioplasm in Disease, and the Degradation of Bioplasm.—Having considered the changes taking place in simple living matter, and those wonderful phenomena which succeed one another with perfect regularity and in perfect order, until the formation of the organisms, with its complex tissues and organs, is accomplished, let me ask your attention to vital phenomena of a different kind which result in degradation as regards formative power, although there is *increase*, not diminution of those changes to which I would restrict the term *vital*. We can trace the formation of the living disease particle from normal living matter, and may see exactly how it results from an alteration of the conditions under which the life of normal

bioplasm is carried on. Not only so, but if I have interpreted the observations aright, I shall be able to show how the disease-carrying germ is produced in the living body as a consequence of abnormal changes going on in successive generations of bioplasm particles; these morbid living particles having invariably originated, as I believe, in normal bioplasm.

If the bioplasm of man or one of the higher animals grows more rapidly than in the normal state, its power of forming tissue and of developing structure is impaired. If any structure whatever is produced it is soft, incapable of discharging its function properly, it is weak, and it does not last. It has been produced too quickly to attain power of resistance. But if the rapidity of the growth of bioplasm is very considerably increased, no tissue at all results. Bioplasm produced by descent from that which grows and multiplies quickly, does not regain formative power. Rapid increase is associated with loss in constructive power, but, as I have remarked, *vital activity* is increased, if by the phrase we mean to imply that more pabulum undergoes conversion into bioplasm, within a given time, than in the normal state; and I know no other meaning applicable to the words.

If the bioplasm of any tissue in a state of inflammation or fever be compared with that of the same tissue in health, it will be found that the bioplasm masses have considerably increased in size. In every kind of inflammation and in all ordinary fever, bioplasm grows. It is, in fact, the increase of the bioplasm that constitutes the malady and gives rise to the characteristic phenomena of the disease. I shall not describe the changes as they may be observed in the tissues, for I have already considered this part of the subject in my Report on the Cattle Plague, in "Disease Germs," and a brief account has been given in one or two other works. The essential change, both in inflammation and fever, seems to be increased nutrition of bioplasm. An inflammation, as I have remarked, may be regarded as a local or circumscribed fever, and a fever as a general inflammation. The growth of the bioplasm in ordinary fevers does not proceed far enough to end in pus-formation, because the general changes in the blood, in the nervous system and in other parts of the body, cut short life long before the whole organism could pass into a state of general suppuration; but how often do we find a sufficiently marked tendency to such a state in the extensive and too often wide-spread suppurations occurring in tissues and organs of persons who just escape death from severe attacks.

Now, what is the cause of the increased nutrition and growth of the bioplasm? In fevers and in every form of inflammation the normal phenomena in the bioplasm undergo a striking change. The bioplasm of healthy tissues, which is living very slowly, taking up little nutrient matter, and slowly being converted into formed material, perhaps gradually diminishing, but never increasing in size—suddenly, quickly, that is perhaps within a few hours, increases greatly in amount. It may divide and subdivide into several masses, all of which grow rapidly and take up a large quantity of nutrient matter. So far from the production of formed material of tissues going on under these circumstances, not only is this change for the time suspended, but much of the formed material last produced, and still in a soft and imperfectly developed condition, is taken up by the bioplasm which produced it, and the latter, in fact, grows at the expense of the structure of the body. Much tissue may in this way be destroyed, and portions of organs completely removed, never to be replaced. The body is thus permanently damaged, for the parts destroyed could not be replaced, unless they were developed anew, and this in man and the higher organisms is impossible. The power of new formation, however, does exist, and to a wonderful extent, in many of the lower animals, the fully formed lobster being able to develop a new claw, the salamander and axolotl, new limbs, and the lizard a new tail. The muscles, nerve fibres, vessels, and all the complex tissues entering into the formation of these organs,

be it observed, are developed from formless bioplasm, in the same manner as they are formed during the embryonic period of existence. Man cannot develop a new finger—not even a nail or a tooth—if these structures, with the matrix from which they grow, be removed after their development is completed. Not even a bone will be replaced if, with the bone itself, all the soft tissue which takes part in bone formation be removed. But new vessels, new nerves, new epithelium, new fibrous and some other tissues may be developed even in man long after he has reached maturity. Vessels and nerve fibres are, however, formed in continuity with and from the bioplasm of already existing tissues of the same kind. A low form of epithelium and connective tissue, with the exception of certain textures found occasionally in the ovary, are probably the only tissues which are formed in the adult from bioplasm, which we can be sure has not been derived from that belonging to the tissues. The above may be, I believe, developed from bioplasm which has been produced by the white corpuscles of the blood.

I must, however, leave this interesting question, and revert to the consideration of the cause of the enlargement of the masses of bioplasm in tissues in fever and inflammation, but we may first inquire what would happen if the living matter did *not* increase—if pus were *not* formed, and perhaps much tissue destroyed? Although the inflammatory process in question is undoubtedly destructive, the tissue destroyed is as nothing compared with the amount of texture that would be totally destroyed by decomposition if the phenomena of inflammation did not occur. The bioplasm particles would die, and that regular flow of fluid to and fro in the very substance of all the tissues, being deranged, the bioplasts near the part affected would also die, and the organic matter of these, with that of the tissue, and organic matter present would undergo decomposition. The resulting products would diffuse into the neighbourhood, and extensive mortification would ensue. The blood would stagnate in the neighbouring vessels, its bioplasm would die and undergo decomposition. In such cases it too often happens that the death of the organism very soon follows. If, however, a part of the body mortifies, and inflammation occurs around the dead tissue, life may be saved and the dead mass detached. But in this case there must be rapid growth and multiplication of bioplasm between the part that is dead and the healthy tissues.

If the bioplasm of any tissue be supplied with more nutrient material than it receives in the normal condition, it will grow more rapidly than usual. This increased growth, owing to an increased access of nutrient pabulum, is the first change that occurs in inflammation, and it is essential to the inflammatory process.

The more ready access of nutriment may be due to an opening in the formed material and exposure of the bioplasm at one point, as may occur in mechanical injury; or it may depend upon a softened state of the formed material, which is thereby rendered more permeable to the fluids, or lastly, the character of the nutrient fluid may be so altered as to permeate the formed material much more readily than the nutrient fluid which transudes through the walls of the vessels from healthy blood,—a condition which is met with in some forms of inflammation, and in all the more severe forms of fever. In the latter state changes in the blood often proceed to such an extent as to materially modify its chemical composition. (a)

If we are to ascertain the true cause of the enlargement of masses of bioplasm in inflammation and fever, it is clear we must carry our inquiry beyond the fact of the increased access of pabulum, for it is obvious that the access of pabulum could not determine increased growth unless there was an active tendency on the part of the bioplasm itself to appropriate the pabulum and to grow—in fact, a tendency on the part of the bioplasm to move towards the pabulum, take it into itself and convert it into living matter. Bioplasm *always* tends to grow. It *must* in fact grow if it be supplied with nutriment.

(a) "Disease Germs," p. 340.

Bioplasm has within itself no power of regulating or controlling the rate of its growth. As already stated, the conditions under which it grows exert an important influence in the results of growth and development of bioplasm, and these "conditions" vary as regards every kind of bioplasm, and not only so, but different forms of bioplasm differ greatly in their power of bearing a change in the conditions without suffering deterioration. Some forms will live under external circumstances of the most varied kind, and are, therefore, found over a very wide area. Others suffer or are destroyed if the external conditions are altered only so slightly as to be imperceptible to many living creatures, and in this case the distribution of the life-forms, resulting from the development of the bioplasm, will be confined to a very limited area. The same observations may be made with respect to the several different forms of bioplasm in one living organism; some, like that of epithelium, bearing very great changes in temperature, &c., without being much affected, while other forms, like those of some glands, and those of some parts of the nervous system, suffer under comparatively slight alterations of the ordinary conditions under which they live. (a) There is no cogent reason for supposing that all forms of bioplasm might be made to bear without suffering similar great alterations in external conditions, than for believing that we might domesticate the wolf and the lion, as we have domesticated the dog and the cat, or make the swallow flourish in our little home prisons like the canary bird.

(To be continued.)

SNAKE POISON.

SINCE our communication on this subject of the 24th ult., we have received two more cases from Australia of the cure of snake-bites by Dr. Halford's intra-venous injection of ammonia—the first in the *Argus*, Melbourne, 30th December, 1874.

"INJECTION OF AMMONIA FOR SNAKE-BITE.

"The following remarkable case of cure of snake-bite by Dr. Halford's remedy—the intra-venous injection of ammonia—reported by the *Warrnambool Standard*, is the one referred to in the leading article on the subject published in this issue:—

"A severe case of snake-bite occurred at Allansford on Sunday, December 6, to a young woman named Mary Ann Dowling, aged 22 years, a servant in the employ of Mr. E. Griffin, of the Junction Hotel. It appears that at about half-past twelve she went out to the wood-heap to get some fuel to replenish the fire. She had gathered a few pieces, and was sitting on a low log with it in her arms, watching the children playing. Suddenly she felt a sharp twinge of pain in the calf of her left leg, and jumping sharply up, at the same time giving her clothing a shake, a large snake fell from her clothes, and disappeared in the wood-heap. She went into the house and told Mr Griffin that she had been bitten, but he at first could not realise the fact. In the course of two or three minutes, however, the girl began to vomit and get drowsy. Mr. Griffin then lost no time in getting a vehicle ready, and in less than an hour he reached Warrnambool, much difficulty being experienced in keeping the girl awake on the journey. When brought to Dr. Bradford's residence she was in a comatose state. The doctor gave her several doses of ammonia and brandy, but the tendency to sleep continued despite these remedies, and it was determined to inject ammonia on Professor Halford's principle. At the young woman's

(a) The "conditions" under which bioplasm grows in the higher animals are, it must be borne in mind, very complex and determined, partly by the results of growth of pre-existing bioplasm and in part only by external conditions. The same remark applies to the "environment" of any cell or elementary part of the body.

request Father Meade was sent for, and also Mr. Hugh Murray, the solicitor, as she wished to make some provision for the disposal of her money, but on their arrival she could not be got to speak or make any sign. Dr. Bradford then opened a vein in the left arm and injected liquid ammonia, the effect being watched with intense interest by those present. Almost immediately favourable symptoms appeared, and in a few minutes, from a death-like stupor, the patient returned to perfect consciousness, and spoke to those around her. Her recovery was very rapid, but she complained of violent headache. Doses of ammonia were continued throughout the day, and at about seven in the evening she had recovered sufficiently to be removed to Tattersall's Hotel. The inclination to sleep still remained, but the patient was kept awake until about eleven o'clock, when she retired, being wakened every four hours to take her medicine. Yesterday morning she still complained of violent headache and lassitude, with numbness in her left hand and leg. She has now quite recovered."

The second case occurs in the *Argus*, 5th January, 1875.

"PROFESSOR HALFORD'S REMEDY FOR SNAKE-BITE.

"To the Editor of the *Argus*."

"SIR,—Permit me through the *Argus* to add my testimony to the efficacy of Professor Halford's treatment by the injection of ammonia. I lately had a young man brought to me who was bitten on the hand by a large black snake. The punctures were quite apparent, and the patient on arrival was incoherent and intensely sleepy. My treatment consisted, firstly, in incising chiefly above the bitten part, followed by severe application of nitrate of silver. Powerful stimulants, including the aromatic spirit of ammonia, were then administered, immediately afterwards galvanic shocks, and after persevering in these appliances for a lengthened period without the slightest effect, I determined to inject ammonia into a vein of the arm, the man at this time being insensible, pulseless, and cold at the extremities.

"The effect of the injection was marvellous; pulse, heat, and consciousness rapidly returned, and the man went to his family the following day, and is now at his usual occupation. I have never failed in any of the many cases I have had after applying the Halford remedy.—I am, &c.,

"ED. GOVETT, M.R.C.S Lond., &c.

"Melbourne, Jan. 4."

The *Argus* of 2nd January, 1875, contains the report of the annual general meeting of the Medical Society of Victoria. The address of the President affords a skilful and lucid *résumé* of the improvements and discoveries of the medico-chirurgical world. In speaking of discoveries he says:—

"As a rule, any novel proceeding in surgery, or treatment in medicine, is at once freely tried, more especially when it comes accredited with a large amount of success. In striking contrast to the usual avidity with which such recommendations are adopted is the manner in which Professor Halford's treatment of snake-bite by the intra-venous injection of ammonia has been received *outside* Australia. The powerful influence which it has in rousing the collapsed sufferer has been too frequently proved by trustworthy practitioners in this country to leave any doubt of its great efficacy in counteracting the poison of the Australian snakes. The only point of doubt is as to whether its value will be equally great in combating the venom of the larger-fanged and more deadly snakes of other countries. It seems, therefore, simply marvellous that a treatment, not merely proposed for trial, but of already proved efficacy here, should not have been eagerly seized upon by the surgeons of India, where, unfortunately, the opportunities of experimenting on the human subject are abundantly frequent. As a fact, however, I believe that ammonia has not as yet been properly injected into the veins of any snake-

poisoned human being out of Australia. It is quite beside the question to experiment with imported Australian snakes on dogs and other lower animals. The efficacy of the intra-venous injection of ammonia in extreme cases has been attested by men as capable of judging as any surgeons anywhere else, and Professor Halford is certainly entitled to demand, in the interest of mankind, that it should be fairly tried in the case of human beings bitten by the cobra or other equally venomous snakes of India."

TREATMENT OF NECROSIS. (a)

By ANTHONY H. CORLEY, M.D., F.R.C.S.I.

IN submitting the following remarks on a more advanced method of treating necrosis to the notice of the Surgical Society, I am anxious to have a free discussion and to benefit by the experience of others, whilst endeavouring to secure a trial for my suggestions. There is perhaps no disease in the domain of surgery in which improved treatment is so strikingly manifested as necrosis. More advance has been made in this department tending towards the preservation of life and limb within the last thirty or forty years than in almost any other. Limbs used to be ruthlessly sacrificed on the one hand, or patients allowed to perish of hectic exhaustion whilst waiting the ineffective exertions of the *vis medicatrix nature* on the other. These cases are not frequent now. The judicious surgeon, with his armamentarium of modern necrosis instruments, usually knows when to step in and assist Nature, and by the skilful removal of sequestra at once preserve a useful limb and remove the cause of hectic. There are, however, occasions (and they are not very unfrequent) when the exact time at which interference is at once necessary and justifiable is a most vital question, and one that gives the surgeon many an anxious thought. To afford some practical assistance under these circumstances is the object of this paper.

If there is one precept more than another on which surgical writers are unanimous it is that no operative interference is justifiable until the sequestrum is completely detached, and there is no doubt that when such has taken place the cure is more satisfactory; but there are two conditions under which the precept is of little use as a guide—1. There may be complete separation, and yet the sequestrum so fixed from the extension into its inequalities of granulations from the surrounding new bone that there may be no evidence sufficient to show the detachment; 2. There may be present symptoms of wasting and hectic so urgent that surgical interference of some kind may be rendered imperative to save the patient's life. Besides, even though there may exist no very urgent constitutional symptoms, still we now thoroughly understand that long continued and profuse suppuration, especially from diseased bone, is extremely likely to produce that serious form of visceral degeneration called amyloid, a condition not amenable to treatment, and one which may tend to a fatal result even when its cause had long since been removed. It is therefore very desirable to know if operative measures may be attempted before any certainty exists as to the complete separation, and also when a continuance of the symptoms indicates a probably fatal termination, even though the surgeon may have reason to think that detachment is only in progress. The following cases, briefly told, illustrate my meaning and my treatment:—

T. L., an attorney's clerk, was admitted into Jervis Street Hospital in the beginning of October, 1873, presenting the symptoms of tibial necrosis to a most exaggerated extent. The limb was nearly twice the size of the opposite one, and had seven or eight openings through which the dead bone could be felt, and which were constantly pouring out quantities of pus. The disease was

of nearly a year's duration, and had, confessedly, a syphilitic origin. His general health was simply deplorable: want of appetite, night sweats, and diarrhoea had brought on extreme emaciation, and attempts to use the leg in walking produced much pain and exacerbation of local symptoms. There was no evidence of motion in the sequestrum, but in some places the probe could be passed for a little distance between the new shell and the sequestrum. I kept him in bed for about six weeks, in the hope that rest and attention to general hygiene might raise his health to such a standard that he could afford to wait until Nature's effort should separate the sequestrum and afford an evidence that the process was complete. Although the inflammatory condition of the limb was ameliorated, his general health did not improve, and the symptoms of exhaustion became so urgent that in December, 1873, I determined to interfere, operating for necrosis first, and holding myself free to amputate if necessary. I used Esmarch's method to obviate hæmorrhage, and I am bound to say that I do not think the operation, or any one like it, could have been successful unless done bloodlessly. When I mention that the patient was one hour and forty-eight minutes under chloroform, and exhibit the amount of bone removed, the gravity of the case can be readily understood. I found, as the size of the limb led me to expect, a very thick new shell, and on cutting away a portion of this between adjacent cloacæ with mallet and chisel, I found a sequestrum which included the entire diaphysis of the tibia. Along the surface complete separation had taken place, although in some points the dead and living tissues were in actual contact; but at the two ends no line of separation was to be found, for dead bone, fixed and firm, could be felt as far upwards and downwards as I thought it prudent to lay open the new shell. Partly with the forceps and partly with the chisel I managed to get away the great mass of the sequestrum, but was obliged to leave a small portion at the upper and lower ends. Having packed the cavity well with lint and bandaged over all I sent the patient to bed. I may say that practically the operation, though I thought it at the time unsatisfactory, was a great success. Although in the second week he had a sharp attack of surgical fever, the great cavity filled up and cicatrised over most satisfactorily, except at the upper and lower ends, where small sinuses leading to undetached dead bone still exist. All the constitutional symptoms passed away. The patient is now in excellent health, and the remaining bone is gradually coming away in small fragments. I should mention that shortly after he left the hospital he thought himself so well that he walked a considerable distance and took too much exercise. The consequence was that a rapid and unhealthy kind of inflammation ran up from one of the lower sinuses through the cicatrix and laid bare a small portion of the edge of the new bone—a superficial exfoliation of this took place; and rest in the horizontal position, with some iron lotion, restored matters to their previous condition. This patient can now walk to his work, do it, and is in excellent health.

CASE II.—M. A., a young woman of about 22, was admitted into hospital, January, 1874, with necrosis of femur. In her case the dead bone could be very clearly felt through a sinus on the postero-lateral aspect of the limb, about its middle. The disease was of a couple of years' duration, and I dare say many here present know the case, as the patient was in several hospitals, and had the opportunity of testing the treatment as well as the patience of several surgeons. Her constitutional state, although not so bad as that of the last patient, was one of great gravity, and she was most anxious to submit to any treatment short of amputation. With the experience of the last case before me, as well as some others successfully treated by my colleague Dr. Kelly, I determined to expose the sequestrum and remove it wholly or in part, as might seem expedient. I therefore proceeded as before, but with more difficulty, as I had to cut through a great thickness of soft parts, and as for the new shell, I found it

Read before the Surgical Society of Ireland, April 2. The description will be found at page 340.

over three-quarters of an inch thick in some parts. The sequestrum seemed about five inches long, completely separated on its surface, but fixed at both ends. I took away as much as I could, but left a portion both at the upper and lower ends. This operation, like the last, was perfectly bloodless, lasted for one hour and thirty-five minutes, and, with the exception of some sharp febrile symptoms, the patient made a good recovery. Since then small pieces have come out at intervals, and at one time, about five months ago, I felt a large piece near the orifice, and extracted it under chloroform. There is now a tolerably large granulating cavity, in which I can detect no dead bone, and the patient is in very good health. She walks without the least lameness, and only complains of the discharge being an annoyance.

Now, Sir, when it used to be laid down that no operative interference was justifiable until complete separation had taken place, it was said that neglect of that rule led to extension of the disease and other graver results. I fancy that the loss of blood had more to do with subsequent misfortunes than the premature interference with the sequestrum. Any of us who have operated for necrosis on the old plan must remember with horror the amount of blood necessarily lost; and I have myself more than once seen an operation stopped and postponed for the same cause. The condition of the patient after such hæmorrhage is about the most unpromising when it is remembered how much he has to go through, and no doubt many sequelæ very embarrassing to the surgeon have their origin in the anæmia which the old operation caused.

I think, Sir, I have shown in these two cases what I know from others, that operative interference may be attempted in necrosis much earlier than high names authorize without extra risk to the patient, and in so doing I think I have shown that the number of cases in which amputation is necessary is still smaller, and should my conclusions be borne out it will add another obligation to those which we owe to that Columbus of present-day surgery, Professor Esmarch.

INDIAN MEDICAL NOTES.—No. XXXIV.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, *March*, 1875.

THE STUDY OF THE COUNTRY.

UNEXPECTEDLY a case of idiopathic tetanus has recovered, thanks to chloral hydrate, iodide of potassium, quinine, good living, avoidance of cold, heat, and glare, the bowels relieved by enemata, the body kept warm, the spine rubbed with anodyne liniments. Tetanus, attributed to scholastic hand-caning, was treated by Dr. Hunter with tincture of cannabis Indica, 10, bromide of potassium, 5 grains, every three hours, besides 12 grains of chloral thrice a day, the spasms controlled by chloroform, the allowance of wine 20 ounces in twenty-four hours; the patient, a half-caste boy, ill from October 21st to December 15th, 1874, recovered. So did a Hindoo, aged 40, who required nearly 6 ounces of chloral during fifty-six days' treatment for tetanus caused by cold. *The Indian Medical Gazette* also points out the expensive health-risking folly of hurried trips home, impresses on all the expediency of avoiding the delusive alluring rock of hasty general conclusions, by special study of each place and community—likewise publishes a letter by Surgeon-Major Skeen on enteric fever. He states that, at Mean Meer, in February, 1870, the 85th Regiment and the 5th Lancers suffered from this disease, which never touched the 39th Foot, four months from Ireland, or the 92nd Highlanders, three years in India. Certain wells contained organic matter traced to old cesspools, sixty feet deep, formerly nearly full of excrement, the distance between about 180 feet—when the troops drank canal-water the fever ceased. That enteric fever is a hot-weather disease affecting young weakly new comers did

not prove the rule at Mean Meer, but other practitioners think differently, and the invaluable researches of Dr. Bryden almost grasp India.

In every medical school library or society the *Indian Medical Gazette* should be taken in, so should the *Indian Annals of Medical Science*, both containing, as a rule, a mint of matter. The celebrated Dr. Joseph Ewart, well known by his pen, is the able editor of the *Annals* now commended. "What we can do against Cholera," by Pettenkofer, commences the last number, *quod vide*. Surgeon-Major Cayley, who has succeeded in five cases out of ten, praises Wood's operation for radical cure of hernia, besides narrating interesting surgical experiences. Papers on "Pneumothorax," by Dr. Nicholson, on "Syphilis," by Dr. Curran, on "Unreduced Dislocations," by Dr. Joshua Duke, I should like to quote, and also make long extracts from the "Report of the Indian and Australian Snake Committee," but it is a shame to pick out too many plums, so a few notes must suffice.

Dr. Duke relieved two cases of strangulated inguinal hernia with Dieulafoy's aspirator; Dr. McNally fancies the inhalation of atropine diluted and atomized by Siegle's instrument might be useful in cholera; Dr. Birch treats infantile diarrhoea with 3 grains of gallic acid after each motion, also 5 of bromide of potassium in solution, taking care to give alkalies with the food. Dr. Staples has "Notes on Surgery," and Dr. Francis supplies the "Biography of Dr. J. A. P. Colles," a hard-working, religious, young surgeon, who died of remittent fever in this abode of the alligator, mosquito, and malaria: evidently friends, relations, the Bengal Medical Service, the Royal College of Surgeons of Ireland, each had every reason to be proud of, as well as deplore the untimely loss of Dr. John Armstrong Purefoy Colles, F.R.C.S.I. Ireland turns out very fine doctors; and although my acquaintance with the Emerald Isle, the gem of the ocean, only includes Kinsale, Cork, Ballincollig, then on to Curragh, from the fact of doing duty in these places, still the recollections are pleasant. Does Dr. Parker still catch 18-pound salmon in Hell Hole? Does Dr. Rountree remember our craniotomy case in an isolated cottage? Is Cork College flourishing? Professor Corbett very kindly, very patiently, went through a course of operative surgery with a very stupid pupil. But the jabber of my parrots, the curious yelping of the dogs, the tiger claw of the cat, and the chatter of the monkeys recall attention to India.

Concerning Meerut, every road now familiar, what with riding, driving, walking, marching, encamping, besides railway trips, there are many links in the chain of description still untold. The close cultivation in the district will not permit much choice of camping-grounds. They say that tobacco, poppy, caraway-seed, safflower, garden stuff, indicate good land, 30s. an acre, compared to 5s. where cereals, sugar-cane, indigo, cotton grow: all require irrigation, and the Ganges canal, which has a small navigable traffic to carry grains, rice, maize, cotton, oil, seeds, salt, firewood, metals, irrigates 27,000 acres for instance—wheat and sugar cane in December. Last year the heavy fever prostrated men and cattle, until the ground became too hard to plough dry, and indigo did badly. This year there was no rain until Valentine's day, when two inches fell, when fever increased, and cases of rheumatism or secondary syphilis relapsed. The Ganges canal is one of the few sights of India elsewhere described. From the main artery run any number of minute branches for irrigation, and as the subsoil water is annually rising the country about may remain moist, at certain places filthy, the tripod of disease constituted by moisture, heat and filth. Formerly, snipe were rare, yet now abundant. Formerly, the fever described as ardent, requiring depletion, seldom degenerated into intermittent. Dysentery was generally intractable, and fatal to drunkards. As a rule, servants excepted, the natives here are sober, quiet, industrious. A respectable man will keep a family on 17s. a month, indulging in rice, split peas, vegetables, salt, turmeric, spices, betel-nut, and tobacco. A house may cost 30, furniture 20, clothes 4 shillings. Next to his

son and his honour does he love his land, which is ploughed by scratching the surface, as in the days of Job, who probably objected to machinery and manure, and some say was afflicted with syphilis. The native application of hot taurarind-water, hand friction, followed by a smearing of the joint with mud and turmeric will soon cure sprains, or a bandage covered with mud will heal cuts. Out of mud the native makes houses, sugar refineries, forges, bread ovens, and a jeweller will ply his trade very cunningly with common pincers or blow-pipe, turning out gold or silver filagree like a spider's web; with the roughest tools the potter works; the Dacca weaver supplies muslins soft as silk, and the embroidered slippers, carpets, tapestries, enamels glowing with colour, carvings in wood or ivory, all testify that manual skill still lives, although the designs never change, and inferior goods are imported or manufactured in prisons. The wonderful tombs and temples, always located in picturesque positions, the tiniest trifling elevation or shady nook made the most of; the marvellous harmony of colours, red, green, gold, and purple, so noticeable at the Mohurum this afternoon, creates astonishment. A cook will turn out on a wet, windy day in a ploughed field, on the line of march, a dinner as good, if not better than an expensive, elaborate affair in Harley Street, which has driven the hostess to distraction. As for clerical work, the natives have a positive mania for unravelling returns, picking out errors, checking statistics; they gloat over figures, indents, circulars, memos., references, with fiendish malignity. In certain occupations the Europeans are nowhere in the race; even supposing a splendid situation given to one, he may, after a time, prove physically unfit, may ill-treat natives, connive at speculation, or become the slave of drink. About 5000 soldiers are total abstainers, many women and children also, and the providing of resources dissociated from drink, the comfort of temperance canteens are gradually beginning to tell. In a medical point of view the water-drinker unfortunately appears in youth susceptible to all the hidden dangers which neither the microscope or test-tube can discover, nor the filter prevent. If a man would only keep to his beer and rum, in many instances he would do well; but as the flesh is very weak, especially in company, it is far better to take the pledge; the only objection is that the teetotallers are sometimes puffed up as being the salt of the earth, or else cannot resist the badinage of the thirsty foxes who are losing their tails. Having watched and studied for many years this great question, my sympathies with total abstinence only grow stronger, at the same time fully convinced that the "least drop in the world" is here dietetically useful to many persons. Cider, only objectionable on the supposition of leada adulteration, or unsuitable for the gouty, is very refreshing in the hot weather, and it is said that in cholera epidemics in Europe the cider-drinkers have escaped.

Concerning native crime here, no interesting facts have as yet come under notice. There are restrictions on the sale of aconite, cocculus, datura, henbane, Calabar bean, white, yellow, red, and green arsenic, and corrosive sublimate; still a fair amount of poisoning goes on by all accounts. This morning a man gave me a queen of white ants, about the same size and much resembling an enormous snail. It is marvellous that a bug should be a great grandfather in twenty-four hours; so it is to hear that a queen of white ants lays fifty eggs a minute for two years. The destructive decay wrought by climate and insects urges on all the financial necessity of considering the cost of barracks, fixtures, furniture, repairs, the price of food, clothing, medicines, stimulants—so that when sanitary suggestions are required the least expensive propositions can be entertained. When we know more about Indian herbs and remedies, about hypodermic injections, notably quinine, thousands of pounds will be saved. The resources, advantages, objections of each district are gradually being understood; but with the exception of "Thornton's Gazetteer," published in 1854 and 1862, very little printed information about Meerut appears available. Very few snakes or scorpions personally

noticed; very little hydrophobia, plenty of variola, no special ulcers. Dengue in 1872 spared no one. Several persons have been treated for a rash marvellously resembling scarlet fever. The sport in the district is very good—plenty of antelopes, black buck, pea fowl, duck, hares, partridges, snipe in abundance. The soldier cares not for snipe and shooting for the pot—prefers something substantial, for instance, a man shot a pig twenty-four stone weight the other day. So long as men keep out of water and have their heads well protected, they do very well; but the careless are stricken down by jungle fever, ushered in by cramps, semi-collapse, violent headache, distressing vomiting.

ADDRESS AT THE CLOSE OF THE SESSION OF THE SURGICAL SOCIETY OF IRELAND.

By JOLIFFE T. TUFNELL, F.R.C.S.I., M.R.C.S.E.,
President of the Royal College of Surgeons, Ireland.

I HAVE now, gentlemen, in accordance with annual custom, to say a few words in reference to the session just ended, and to the work performed.

We have held nine meetings, each one characterised by a generosity of feeling and good temper in debate that could not be surpassed. This is one, I think, of the leading objects to be aimed at in a society such as ours, where free discussion is allowed, and upon which its success so greatly depends. On one or two occasions I was myself obliged to be absent; but when presiding I had not once even to interpose, nor do I believe had the Vice-President, who so worthily filled this chair when I was away.

With reference to the subjects brought under the notice of the Society during the session, I may remark that almost every branch of our profession has been ably represented.

In Medicine we have had most valuable communications, as well as papers upon the action of therapeutic remedies.

In Surgery, contributions upon the lesions of the major portion of the human frame—tumours in the parotid region, cancers of the male and female breast, strangulated hernia, excision of the hip, excision of the knee, and supra-condyloid amputation of the thigh, the treatment of the contraction from burns, and of the ulcer of Marjolin, with elephantiasis of the leg, the removal of foreign bodies either intentionally or accidentally introduced—such as hair-pins from the female bladder, and a sewing-needle extracted by pharyngotomy from its seat of impaction in the throat.

In Ophthalmology, amaurosis, and obstruction of the lachrymal puncta, the canaliculi, and nasal canals.

In Pathology, the nature of tumours, with their consequent bearing upon the question of operative interference.

Necrosis and the diseases of bone have also engaged the attention of the Society, as well as aneurism, internal and external; and in addition to these, papers upon the relative strength of muscular tissue.

So wide a range of subjects introduced in all their practical bearing within a single session truly prove the title of the Society to be that of Medico-Chirurgical in the fullest sense of the word; and I think we may flatter ourselves in the belief that for practical utility our Society will bear favourable comparison with that of any other kind in the sister kingdom. Upon only one point have I to express a regret, which is that our country brethren have not come forward and given to us the results of their great or practical experience, for I can most fully endorse the words of a former president, Dr. Macnamara, when I say that no records are received with more cordial respect and thanks than those emanating from our country brethren; and I am sure that I only express your opinion, gentlemen, also, when I say that it is the earnest wish of the Society that our country members would communicate for the benefit of the profession the results of their great experience and observation.

And now I have to say a few words of those who cannot be with us to-night to speak for themselves—not indeed for themselves—I am wrong in saying this, for their

remarks, when present, were ever made, not for their own benefit, but for the benefit and welfare of others.

Death during the last year has been busy amongst the members of our profession. At our opening meeting I spoke to you of two familiar faces whom we missed—those of Arthur Jacob and William Hargrave, men who were constantly at our meetings when able to do so, but who had been recently called away. To-night I have with deep regret to mention three others whose names henceforth will cease to be on the roll—Robert Adams, William Jameson, and Frank L'Estrange. They have gone; but, before departing, have well done their duty by the Society. This we personally know, and the records will in future time testify to the value of their work and their intrinsic worth. Were I to attempt to say what I ought to speak in justice to either, the closing hour of our meeting would indeed be long exceeded. There is, however, one duty that I must perform, and that is, to resign my trusteeship of the valuable case of instruments now before you, confided to me (as President) by the late Francis L'Estrange, and by him desired to be handed over to you this night. They are the originals of the several valuable instruments he invented. He has bequeathed them to the College of Surgeons in Ireland, the College that I may truly say he loved.

A mere passing notice, such as I could only make now, would, I feel, not be respectful to his memory; you will therefore perhaps kindly permit me in the session ensuing to bring the history of these several instruments specially before you, for they are deserving of special notice.

And now, gentlemen, before I quit this chair, I must ask you to give what I know you will do by acclamation, and that is, your cordial thanks to the Honorary Secretaries, those officers who have so ably conducted the business of the session which I now hereby declare closed.

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

THE final meeting of the Society was held on Friday evening, 2nd April, at the Royal College of Surgeons, the President of the College in the chair.

Mr. BARTON said that in the early part of the present session he read a paper upon the excision of the hip-joint, and in the course of that paper he mentioned three cases. One, he stated, had been operated on in the year 1871, and at the time he read the paper the boy was in perfectly good health, and able to walk two miles with a stick. This boy had at the time of the operation albumen in the urine, and about a year ago he had an attack of dropsy, from which he recovered. About a month ago, during the prevalent easterly wind and severe weather, the boy was brought into hospital again with another attack of albuminuria and dropsy, and in spite of the treatment adopted he died on the 23rd March. He therefore had now an opportunity of exhibiting the hip-joint, which presented some features of very great interest. The operation was performed on the 28th July, 1871, and the boy died on the 23rd March, 1875, so that there was an interval of two years and nine months between the two events. The bone was united to the acetabulum by a very firm fibrous union, admitting, however, of very free motion. There was no evidence of diseased bone in that part; but he might mention that in making a section of the bone he found the internal part of the ala of the ilium coated with lymph. The old disease had been protected from the cavity of the abdomen by a wall of lymph, so that it was removed without exposing the viscera of the abdomen. The case might be said to be a successful one so far as operation went, inasmuch as life was saved and reparation went on in a healthy manner, and it also taught the lesson that in such cases the operation should not be long deferred. The kidneys were extensively diseased, the cortical substance being entirely occupied by amyloid deposit. The liver was very large, and of the same form of degeneration. The portion of bone which he had removed he had

exhibited at the Pathological Society. The head of the bone was entirely removed, and the appearance it presented was such that the members of the Society to whom he showed the specimen thought it was an os calcis until he explained to them that it was the head and neck of the femur.

CASE OF POPLITEAL ANEURISM TREATED BY DIGITAL AND INSTRUMENTAL PRESSURE.

Mr. H. GRAY CROLY: I need hardly say that I could not have selected a better opportunity for bringing under the notice of the Society the treatment of popliteal aneurism than during the session in which you, Mr. President, so worthily fill that chair. It would be out of place to do more than allude to the fact, for your labours in this branch of surgery are known everywhere, and I shall therefore proceed to detail the particulars of the case which I desire to bring under your notice. J. L., aged 46 years, married, and by occupation a car owner and driver, sent for me on the 28th January, 1875, and was visited by my brother, Dr. Albert Croly, who diagnosed the case as one of popliteal aneurism. I visited the patient on the following day, and took the following notes of the case. He had enjoyed good health, and stated that he never had syphilis; but he had been intemperate, and his wife stated that for the past six or eight months he came home drunk night after night. About the 28th October he felt for the first time a stiffness in his left ham and a slight swelling, and at the same time he observed that his left leg and foot from the knee down were swollen. He kept on at his usual occupation, and was much exposed to cold and hardship, until the 15th December, about a fortnight before I saw him. He says the swelling then gradually left his leg and foot, and he remained in bed from the 15th December until the 29th January, the date at which I saw him. During that time his appetite failed, and he slept badly. He felt the left leg and foot hotter than the sound limb. The man was of slight build, dark complexion, but not unhealthy-looking. His pulse was 72, full, and regular, there was a murmur at the orifice and in the aorta, the lungs and kidneys were sound, and the urine was free from albumen. On looking at the left knee and popliteal space in profile a tumour was observed occupying the latter region, and also a swelling on the external side of the joint, with the biceps tendon indenting it, and giving the appearance of a double tumour. On placing the patient in the prone position the popliteal space was observed to be very full compared with the opposite side. The swelling was oval in the long axis of the limb, and the following are the measurements then taken:—Long axis of the tumour, 8 inches; transverse axis, 2½ inches; circumference of knee-joint across the centre of the tumour, 15 inches; circumference of the calf of the leg, 13 inches; circumference of the ankle, 8½ inches. The circumference of the other knee-joint was 12½ inches; of the calf, 11; and of the ankle, 7 inches. When the leg was fully extended the tumour felt hard, and there was very little, if any, pulsation felt in it. On flexing the leg on the thigh a distinct pulsation could be felt. Three pieces of paper placed transversely on the tumour and viewed in profile were observed to be raised together at each pulsation. On applying the stethoscope over the tumour a soft bruit de soufflet was heard, and a similar murmur was audible over the swelling at the external side of the joint. No other aneurismal tumour could be discovered. The patient was next placed in the supine position, and the fingers of the left hand were put on the aneurism and the pulsation distinctly felt. The femoral artery (which pulsated very strongly and felt harder than natural) being compressed with the finger of the right hand, the pulsation could be completely controlled in the aneurism, but it required firm compression to do so; and I noticed that the popliteal tumour was not diminished by such pressure on the main artery. I explained to the patient and his wife the serious nature of the case, and advised his removal to the City of Dublin Hospital, in order to carry out the treatment more efficiently, and also with the object of allowing the pupils to see the case and watch its progress. The patient seemed willing to accept my offer of admission to hospital, but his wife persistently refused, giving as her chief reason that she understood her husband would be handed over to another surgeon, the prevalent notion of rotatory duty in the mind of the public having on other occasions, to my own knowledge, deprived our hospital of valuable and instructive cases for our clinique. Treatment commenced on the 29th December, at 2 o'clock. The thigh was carefully shaved and dusted with French chalk, the foot and leg were wrapped in wadding and bandaged with flannel. A pillow was placed

under the leg, and a second under the thigh, so as to support the limb. The line of the femoral artery was marked with ink, and Signoroni's clamp—the pads lined with pieces of flannel to prevent irritation of the integuments—was placed on the femoral artery, a little above Scarpa's angle. When the screw (previously well oiled to make it work freely) was tightened the pulsation in the ham was found to be fully controlled. A cradle was placed over the limb to keep off the bed-clothes. Diet, drink, and medicines were prescribed as follows:—Cocoa, bread, and fresh egg for breakfast, chicken-jelly and toast for luncheon, small chop for dinner and small quantity of brandy-and-water, bread-and-milk or beef-tea for supper. I taught the patient how to compress the femoral artery against the pubis when he desired to be relieved from the instrument, and I fully explained to him and his wife—a most active and intelligent woman—the necessity for digital and instrumental pressure. Tincture of perchloride of iron was prescribed, 30 drops to be taken three times a day in half a wine-glassful of brandy and cold water. I may here observe that the addition of brandy or whisky prevents the iron causing nausea or vomiting, which, without the spirit, it is apt to produce. I shall not trouble the Society by reading all the notes of the case, but briefly allude to the treatment adopted. The patient bore Signoroni's clamp for an hour at a time, and controlled the artery himself with his finger and thumb, and from the 29th December to the 20th February he was under digital and instrumental pressure combined. The tumour appeared to resist all treatment for the first month. The man's foot and leg became enormously swollen; the tumour filled the entire ham, and the pain suffered by the patient was almost beyond bearing. I gave him large doses of opium during night and day, and begged him to allow the pressure to be kept on. The tumour in the ham then assumed a very remarkable appearance: it became perfectly red and oedematous in the centre, and had all the appearance of a huge popliteal abscess—in fact, so like it, that you could scarcely blame anyone for falling into the trap of laying open this tumour as an abscess. The redness gradually disappeared, and the pulsation ceased in the tumour. In a week afterwards it returned, and then matters looked as badly as ever. We thus had a huge tumour apparently converted into matter, then absorption taking place, and afterwards pulsation recurring again. We then consulted as to the propriety of amputating the thigh; but the man had a hard atheromatous artery, and we thought there was a risk of secondary hæmorrhage, and that his chance of life after operation would be but small. It was therefore determined to persevere with the digital pressure, and on the 20th February, very suddenly, with acute pain in the tumour, all pulsation ceased. At that time collateral circulation had become established in the limb, and the oedematous condition left the leg and foot. The pulsation in the artery ceased on the 20th February, and it had not since returned. When the tumour was at its worst condition there was considerable effusion into the knee-joint. The chief points of interest in the case are the tumour having become so extremely like an abscess, threatening at one time gangrene of the limb, and the fact of its being a case unfitted for any other treatment except digital pressure. I think the case is one that should impress on us the importance of not giving up pressure, but of keeping it up as long as possible with the hope of a favourable termination.

The PRESIDENT said Mr. Croly had given him an opportunity of seeing the case while under treatment, and he had visited the patient that afternoon. The description Mr. Croly had given of the resemblance of the tumour to an abscess was correct. There was an oedematous point of dusky, livid appearance, apparently in a suppurative condition. There was no pulsation or bruit in the tumour, and anyone who had not seen it before would have imagined that it was an abscess in the popliteal space. There was one point, however, that ought to be noticed: the man had never suffered from rigors. When he saw him that evening the limb below the tumour was as fine as the opposite one. There was considerable effusion into the knee-joint, but an absence of boring pain; and it was clearly an effusion of synovia, and not the result of direct pressure forward. The contents of the sac were absorbing slowly, and it might be some months before the mass of blood was absorbed; but when that was effected he had no doubt there would be perfect recovery, and the man would have perfect use of the limb. It was a case that showed the reparative power of nature, and what could be done by waiting and watching.

Mr. WILKINSON asked whether, in consequence of the pain

suffered, pressure was removed during the night. He had had one or two cases of this kind, and he always made it a rule to remove pressure at night, so as to give the patient the benefit of a quiet night. He had not found that the temporary relief of the patient thus given militated against the success of compression. He should also like to know whether the effusion into the knee-joint was into the joint itself or the parts external to it. Mr. Croly mentioned having given large doses of opium; but from his (Mr. Wharton's) own experience he was not in favour of giving opium largely in these cases.

Mr. B. WILLS RICHARDSON said: I wish to supplement the case detailed by Mr. Croly with a very interesting case which was admitted to the Adelaide Hospital on the 24th November, 1873. The patient was a boy, only 19 years of age, and was admitted with an aneurism, which we considered to be of the right posterior tibial artery, probably implicating the bifurcation of the popliteal. He had a very well-marked double murmur and permanent patency of the aortic valve. There was visible pulsation of all the arteries which were enlarged. In this case digital compression of the femoral artery was kept up continuously for 154 hours, and pressure, instrumental and otherwise, extended over a space of 115 days. Carte's, Read's, and Signoroni's tourniquets were used, but chiefly the first. Carte's instrument having got broken on two occasions, pressure was kept up by means of weights. Sixty-three hours after digital compression first began pulsation ceased for about six hours. On the 18th March, after returning from a drive, a sudden diminution in the pulsation was noticed. At 2 p.m. the next day pulsation had stopped completely. On the 2nd December, 1874, the patient was readmitted with aneurism of the left ulnar artery. At 10.45 a.m. digital compression of the brachial artery began. At 7 p.m. on the following day pulsation had ceased entirely. The man ultimately died of the diseased heart; but we had not an opportunity of making a post-mortem examination. The case was under the care of Dr. Walsh at first, and I had the care of it myself for a month or two. It was an unfavourable case for ligature, owing to the condition of the artery. The deposition of fibrin gradually went on, we had a slow increase in the firmness of the sac, and eventually the pulsation ceased.

Mr. BARTON might mention a case that contrasted with Mr. Richardson's case. It occurred two years ago, and was a well-marked case of popliteal aneurism. The pressure was carried out for twenty-eight hours continuously. The pulsation was so much diminished that he removed the pressure at night, but not the first night, when it was kept on. It acted most satisfactorily, and after compression amounting in all to thirty-six hours the consolidation was perfect, and the same phenomenon that existed in Mr. Croly's case was presented in this—namely, a sudden pain being experienced at the time of the consolidation of the blood. This was an instance of diseased arteries. A short time afterwards the young man appeared again at the hospital with an aneurism of the arch of the aorta.

The PRESIDENT said he was an advocate for continuous pressure, provided it could be borne without uneasiness by the patient, but the moment it gave uneasiness it should be removed. One of the most important cases of this kind occurred in Jervis Street Hospital, under the late Mr. Barron. The compression was about being given up in consequence of the pain which the individual suffered, and which prevented him from taking rest. Mr. Barron ordered the man to receive an opiate and the pressure to be taken off. The man immediately fell into a sound sleep, and the patient in attendance brought down the screw of the instrument, and when the man awoke the aneurism was cured.

Mr. STAPLETON said the instrument used on the occasion referred to was what was called a carpenter's clamp for glue, one being placed above, and the other four or five inches lower down on the artery. Afterwards, in some cases in Jervis Street Hospital, they used shot, with very great advantage.

The PRESIDENT observed that Hoey, the patient referred to, was a carpenter, and himself suggested the instrument that was used. The first instrument used in Ireland for compressing an artery in cases of aneurism was the modification of the femoral truss brought forward by Mr. Todd, which instrument was in his possession; the second one was a ring, which was used by Mr. Hutton as a lever; and the third was an instrument made at the suggestion of Sir Philip Crampton, and used by him in the treatment of secondary hæmorrhage. It was lent to Mr. Cusack, and it was with that instrument the

third case was cured, and by it also the fourth case was cured by Mr. Bellingham.

Mr. CROLY, in reply to Mr. Wharton, said that he did not keep up the pressure at night; and with regard to pressure producing oedema, there was a great deal of oedema before the man was treated for aneurism, which showed that pressure had not much to do with it. With regard to the effusion, he was justified in saying that it was into the knee-joint. It had all the characters of synovial fluid. One point of great interest was that before the aneurism got well there was a distinct double murmur where the femoral artery pierces the adductor magnus, and a single murmur over the rest of the tumour. The greater part of the pressure was effected with Signoroni's clamp, and it caused no irritation of the integuments, and the patient bore the instrumental better than the digital pressure. The femoral artery, which felt as large as a man's finger, was now reduced to its normal size, and was much feebler in its circulation than in the sound limb, though the collateral circulation was increased. He considered that Mr. C. Hawthorn Todd was the originator of the system of curing aneurism by pressure, for in his work he states that pressure may cure aneurism. With regard to digital compression, in Holmes's "Surgery" Greatrex's case was stated to have been the first, the President's case coming second. There was an interesting case under the late Mr. Maurice Collis, where the patient, finding he could relieve himself from pain by pressing on the femoral, did so, and when Mr. Collis came to put on the instrument he found the aneurism cured.

Mr. A. H. CORLEY read a communication on

THE TREATMENT OF NECROSIS,

which will be found at page 335.

The PRESIDENT said that in the Devon and Exeter Hospital, in which he was educated, there was not a day that he did not see cases of this kind, owing to wrestling being the custom of that county. They wrestled in very heavy boots, and kicking was allowed, so that every young fellow's shins were completely battered, and periosteal inflammation set in, and the hospital was full of such cases. In the adjoining county of Cornwall, where they wrestled in their stocking feet, they hardly saw any of these cases, nor was the proportion of them so great in Ireland.

Dr. BENSON said they were common enough in some parts of this country.

Dr. BARKER bore testimony to the efficacy of Esmarch's bandage. He had an opportunity of testing it in an operation for necrosis of the tibia, extracting a large sequestrum. Not more than two or three drops of blood escaped; the knife was not wet with it, and there was not a teaspoonful of blood on the dressing.

The PRESIDENT said that in the case alluded to by Dr. Barker there was great hyperæmia afterwards, the limb being of a purple colour, and presenting a remarkable contrast with the other limb, in which normal circulation was going on.

Dr. BARKER did not remark any hyperæmia when he returned to see the patient in bed. It had then wholly subsided, and the limb was the same as before operation.

Mr. H. GRAY CROLY: The question which Mr. Corley has brought before us is that of early operation for necrosis, and not Esmarch's operation. I have been in the habit of dealing with cases of necrosis earlier than I was taught to do when a student. Of course we are all aware that interfering with a fixed sequestrum is not safe surgery; at the same time, we often find that while we cannot move the sequestrum, yet when we cut down on the bone we find many pieces of bone to be got away. I can call many cases to mind where the patients improved in health and got fat on the removal of a piece of bone that could not be said to have been loose. I therefore thoroughly agree with Mr. Corley in the views he has expressed.

Mr. CORLEY said he had looked into all the books dealing with this subject, and they were all particular in saying "you must wait until the bone separates," and in many cases he feared they waited until the patients were in their graves.

The PRESIDENT then read his Valedictory Address, which will be found at page 337.

The meeting then separated.

THERE is an excellent leading article in praise of the medical charity system of Ireland in the *Medical Record* of New York, March 20th.

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THE

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 21, 1875.

THE CORONERS (IRELAND) BILL, 1875.

THIS Bill, which will be brought before Parliament early next month, proposes to deal chiefly with the office and duty of coroners only; but as many grievances are inflicted on our profession in carrying out the working of the Coroners' Jury system, we think an opportunity now occurs which should not be lost in having alterations and improvements made in the medical arrangements which would render the working of the Act more complete, and, at the same time, more satisfactory and just to the medical witnesses.

The Council of the College of Surgeons, Ireland, and of the Irish Medical Association have both given their consideration to this matter, and, we are sure, will not relax in their efforts to have the Bill rendered as smoothly-working and efficient as possible.

Some alterations in the present system of procuring medical evidence are at once suggested on reading over the present Act. It is the present law that in case the medical officer of a public institution or hospital be called on to give medical evidence as to the cause of death of any patient dying at such institution, he shall not be entitled to any fee, and, still further, that should he find it necessary to perform a post-mortem examination, or he be desired to do so by the coroner or jury, he shall not be entitled to any fee for so doing.

Now, however inconvenient and irksome it may be to give oral medical evidence under such circumstances, without fee or reward, our readers will surely sympathise with the medical officer who has to perform the tedious, unpleasant, and even dangerous process of an efficient post-mortem examination without suitable payment. We can hardly conceive that such a practical injustice was contemplated when this clause was originally introduced. Nor can we see why this disagreeable and dangerous task should be imposed on officers of public institutions as an *extra official* duty without a liberal and suitable payment being provided. Nay, more: we believe it has occurred more than once that in case of a person dying in an infirmary, for instance, and subsequently being removed to an adjoining county burial-ground, where exhumation and a post-mortem examination were subsequently considered necessary, the surgeon under whose care the patient originally happened to be placed had to

travel many miles, spend his time, and undergo the *désagrément*s of an exhumation, and be then incapable of receiving any fee, because he held a position which was in itself a guarantee of his being a valuable public officer.

Can anything be more unjust?

Again, it not unfrequently happens that persons are brought to hospital in *extremis*, or are found absolutely to be dead on being brought there. The surgeon at the hospital examines, and has the opportunity of observing the body immediately on the death of the patient; yet, if he gives evidence, or performs a post-mortem examination, he can get no payment; while if the body be removed elsewhere, a friend of the coroner's, possibly a mere tyro, or one selected for his political or religious proclivities, or who may have private opportunities of obliging the coroner, or who may happen to reside "at or near the place," yet be possibly inferior in experience, status, or qualification, may perform a post-mortem, give evidence, and be paid the fees which obviously would have of right belonged to the medical officer of the institution to which the patient was brought originally. We hold that the medical officer of a public institution is entitled to be paid for giving his testimony as an expert, and also for filling the very disagreeable duty of performing post-mortem examinations, and we must believe that such an injustice was never contemplated.

The clause in the Act directing that in case medical evidence is sought, the medical practitioner "at or near the place" of holding the inquest is to be chosen by the coroner, has led to much dissatisfaction. "At or near the place" is variously construed. Sometimes the medical witness is brought on the side car with the coroner from a distance, but being so happily situated, is certainly "at or near the place," his fee, however, we have heard it hinted, being liable to diminution by paying the whole or half the coroner's car hire. Sometimes it may be the "mountain is brought to Mahomet" in the shape of the dead body, which, being found, say, by the road side, is directed to be removed to "at or near the place" where the medical friend, social or political, or co-religionist, or possibly coadjutor of the medical coroner, is resident, and who will be enabled to give evidence with the minimum of inconvenience and the maximum of facility of affording suitable "entertainment for man and beast" when the court is dismissed. It is now sought that in the first instance, where it is practicable, the medical practitioner who had seen the patient when alive, and who had a knowledge of his disease, should be called in to give evidence, as thus public time and money would be economised, and should this evidence not be available, then, that the practitioner residing *nearest* to the place, and more particularly the dispensary officer in whose district the death occurred, should be summoned. Of course, it is always in the power of the coroner and jury to call in other medical evidence in dubious or difficult cases.

It is proposed that in future the fee for performing a post-mortem examination shall be two guineas, but that in difficult and protracted cases it may, at the option of the coroner and jury, be increased to £5. 5s.

It is also sought that in future travelling expenses at the same rate as the coroner shall be allowed to medical witnesses, as it is specially unreasonable that no provision

for travelling expenses should be made to medical men in the country.

There are other suggestions made as to details; the more important we have thought it well to remark on, and to draw the attention of our readers to what is doing. Complaints are constant and loud as to unfairness and partiality, both medical and political, which should not be concerned in such inquiries; we therefore commend to the medical practitioners throughout the country the action taken in this matter, and would urge the desirability of union and of energetically appealing to those in power for the redress of grievances so obvious and practically too well known to, we believe, not a few.

RULES OF HEALTH IN CONTAGIOUS DISEASES.

THE suggestions made by the Society of Medical Officers of Health for the guidance of persons in cases of fever or other infectious diseases, although not new, are of obvious utility. They first of all urge separation of the sick from the other members of the family as soon as illness appears, and advise that the sick person be placed, if possible, in an upper room, where all carpets, curtains, and unnecessary furniture must be removed. Fresh air is to be admitted to the room by opening the upper window-sash. The fire-place to be kept open, and a fire lighted if the weather be not too hot; whilst fresh air is to be freely admitted through the whole house by means of open windows and doors, with the object, of course, of diluting the contagion.

The advice is then given to hang up a sheet outside the door of the sick room, and keep it wet with a mixture made either with a quarter of a pint of carbolic acid (No. 4) or a pound of chloride of lime and a gallon of water. The floor to be frequently sprinkled with similar disinfectants, and cloths wetted with them should be hung up in the room. Everything that passes from the sick person should be received into vessels containing half a pint of solution of green copperas, made by dissolving one pound in a gallon of water. Every sink, closet, or privy should have a quantity of one of these disinfectants poured in daily, and the greatest care should be taken to prevent the contamination of wells or drinking water by any discharges from the sick. All cups, glasses, &c., used by the sick should, it is advised, be first washed in the above solutions of carbolic acid, and then in hot water, before being used by other persons, and no article of food should remain in the sick-room or be given to anyone else after being in the sick-room. The linen of the bed and that worn by the patient should as soon as it is removed be put into the carbolic acid solution, and remain in it at least half an hour, afterwards being boiled in water. Instead of handkerchiefs small pieces of rag are recommended, which can be burnt when soiled.

It is advised that all persons attending on persons with infectious diseases should abstain from the use of woollen garments, as they are apt to retain infection; they should wear cotton or linen dresses, which can be washed. The nurses, too, are directed always to wash immediately after attending to the sick person, and to use carbolic acid soap. It is further well urged that no visitors should be allowed to the sick, save those absolutely necessary, as the clothing

of visitors is so apt to carry away infection. This may well remind us of the arguments often so strenuously urged as to the necessity of all practitioners who attend many labours entirely abstaining from attendance on cases of scarlatina or other infectious fevers so long as attending obstetric practice.

With regard to scarlet fever, it is advised that the scales and dusty powder which peel from the skin in this disease, and the crusts in small-pox, as they are highly infectious, may be prevented from escaping by smearing the body of the patient over every day with camphorated oil. This practice, conjoined with the use of warm baths and carbolic acid soap, is most essential. With regard to the date of convalescence, it is well remarked that the sick person must not be allowed to mix with the rest of the family until peeling off has quite ceased and the skin is quite smooth again, and all clothes used during the time of illness, or in any way exposed to infection, must not be worn again until they are properly disinfected.

When the illness is over comes the disinfecting and cleansing of the sick-room. This should be done in the following way:—All articles of clothing and bedding should be spread out and hung upon lines. The fire-place, windows, and other openings are to be closed, and half a pound of sulphur is to be put in an iron dish over a pail of water, and there burnt so as to let the fumes of the sulphur attack every part of the room, &c., for twenty-four hours. After this the room is to be thoroughly ventilated by opening the doors and windows widely; the ceilings are to be whitewashed, and the paper stripped off the walls and burnt; whilst the furniture, and all wood and painted work is to be thoroughly washed with soap and water with a little chloride of lime mingled with it. In addition to this, beds, mattresses, and articles which cannot well be washed should, if possible, be submitted to the action of heat in a disinfecting chamber, provided, if possible, by the local authorities. Until all this is done, the room should not be occupied.

Some excellent advice is given about the danger of children attending school. No child from a house where there is infectious disease should be allowed to attend school, even although the child be itself well, as it may carry infection, and thus spread the disease to many. And no child should be allowed to re-enter school without a certificate from the medical attendant allowing it to do so without danger to the rest.

Finally, in case the patient die, it is recommended that the body should not be removed from the room unless to carry it to a public mortuary. The body should be put into a coffin as soon as possible, with a pound or two of carbolic acid, and the coffin should be fastened down and burial take place without any delay.

THE National Health Society has organised a series of lectures on ventilation and cleanliness in the East-end of London, and the first of the series was lately delivered by Miss M'Cormick. This lecture was attended by some 150 women, and was illustrated by a few experiments showing the poisonous nature of carbonic acid gas prevalent in all crowded and ill-ventilated apartments. The audience was very attentive, and evidently took away many interesting facts for home use.

Notes on Current Topics.

Mortality of Infants.

THE mortality of infants is still very high, when compared with what it might be. In Sunderland, in 1874, the deaths of children under five years amounted to nearly one-half of the total mortality. Dr. Yeld found that of 102 cases attributed to the commonest of children's diseases, 71 or 66 per cent. had been fed by the bottle. That this method requires the most scrupulous care is well known, and we fear that among the poorer classes this care is often wanting.

Dr. Haviland on the Causes of Consumption.

DR. HAVILAND, Medical Officer of Health, showed, at a meeting held in Northamptonshire lately, that consumption in his district could not be attributed to the usually-assumed causes, viz., the cold climate of the valley of the Nene and the damp and clay soil of the district, for, out of a population of 10,908, only 3,654 were exposed to that peculiar climate, while three only of the twenty villages of the area lay upon the objectionable soil. Looking out for other causes—over-crowding and dilapidated houses—Dr. Haviland asserted these were the two evils that destroyed the mothers and rendered their offspring weakly, so that their premature mortality went to increase the general death-rate. He urged upon them the necessity of at once prohibiting grown-up sons and daughters earning their own living from encumbering the narrow chambers of their parents, where the younger members of the family are obliged to remain. If they could not build better and more commodious cottages, they could at least thin out those now pestiferously over-crowded.

Dr. Bouchut on Cerebroscopy.

AT one of the recent clinical lectures at the *Hôpital des Enfants-Malades* (*La France Méd.*, No. 25) Dr. Bouchut invited a certain number of medical men of Paris to demonstrate to them the result of his labours on the ophthalmoscope in medicine, and his opinions on cerebroscopy. He firstly pointed out the anatomical and physiological relations of the eye with the brain and spinal cord, in order to explain the influence of cerebro-spinal lesions upon the optic nerve, the retina, and choroid. He then indicated the laws of the formation of intra-ocular lesion dependent on diseases of the brain, the cord, or the meninges. These laws are four in number. Whenever the circulation is disturbed in the cranium or in the meningeal veins and sinuses by the compression of the ventricles distended by serosity or by any other cause, there takes place an arrest of the venous circulation, which produces in the eye swelling, hyperæmia, and œdema of the papilla, with varicosity of the veins, and sometimes hæmorrhages. When a tumour with encephalitis, or when a partial encephalitis exists, there ensues a descending inflammation, which brings about sclerosis of the optic nerve, and exudations which surround the papilla, and finally cause its atrophy.

If the cord be diseased by anterior or posterior hardening, as this organ, because of its relations with the great

sympathetic, never acts on the eye, there results a hyperæmia of the disc, which in time produces atrophy. This is seen in cases of locomotor ataxia.

In all diatheses and poisonings when the organism suffers the eye suffers with the rest of the body, and there result certain forms of neuritis or of choroiditis.

Malignant Stricture of the Oesophagus— Adenoma of Breast.

DR. ERSKINE MASON lately presented to the New York Pathological Society a specimen of cancerous growth of the oesophagus, with the following history:—

A man, aged fifty-three, was admitted to the Coloured Home in October, 1874. He had always enjoyed perfect health until two months previous to his entering the home, when he began to lose strength. Two weeks before admission he began to experience a difficulty in swallowing, especially solid food, which, when taken, would meet with an obstruction at a point opposite the upper portion of the sternum, and he would immediately eject it. Liquids he could swallow, but with great difficulty. A bougie of the size of No. 18 of the urethral scale was introduced, and became arrested in its course by an obstruction situated at a distance of eight inches from the teeth; it then deviated to the right and passed through. Frothy blood and mucus were ejected after the operation. A diet of milk and beef tea was ordered. At the end of a week Nos. 5 and 6 oesophageal bougies were introduced, after which raw oysters were swallowed, but with great difficulty.

His strength gradually failed, and he died shortly afterward. Some aphonia was present. He felt no pain at any period of the disease, but on the day previous to his death he complained of pains all over his body.

Autopsy.—Three inches above the pylorus a mass was seen involving the anterior portion of the oesophagus, measuring five and a quarter inches in circumference, and four inches in length. It was nodulated, of a white colour, moderately vascular, and traversed longitudinally by a channel. The tumour was given to Dr. Arnold for microscopical examination.

The other specimen presented by Dr. Mason was one half of the right breast, which was removed from a patient in Roosevelt Hospital. An unmarried woman, aged thirty-two, had always enjoyed good health. She never received any injury of the breast. Eight years ago she had noticed a circumscribed hardness of the right breast, which gave no further trouble until four years after, when it began to grow rapidly. On examination the tumour was found to be movable. The nipple was not retracted and the skin of the breast not discoloured. There never was any lymphatic enlargement. She experienced no pain until a few months ago, when she would occasionally feel a slight twinge at the seat of the tumour. The patient applied to the hospital on account of the weight of her right breast. Dr. Mason regarded the tumour as an adenoma. He replied in the negative when asked by Dr. Sayre if the patient who suffered from the oesophageal stricture had ever injured the parts by swallowing fish bones. Dr. Mason said that when stricture of the oesophagus was caused by injury, the stricture was annular, and did not involve a large amount of tissue. The president stated

that in these cancers ulceration generally occurred, but that process had not taken place in the present case.

With respect to the adenoma of the breast, he said it belonged to a class of tumours which consist almost entirely of fibrous tissue. In the normal tissue a few acini and cysts are buried, the whole mass being separable from the skin. On account of their structure they are not malignant.

Gosselin on Tumours of the Testicle.

DR. GOSSELIN (*France Méd.*, No. 24) says that for a long time in France no one believed in the existence of chronic simple orchitis. Everyone willingly admitted that there were tubercular or syphilitic cases; but as to chronic simple orchitis, no one said a word. Nélaton made the first step, and has clearly established the difference. If in France practitioners were silent about chronic simple orchitis, in England, where it was described, all was confusion. It suffices, indeed, to read the treatise on diseases of the testes by Curling in order to see that in his description of chronic orchitis there was a little of everything. Curling speaks of softening of the tubercular matter, of fistulous sinuses, of adhesions, and describes the symptoms of the tertiary accidents of syphilis and of the syphilitic testes. He even adds the characters of fungus of the testes. In this way it becomes impossible to understand anything in the midst of this chaos, where there are found the symptoms of three diseases grouped together pell-mell, out of the *ensemble* of which the English author has wished to form a special affection.

Dr. Gosselin says that in his eye there is a great analogy between the characters assigned by Nélaton to simple chronic orchitis and the symptoms in the case before him. These were slight augmentation of volume, slow, progressive enlargement, slight increase of sensibility, a slight effusion into the tunica vaginalis. Masturbation is one cause which might be mentioned; but the boy says the disease commenced when he was 8 years old. And besides, these chronic cases of orchitis from masturbation have characters similar to those caused by metastasis from mumps—that is, they often cause atrophy. Boisson and Boyer have described chronic orchitis of rheumatismal origin. As to tubercular orchitis, most generally the epididymis becomes infiltrated with tubercle, and in a short time the tubercles soften, and cause fistulas to appear. The syphilitic testis augments very slowly in volume, and is almost indolent. The testis alone is attacked, as in the case before us. Dr. Gosselin therefore considered this to be a case of hereditary syphilitic sarcocele occurring in a young man of 16. He ordered iodide of potassium and mercurial ointment.

Epistaxis cured by Pressure on the Facial Arteries.

DR. BEVERLEY ROBINSON (*Med. Record*, New York, March 20) mentions a case where compression of the facial arteries proved successful in arresting epistaxis when styptics had proved ineffectual. These arteries were compressed upon the superior maxillary bones, just before they reach the ala of the nose, by means of two small pads of lint. These pads were sewed to a piece of

tape at the proper distance from one another, and the ends of the tape were passed across the cheeks and above the ears and tied securely behind the occipital bone.

The Germ Theory of Disease.

THE expected debate in the Pathological Society of London brought together a large gathering of the fellows of that society last week. Dr. Charlton Bastian opened the debate by mentioning the analogy between zymotic processes and ferments, for in each case particles set up processes resulting in the reproduction of others resembling them. He preferred Liebig's theory to that of Pasteur. Contagion multiplies within the body in a manner comparable to organic growth and multiplication. Bacteria, which are not present in the blood of healthy persons, are met with in a few hours after death in abundance. He contended that these had a relation of cause and effect with infection, and were not mere carriers of infection. They were pathological products produced within the body, just as there is fatty degeneration.

Dr. Burdon Sanderson said that bacteria identical with those found in diseased tissues might be introduced into the body without injury; and, in destructive inflammation bacteria are found only in the outer zone of the disease, where it was spread, and not in the central parts. In relapsing fever spirallæ were only found during the febrile paroxysms, and not subsequently. In erysipelas and sheep-pock bacteria are not found in the vesicles, but in the skin lymphatics. The discussion was then adjourned.

Singular Injury to a Fœtus.

THE *Live Stock Journal* of April 9th mentions the following curious case, which may lead to theories of various shapes, but which is, at all events, a singular phenomenon:—

‘A curious case of injury to an unborn calf was brought to light during a recent stay in Surrey. That a fœtus does not breathe during the time of its “pre-historic” captivity, but if inspiration is prevented by any obstacle for a minute or so after birth, the consequence will be immediate death, is known to every inquirer; but that the body of the mother is a sufficient protection to the vital organs, and that their development goes on in the absence of a large portion of the natural envelope, is not so patent; yet in this case it is clearly proved, as is the fact that a position which no contortionist can approach does not prevent growth and action. The calf was brought forth by a Jersey cow, in the night, and unattended. The spine was doubled back at the loins, the hind quarters being turned over until the hips rested upon the shoulders. The four legs lay all together, and from pressure the knees were in the same position as, and had taken the form of the hocks, the joint working backwards when the foot was lifted. The abdomen was torn quite across and up to the loins, so that the intestines and viscera were exposed. The cow was addicted to jumping over fences, which amusement is supposed to have brought about the injury; and that it was done at an early period of gestation is demonstrated by the fact that no hair had grown where the skin of the back and

shoulders were in contact, and that the two portions of skin had partially united. Nevertheless, the young animal, which was half-bred Shorthorn, had grown to the usual size of a Jersey calf at birth; the head was well-formed and quite healthy-looking, and the roan hair was long and abundant. It had unquestionably been alive within a few hours, but if living when calved, it would probably die in a few seconds from the shock of exposure to the atmosphere.”

The Great American Doctor.

It is now somewhere near eighteen years since Montreal was distinguished by having among its residents, for the greater part of one year, a man of whom the *Canada Medical Journal* gives a biography, and who, under the name of “Tumblety,” the great Indian Doctor, made something of a stir, not alone among the uneducated, but among many whose position should have prevented so barefaced an imposition. He filled columns of our daily papers with cheaply purchased certificates, drove a fast horse and a flashy-looking carriage, and for half a season was a clever adroit at humbugging not a few out of considerable sums of money. Suddenly as he appeared on the Montreal stage, he about as suddenly departed, and during the long interval which has elapsed from that time to this we have not till a few days ago heard of him, or even seen his name mentioned. Under the title of the *Great American Doctor*, Tumblety has again come to the front at Liverpool, and that, too, in not the most enviable light. A man consulted him, and was given a variety of medicines, among the rest, a mixture, of which he took a dose, one tablespoonful, and died the same night. A certificate of death being requested from Tumblety, he refused to give it, and returned the fee (thirty shillings) which had been paid to him. Although a post-mortem was held, no evidence of poisoning could be made out, and the verdict was death from natural causes. The *Canada Medical Journal* notes this case to show, firstly, that our brethren across the Atlantic are as easily imposed on as thousands are with us, by the veriest quacks; and, secondly, that these quacks obtain from the working classes fees for single consultations which they would grudgingly pay to a regular practitioner for a month's work.

“Pygmalion and Galatea” in a Lunatic Asylum.

THE Easter holidays at the West Riding Asylum, Wakefield, were marked by the performance of “Pygmalion and Galatea” by a party of amiable amateurs, superintended by Mr. Gilbert, the author of the play, who also played his part.

An Aquarium in Edinburgh.

MR. RALPH RICHARDSON writes to *Nature* that a large aquarium is likely soon to be erected in Edinburgh. A company named the “Edinburgh Winter-Garden, Theatre, and Aquarium Company,” proposes to provide at the West-end of Edinburgh a large and well-stocked aquarium on a scale not inferior to that of Brighton or the Crystal Palace.

New Books in Medicine, Surgery, and Science.

(From the *Bookseller*.)

- Fry (Danby P.), *The Law relating to Vaccination*. 6th ed. 5s.
 Hammick (J. T.), *The Acts relating to the Registration of Births, Deaths, and Marriages*. 6s.
 Births, &c. *Thirty-fifth Report of the Registrar-General of Births, Deaths, and Marriages*. 8vo. 2s.
 Births, &c. (Ireland). *Ninth Report*. 8vo. 9d.
 Census (Ireland). *County of Sligo*. 11d.

Medical and Surgical.

- Allhorn (A. H.), *On Protuberant Abdomen: an Outline of its Causes and Treatment*. 2s.
 Athill (L.), *Clinical Lectures on Diseases peculiar to Women*. 3rd ed. 6s.
 Beale (Lionel S.), *The Machinery of Life: a Lecture*. 2s.
 Bradley (S. Messenger), *Manual of Comparative Anatomy and Physiology*. 3rd ed. 6s. 6d.
 Dickinson (W. H.), *Diseases of the Kidney and Urinary Derangements. Part I: Diabetes*. 10s. 6d.
 Kuss (Professor), *A Course of Lectures on Physiology, as delivered at the Medical School of the University of Strasbourg*. Edited by Matthias Duval, M.D. (Baillière).
 Liverpool (The) and Manchester Medical and Surgical Reports, 1875. 6s.
 Manual of Public Health for Ireland. By Thomas W. Grimshaw, J. Emerson Reynolds, Robert O'B. Furlong, and John William Moore. 7s. 6d.
 Mapother (E. D.), *Lectures on Skin Diseases*. 2nd ed. 3s. 6d.
 Walton (Haynes), *A Practical Treatise on Diseases of the Eye*. 3rd ed. 25s.

Natural History.

- Hibberd (Shirley), *The Book of the Aquarium*. New ed. 3s. 6d.
 Hibberd (Shirley), *The Book of the Fresh Water Aquarium*. New ed. 2s.
 Ward (Montgomery Ward), *Outlines of Zoology and Comparative Anatomy*. 3s. 6d.
 White (Rev. Gilbert), *Natural History of Selborne*. New ed. 3s. 6d.

Science.

- Hamilton (Joseph), *The Starry Hosts: a Plea for the Habitation of the Planets*. 4s. 6d.
 Hutton (Frederick Wollaston), *Class Book of Elementary Geology*. 1s. 6d.
 Sprague (John T.), *Electricity: its Theory, Sources, and Applications*. 8s.

Ether Drunkenness.

OUR readers will remember the notorious cases of drunkenness reported as existing in the north of Ireland. It would seem that Ireland is not the only country where ether is preferred as an intoxicant, for Dr. Ewald, of Berlin (*London Medical Record*), mentions the case of a man aged 32, lately a patient of Frerich's at the Charité Hospital, who was well known as practising ether-drinking to a great extent. He was admitted for general debility and muscular tremors. Originally temperate, he had been a student at the University, and passed his examinations with

credit, but was of a mystical turn of mind, and meeting with a popular book upon medicine, he remarked in it a description of the powers of ether in quickening the mental powers. He accordingly inhaled some of the vapour by means of pouring the drug upon a handkerchief. He did this even as he went along the streets. He was turned out of his lodgings on account of the smell of his breath, and took to wandering without a home. He had not lost his memory, nor was his mind affected. An attempt was made to anæsthetise him, but it required seven ounces to do so, and the moment the inhalation ceased he awoke. His susceptibility to the action of cannabis indica was not impaired.

The late Mr. J. D. Hill.

THE early death of Mr. John D. Hill, F.R.C.S., illustrates the perils to which we are exposed in our profession. In fulfilling with ardour his duties as Surgeon to the Royal Free Hospital, he contracted the disease which last week carried him off. Those who knew his excellent qualities will deeply regret that he has so soon been removed from his sphere of usefulness. We knew him well enough to warrant our saying thus much. More it is scarcely worth while to add.

The Fatal Balloon Experiment.

WITH respect to the cause of death of the bold French experimenters, MM. Sivel and Croce-Spinelli, it seems evidently, we think, to have been asphyxia; and it may be as well to state clearly what are the necessary conditions of asphyxia. When any mechanical cause hinders the free entrance of air into the lungs, or when the gaseous medium which surrounds the animal does not contain oxygen, or contains it in insufficient quantity, the exit of carbonic acid from the blood becomes diminished. The blood does not get free, or becomes so incompletely, from this gas, in its passage through the lungs; then, as it receives little or no oxygen, and keeps always receiving more carbonic acid, from the incessant combustion resulting from nutrition, it quickly assumes the properties of venous blood. In this condition it becomes unfit to keep up the functions of the nerves. Hence arise disturbances of the organs of sense, and these are the preludes of the phenomena of asphyxia. This effect is very rapid. The non-vivifying action of the blood on the nervous system, again, acts by the agency of this system on the pulsations of the heart, which, although they persist, become altered in energy and rhythm. It is also complicated by the embarrassing of the capillary system, especially that in the lungs.

It is this last-named phenomenon, indeed (an immediate consequence of the disturbance of the nerve influence on the circulation), which explains the rapidity of death, rather than the non-oxygenation of the blood itself. The absence of oxygen, by modifying the composition of the blood, constitutes, it is true, the commencing fact, and even the existence of asphyxia; but the arrest of the circulation of the blood in the lungs precipitates the result.

It seems to us highly probable that the cause of the asphyxia in this melancholy case was the over-rarefied condition of the atmosphere, which did not afford sufficient

oxygen to carry on the functions of the nerves or the circulation of the blood through the lungs. We know of no facts to contradict this supposition, and much that we do not would lead us to entertain it.

We understand that Mr. John Hamilton, who was recently appointed Surgeon-in-Ordinary to Her Majesty the Queen in Ireland, in the room of Dr. Robert Adams, has resigned his office of Surgeon to the Richmond Hospital, which he has held for many years. The vacancy is not yet actually declared.

THE mortality of London during the first week in April reached the rate of 29 per 1,000 annually.

ST. MARY'S HOSPITAL, Paddington, is to be closed for a period of two or three months to be cleansed and for other sanitary purposes.

MR. FREDERICK PEEK, one of the most distinguished students of St. Thomas's Hospital, has died of typhoid fever within the hospital.

DR. THEODORE WILLIAMS has been appointed Lettsomian Lecturer for next session of the Medical Society.

CONVERSAZIONE AT THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

THE College of Surgeons, Dublin, has had the honour of entertaining His Grace the Duke of Abercorn at a scientific evening and *conversazione* on Thursday evening last.

The entire suite of rooms were thrown open, and many objects of interest and novelty were exhibited.

His Grace arrived at half-past nine o'clock, accompanied by members of his household, and was received by the President and the Members of Council, the Examiners and Professors, in their robes, and was conducted through the museum, board-room, and libraries of the College. The following objects were exhibited:—

Professor C. A. CAMERON—An apparatus showing the influence of magnetism on light. A beam of electric light revolving round an electro-magnet. Giesler's Electric Tubes. Experiments illustrative of the Dissociation of Ammonium Salts, and of the Detection of Adulteration by Fluorescence.

Mr. GEORGE PORTE—By means of the Lime-light Microscope, Magnified Views of the Compound Eyes of the Gnat, Fly, and Beetle; the latter showing the crystalline lenses. Typical Antennæ—the moniliform antennæ, the plumose antennæ, the bipectinate antennæ, and laminate antennæ. Four typical Tongues of Insects—the soft, fleshy tongue of the Cricket, the haustellate tongues of Fly and Butterfly, and the tongue of the Bee. The Foot of Spider and Common Fly. The Foot of Dytiscus. Stings of Wasp. Ovipositor of Ichneumon, and the Saws of the Saw-fly.

In the board-room the following objects were exhibited:—

Dr. FRAZER—Wax Models of Medals made by the Mosops, and a Collection of Medals in various Metals. Cibotium Barometz, or Tartarian Lamb, from Pekin. Bones of the Fossil Elk. Bronze Mortar of 1654. Prepared Ferruginous Cotton, &c.

Mr. ARTHUR ANDREWS—Microscopic Preparations: A Specimen of an exceedingly rare Entomostracan.

Dr. JOHN BARKER—Some Glass Models of Hydrozoa. A Nest of Carpenter Bee.

Professor M'NAB—Microscopic Preparations: Embryos of Shepherd's Purse (*Capsella Bursa-pastoris*) in different stages of development.

Dr. DAVID MOORE—A collection of Rare Flowers.
Mr. EDWARD CROWE—Microscopic Preparations: Specimens of *Gonium pectorale*, *Pandorina*, and *Euglena viridis*.
The Rev. EUGENE O'MEARA—Microscopic Preparations: Undescribed Diatomaceæ, from Demerara, gathered from the river silt.

Professor MACALISTER—Pigmy Hippopotamus from Liberia. Nest of the Oven Bird, *Geobates Brasiliensis*. Edible Swallow's Nest, *Collocalia esculenta*, from Button Island. Magpie with Amputated Limb, and an Ancient Irish Skull, from the silt beds beneath peat, Co. Armagh.

Mr. WILLIAM ARCHER—Microscopic Preparations: *Hydra viridis*. *Dinocharis pocillum*. *Anurea squamata* (Rotatoria). Fructification in the Fresh Water Alga, *Vaucheria sessilis*. Some Zygospores of Desmidiæ. "Spermatie" Condition of *Volvox globator*, and incipient in similar condition in *Pandorina*. *Mougeotia glyptosperma* with Zygospores. One of the prettiest of "Conjugate," a group of Fresh Water Alga. A remarkable and novel View of "Secondary Deposit" in the Cells of the Marine Germs of Rhodospematous Alga, *Ballia*, consisting of a Hemispherical Lid or Cover placed immediately over certain "Pits" in the Laminated Wall of the Cells.

Mr. JAMES ROBINSON—Microscopic Preparations: *Cyclois* in *Vallisneria*. Bouquets of Flowers composed of the Scales of Beetles and Butterflies. Whole Diamond Beetle; and Polariscope, with Selenite Designs; also a Stereoscope, and a Kaleidoscope.

Mr. FRANCIS ROBERT DAVIS—"Heraldic Illumination—Appliqué Work." (This is a very rare book, and has been valued at £150.)

Mr. JOSEPH WOODWORTH—Apparatus for Taking Photographs of Microscopic Objects, with Specimens.

Alderman PURDON—A Specimen of the Colorado Beetle.

Mr. T. H. SANGER—*Limnoria terebrans*, the Crustacean which destroyed the Telegraph Cable between Howth and Holyhead, with Portions of the injured Cable.

Dr. TICHBORNE, Ph.D.—Recent Contributions to Organic Chemistry and Materia Medica.

Dr. BIGGER—Picture, supposed to be by Rubens. Original copy of the Koran. Pen and Ink Sketch of Yeh, the Chinese Mandarin. Chinese Work on Medicine. Nest of the "Trap-door" Spider. An Andrea Ferrara Sword.

Dr. BOOKEY—An Articulated Human Cranium. Model of Human Face. A Butterfly formed of Phosphorescent Salts.

The Vice-President, Mr. E. HAMILTON—Stuffed Specimen of *Apteryx Owenii*.

Professor BARRETT, F.R.S.E.—Tisley's Compound Pendulum for exhibiting the Curves produced by the Combination of Rectangular Vibrations. Barrett's Tonophant, a simple arrangement for the same object. New Form of Magnetometer and Torsion Balance combined. Apparatus for exhibiting Mr. Gore's Discovery of the Anomalous Expansion of Iron Wire at a Red Heat. Apparatus for showing Professor Barrett's discovery of the "After-Glow" in Cooling Iron Wire.

Professor HULL—Photographs of Eozoon Canadense.

Professor MINCHIN—Cutting from a Pane of Glass.

Mr. DRAPER—Specimens of *Eucalyptus globulus*.

His Grace left at eleven o'clock, having expressed his gratification at the reception given him and the interest afforded by the various specimens exhibited.

Over 700 guests received invitations, and together with a large number of the Fellows filled even the spacious rooms of the College.

It is hoped that the next *conversazione* will be held at the inauguration of the new library and pathological museum, of which plans are already accepted, and which will very shortly be in process of erection.

The Origin of Scirrhus.

S. WOLFFBERG, of Erlangen, has satisfied himself that scirrhus of the breast originates in the epithelium, either of the alveoli of the gland or of the excretory ducts; the former epithelium presenting the glandular, the latter the columnar form. The connective tissue of the gland participates under very various forms in the growth of the tumour, but the endothelium of the lymphatics is not implicated.—*Virchow's Archiv.*, and *American Practitioner*.

Literature.

THERAPEUTIC MEANS FOR THE RELIEF OF PAIN. (a)

THERE are probably few single subjects connected with medicine of greater moment than the means of relieving pain; and it is worthy of remark that Nature seems to have afforded a great variety of means for so doing. The very number of drugs which exist, all of which have in turn been useful, is remarkable. With one and all of these the medical man cannot be too familiar. Many a doctor's fame has turned on the point of his being able to relieve pain, and more particularly after others had failed. Nor need we wonder at this; for pain is in itself such a trial, even to the strongest, that all rush instinctively somewhere for relief, and the man who is fortunately able to relieve it must be looked on with respect and confidence. Pain, too, is of a very widespread character, and few are the diseases in which it is not a leading symptom. Besides, too, it is often the sole symptom from which the patient suffers; so that whether it be but a portion of another disease, if we may so speak of it, or one *per se*, it is the most important symptom with which the practitioner has to deal. It is not our business here to enter into the several varieties of pain; they are well known to most of us. But we are not sure the author of the work before us has entered into them in such a way as it seems to us a work of the kind might be expected to do. Much, very much, depends on recognising the character of the pain which we have to conquer; still more on the causes which give rise to it, and which we consider a very important, if not the most important, part of the subject. We have known a number of cases of suffering, in one form or other, which entirely baffled the practitioner, and this simply because the source of the pain was undetected. The moment, however, the cause was made out, the pain then ceased like a charm. It is quite true that in many instances the cause cannot be made out. But this should not prevent us from using our best efforts to ascertain it, and so far rendering medicine more worthy the name of a science.

The work before us has resulted from the "Medical Society of London"—a very ancient and well-known institution—having offered its yearly prize for the best essay on the "Relief of Pain," and having awarded it to this essay. Taken as a whole, it seems to us a valuable contribution on the subject of which it treats, and it will have been observed from the title-page that the author is a resident of Bath, and therefore the more entitled to praise. That the question should or could have been exhausted scarcely comes within the limits of possibility; for it is one of great extent, and no little difficulty, and besides, it is a subject on which everyone must, in a degree at least, build up an experience for themselves, just as with other points in medicine, which no books can teach nor lectures convey. We have already noticed the fact that the author might have given us more definite descriptions of the several kinds of pain; and this leads us to state further, that in the chapter on the nature of pain he quotes largely the views of the late Dr. Anstie on the subject. We must say it has ever seemed to us that this lamented physician had taken up too narrow a view of the matter, and always spoke as if pain were owing to a lowered state of the system only, and was necessarily to be treated by tonics and good diet. We do not accept this view, for we know as a matter of experience that the very opposite plan will often prove successful. There are, it has always appeared to us, two states of the nervous system which give rise to pain—the one in which the tone of the system

is lowered, and the individual, speaking generally, is known to be out of health; the other the very opposite of this, that is, the nervous influence, whatever it be, is in excess; just as occurs with the blood, which we know may be too rich in its component parts, or in too great quantity for the purposes of health. That something analogous to this occurs in the nervous system we take to be certain. We would instance gout as an example in point, and also the neuralgia we meet in the middle and upper classes. Now the treatment of these cases is essentially different from those where the tone of the system is too low, and if they be treated as such the treatment will surely fail. In place of tonics and nourishing food, purgatives and a strictly regulated diet, as regards both food and drink, are required. But we are not called on here to enter farther into the subject.

In the chapter on the relief of pain, which indeed constitutes the greater part of the volume, the reader will find very ample directions, and a great variety of remedies for same. We think, however, that for some affections the author confines himself too exclusively to local applications; thus, we might take as an example, diseases of the female genital organs, in which we do not find a single remark on the value of constitutional treatment. Now we would not underrate local treatment in these cases, but we can state positively that very many of such cases will not get well till constitutional remedies are used; and if we were tied to one class of remedies we believe more advantage would arise from the latter than the former. Long before the means for diagnosing these affections had reached their present state of perfection these cases were cured by general treatment. Hence the rule, as it appears to us, ought to be to use both, and we would suggest to the author that in the next edition he would add the constitutional treatment. Neither does this point apply to one class of diseases alone, but to all, and especially where pain constitutes an important element in the case. This subject, and viewed in the aspect we are now considering, is, we repeat, of paramount importance, and, were it necessary, we could illustrate it by a great number of cases. But enough has been said to direct the author's attention to the matter.

The remarks just made lead us on to the most important point which may be said to belong to the local relief of pain—we mean its treatment by the subcutaneous injection of some anodyne, but chiefly morphia. Of the immense power which medicine used in this way possesses we need not here speak, except to add to the author's caution on the matter. We believe that if we do not know the patient and his constitution, even a quarter of a grain of morphia is too much to begin with. But it is in another aspect we allude to the subject here. We believe that by trusting too much to this mode of treatment we are often foiled; for though very few cases resist the effects of morphia so used, and pain is allayed at the time, it by no means follows that the disease is cured; and when we read at page 191 that the plan was specially useful for cases of dyspepsia marked by "foul breath, thirst, and loaded tongue," we at once conclude that the remedy is here used in the wrong place, and must necessarily fail; at least, it has done so in our hands: for we know, as a matter of experience, that the secretions ought to be set right first, and then the morphia, and not till then, may be used with the happiest effects; in truth, the plan has been carried too far, and so often fails: and we would add that, for so far, we have seen no cases of real disease, whether acute or chronic, which have been cured by subcutaneous injection alone. The pains of neuralgia, sciatica, &c., are no doubt allayed, but the patient is not cured; and on the whole, we think the best physician will be the man who, whilst not neglecting the use of morphia under the skin, will at the same time pay every attention to correcting the secretions, as we believe that in the vast majority of instances these will be found more or less deranged. But the subject is too extensive to pursue further here. We shall only make one other remark now, in reference to the use of morphia in any way when the heart is at all weakened.

(a) "Therapeutic Means for the Relief of Pain." Being the Prize Essay for which the Medical Society of London awarded the Fothergillian Gold Medal in 1874. By John Kent Spender, M.D. London; Associate of King's College, London; Surgeon to the Mineral Waters Hospital, Bath. London: Macmillan and Co. 1874. Pp. 230.

Cautious as we should ever be, our caution should be doubled now, for ordinary doses may prove fatal, even when given by the mouth: how much more need if used subcutaneously we need not say.

We conclude our notice of this work by strongly recommending it to our readers. They will find in it a great deal of valuable information bearing on one of the most practical points in all medicine.

Correspondence.

BELLADONNA AS A PROPHYLACTIC IN SCARLATINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There appeared in your valuable journal of the 31st ult. an article headed "Belladonna as a Prophylactic of Scarletina," from the pen of Dr. William Carleton, on which, with your kind permission, I will make a few observations.

The supposed prophylactic properties of belladonna is no new discovery to British physicians. It has been advocated by German physicians many years ago that it was an undoubted prophylactic of scarlatina—an advocacy which Dr. Carleton apparently attempts to confirm, or at least strengthen. Dr. Neligan has said that experience has fully confirmed its powers in preventing the spread of scarlatina, where many young persons are congregated together, and in support of this he cites the investigations of M. Lecointe, of Paris, in which 2,227 children and adults had been preserved from scarlatina by its use; those at Langendorf, in Prussia, where, in the Orphan Hospital, out of 160 inmates to whom the drug was administered immediately on the breaking out of an epidemic, but 2 contracted the disease; and those of Dr. Newbigging, in Watson's Institution in Edinburgh, where, 69 children exposed to the contagion, but 3 took the disease. The foregoing will, no doubt, at first sight appear very conclusive evidence of the drug's prophylactic properties; and my reason for referring to the opinion of Neligan with the investigations of others is simply to strengthen the argument against myself, as my opponents hereafter might probably make use of said opinion and investigations in support of their opinions, and I am anxious to save them all the trouble in my power. A physician should always, in my opinion, endeavour to confirm his statements by some means, and not finish a contribution to medical literature by a thinking conclusion. The apparent efficacy of belladonna in one family as a prophylactic of scarlatina is no proof of its universal efficacy as a prophylactic of the same disease of an epidemic type. There was, as most Irish physicians know, an epidemic of scarlatina in Newry last summer. I was then assisting Dr. A. McBride, of that town—a gentleman not only second to none as a provincial physician, but also a profound therapist. I had, therefore, unusual opportunities of testing the supposed prophylactic virtues of belladonna. When the disease made its appearance in families by attacking individual members, I alternately prescribed belladonna to the unattacked members, and alternately trusted to nature. I kept a memorandum of all the cases at the time, with the intention of publishing the result of my experience, but I was unfortunately prevented from doing so, and precipitately destroyed my notes of the cases. I was, however, too much interested in the experiment to forget the result. I was at first partially convinced of the prophylactic powers of the drug, but experience of many cases proved to me that such was not the case. When I summed up all the cases and compared the results, I found the difference between nature and belladonna as prophylactic of scarlatina to be *nil*. I remember the disease visiting one house in which were four children, all of whom contracted the disease in its most virulent form. The houses at either side were occupied by large families, composed chiefly of children under fifteen years. I prescribed belladonna as a preventive remedy to the members of one family, and the others I directed to use chloride of lime as a disinfectant. The former family contracted the disease, which proved fatal to one of the children; the latter, remarkable to say, escaped. I have also tested the preventive properties of chloride of lime as a disinfectant, and am favourably impressed of its efficacy in preventing the spread of epidemics. I have witnessed two children out of eight in the same house contract malignant

scarlatina, whilst the others escaped—an occurrence which is too universally acknowledged by physicians to be doubted. In this case would Dr. Carleton, if he prescribed belladonna for those who escaped, be justified in attributing their escaping the disease to the fact of their having taken belladonna? A solitary instance of the effect of a certain medicine for a certain purpose is not proof of the virtue of that medicine for the same purpose. If a certain medicine prove repeatedly effectual when prescribed with the same object, then the prescriber will have something to write about, that is, if original, or in confirming the previously expressed but doubted opinions of others.

If Dr. Carleton or any of your readers feel inclined to discuss fairly the foregoing subject by way of correspondence in your valuable journal, I shall endeavour to throw as much light on the argument as in my power.

I am, Sir, your obedient servant,

JOHN LOWE,
Assistant-Surgeon Cyfarthfa Iron Works.

Merthyr Tydfil, 5th April, 1875.

Gleanings.

Removal of the Uterus.

By E. M. BARTLETT.

MRS. J. J. M., aged 18 years, was delivered, after a natural labour, of her first child, by a midwife, who, in her haste to remove the placenta, inverted the uterus and immediately left to attend another case of labour.

Mrs. M. passed four weeks in this condition without any marked untoward symptoms. At the end of a month, however, when she attempted to sit up, uterine hæmorrhage began. A physician was called, who, on examination, ascertained the abnormal condition of the uterus, and sent for a second physician. Together they made several fruitless attempts to replace the uterus. Patient then lay four years under the treatment of different physicians, one of whom treated her for prolapsus uteri by introducing a pessary.

Each catamenial period was attended with profuse and alarming hæmorrhage. Whenever the patient arose to her feet, uterine hæmorrhage came on. She was therefore confined constantly to her bed for four years, until she had become completely bed-ridden.

Dropsical effusion in her lower limbs had resulted from profuse and repeated hæmorrhage. Occasionally at her menstrual periods her physician was unable to detect the pulsation of an artery for twenty-four hours.

I was called to her in 1842, four years after the accident happened. She was then 22 years of age. On examination I discovered in the vagina a large tumour of a pyriform shape, larger at its base than at its superior extremity, but not attached by a very narrow pedicle and surrounded at its apex by the cervix uteri, between which and the tumour I could readily pass my finger. I found that I had a case of almost complete inversion of the uterus. I could find no evidence of scirrhus or carcinoma about the uterus. I decided to operate by removing the tumour as soon as cold weather returned. I had seen the report of the ligation and removal of the uterus by Newtham, of England, but no report of the operation having been performed in this country. I thought, however, that if European surgeons had the boldness to perform the operation, American surgeons ought to be bold enough to try it. I had no means of knowing what effect the cessation of her menses would have upon her general health. This was before the invention and introduction of the *écraseur*, else I should have used that instrument.

I commenced the operation Dec. 2, 1842, using a double cannula, so constructed that the ligature could be tightened by turning a screw. I applied the ligature, made of very strong silk, as high as possible, taking care to avoid including any part of the cervix uteri, by carrying the silk within the orifice. I strangulated the tumour effectually.

When I applied the ligature, it produced nausea, and fainting; I then loosened the screw, until the patient became perfectly easy. I gave her a dose of morphia immediately after applying the ligature; this was the only anodyne administered during the progress of the operation. I gave the screw one turn daily until the tumour was removed, which occurred 24 days after the ligature was applied. After the operation, the os uteri resumed its normal position. The ovaria were

not removed. She still lives in Pike county, Mo., and enjoys good health. She has not suffered from the suppression of her menses. She has a more masculine appearance than before. I afterwards presented the specimen to the St. Louis Medical College Museum, and am informed that Prof. M. M. Pallen exhibited it annually to his classes.—*St. Louis Medical and Surgical Journal*.

On Ligature of Ruptured Tendons.

THE dread of serious accidents after the introduction of sutures in tendons has long prevented surgeons from employing this treatment. Prof. König published a case of successful suture in tendon with catgut ligature, and hence Dr. Rochelt (*Wcin. Med. Presse*) has published his experiments on rabbits. He divided the tendo-Achillis in five rabbits, sewed the cut ends together with carbolised catgut, and then applied an immovable dressing. It appeared that the ligatures were all absorbed; and the operation was not followed by any dangerous reaction, and the animals regained complete use of the extremities.—*Med. Chir. Centralblatt*, and *N. Y. Med. Journal*.

Cure for Warts.

LISFRANC immerses the parts on which the warts are developed in a strong solution of black soap. This causes a slight cauterization of the surface of the wart. The loosened tissue is to be removed and the application repeated every day till the cure is complete. Oil of vitriol should never be used for this purpose; it is very irritating, and inflames the warts instead of curing them.—*Trib. Méd.*, No. 316, 1874. and *N. Y. Med. Journal*.

Cure of Intussusception by Enemata.

DR. B. C. SMITH (*Atlanta Med. J.*) thinks that most cases of invaginated intestine, and many of hernia, are curable by the distension method, if it is pushed sufficiently. He pumps water into the bowels to the extreme endurance of the patient, then desists for a few minutes, preventing its escape in the mean time, and then resumes the pumping, and so on until the obstruction yields. The effect of the distension in an upward direction, he says, is illustrated by the effect on hæmorrhoidal tumours, which, though in a state of protrusion and congestion, will be readily drawn in by distending the colon with water.—*Pacific Med. and Surg. J.*

Propylamine in Rheumatism.

LOWE, in the *Deutschen Militärärztlichen Zeitschrift*, reports excellent results from the exhibition of propylamine in the acute varieties of articular rheumatism. Its influence is shown by the rapid lowering of the temperature and the pulse rate (the latter at times to 48 beats), and also by the diminution of the pain and swelling. Profuse perspiration occurs in a few hours after its administration, and a marked improvement is observed after the second day at farthest. The duration of the disease is shortened from four to eight days, according to the intensity of the several cases. Lower finally claims that an accompanying heart affection forms no contra-indication for the administration of this medicine.

A Hairy Tumour in the Rectum.

DANZEL (*Archiv. für klin. Chirurg.*) reports the case of a tailoress, aged 25, on the anterior wall of whose rectum, two inches within the anus, he discovered a firm tumour with large bunches of hair, which latter extended outside the anus. The tumour was extirpated, but the patient succumbed at the end of three months after the perforation of the peritoneum. Microscopic examination showed the surface of the tumour to be covered with common epidermis. The tumour itself contained a tooth, rudiments of bone, fatty tissue, nerves, and finally, portions of brain tissue. The tumour is therefore to be considered as a true dermoid, which variety has, we believe, never before been found in this location.—*Centralblatt f. d. med. Wissenschaften*, Feb. 6, '75, and *The Clinic*.

Removal of Foreign Bodies from the Ear.

Let the surgeon take six inches, or as much as he pleases—it is always handy, and plenty of it—of horse-hair, double it into a loop; then having the patient placed on his side, pass the loop into the ear as far as it will go; turn it gently, and at first or second withdrawal the foreign body will come out in the loop. It gives no pain and cannot do damage.—*Atlanta Med. and Surg. Journal*.

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on April 6th, 7th, and 8th:—W. J. Pycock, S. J. Wood, O. Tottie, and H. Lighton, Cambridge; H. J. D. Innes, G. R. Turner, and T. E. Worgan, St. George's Hospital; W. J. Cant, W. Leah, C. L. Williams, C. Bradford, and A. Pratt, Birmingham; B. J. Newmarch, W. T. Milles, and E. Thurston, King's College; W. S. O. Williams, Glasgow; P. A. Steedman, T. H. Gillam, A. R. Anderson, E. W. Walter, W. J. Haines, R. H. Schofield, St. Bartholomew's Hospital; R. Walker, C. F. Hawkins, M. Greenwood, E. Berdoe, and J. G. Clark, London Hospital; H. Davy, T. H. Berry, J. C. Uthoff, J. W. Meek, and P. Horrocks, Guy's Hospital; J. Wigglesworth, J. Rose, R. H. Jones, W. Gillibrand, and W. Barber, Liverpool; W. M. Hope, W. J. Frankish, E. Hughes, and E. S. Morgan, University College; C. K. Morris, F. W. Giles, and J. H. Battye, St. Thomas's Hospital; R. N. Hartley, Leeds; G. S. Griffiths, T. James, and F. Bellaby, Middlesex Hospital; A. Hemsted, Belfast; H. Whitehead and F. S. Boreham, Charing Cross Hospital; G. B. Fraser and W. S. Cox, St. Mary's Hospital; C. Henderson, Bristol; F. T. Willie, G. W. Sidebotham, J. Fergusson, and Albert Andrew, Manchester; Frederick L. Benham, University College; Arthur Bennett, London Hospital; Arthur G. Blomfield, King's College; James W. Browne, University College; William B. Clarke, St. Bartholomew's Hospital; Samuel A. Clinton, M.D., New York, Middlesex Hospital; Edward C. Cripps, St. Bartholomew's Hospital; Arthur R. Davis, Middlesex Hospital; Frederick De Caux, King's College; William Dunstan, Guy's Hospital; Francis Goodchild, St. George's Hospital; Edward C. Greene, Guy's Hospital; Joseph Hammersley, Guy's Hospital; Edmund H. Howlett, King's College; Robert E. Inman, London Hospital; James T. Jones, University College; Percy Kidd, B.A. Oxon., St. Bartholomew's Hospital; William Lane, Guy's Hospital; Hardwick Le Cronier, St. George's Hospital; Charles A. S. Ling, London Hospital; William E. Luscombe, St. Mary's Hospital; Thomas E. F. MacGeagh, University College; Robert J. Mills, St. Thomas's Hospital; John Morgan, Guy's Hospital; Charles J. R. Owen, St. Mary's Hospital; George W. Robinson, St. Thomas's Hospital; Charles E. Sheppard, St. Thomas's Hospital; Harold G. Taylor, King's College; Henry L. Webb, St. Mary's Hospital; Francis H. Weekes, St. Thomas's Hospital; Thomas Wilmot, St. Bartholomew's Hospital.

King's College Hospital.—The anniversary festival in aid of the funds of King's College Hospital was held recently, in the College, under the presidency of his Royal Highness the Duke of Cambridge. There was a numerous attendance. His Royal Highness, in proposing the toast of the evening, "Prosperity to King's College Hospital," made an earnest appeal on behalf of the charity, which he truly said was doing an immense amount of good. The hospital contained 172 beds, but the committee were desirous of increasing the number, being prevented from doing so in consequence of want of funds. During the year ending the 31st of December, 1874, no less than 1,754 in-patients had been admitted, while the establishment had treated upwards of 31,297 out-patients during the same period. During the evening subscriptions were announced amounting to over £1,300.

City of London Hospital for Diseases of the Chest, Victoria Park.—The 27th anniversary festival of this hospital was held recently at the London Tavern, under the presidency of the Right Hon. the Lord Mayor. Nearly 200 friends of the institution sat down to dinner. The secretary's report showed that since the opening of the hospital in 1848, 240,000 out-patients had been relieved, and 10,400 in-patients had been under treatment since 1855. The number of out-patients during 1874 was 13,938; in-patients, 781. The Lord Mayor, in proposing "Prosperity to the City of London Hospital for Diseases of the Chest," spoke of his long connection with the hospital. He said 100 more patients had been received this year than last, but the committee had spent more than its income in the good work. His lordship adverted to the large proportion of deaths from consumption, particularly among the poorer classes, the disease being accelerated by the victims breathing bad air in unwholesome and ill-ventilated dwellings. He concluded by an earnest appeal for support, particularly in

the way of annual subscriptions, which he described as the "back-bone" of all institutions of the kind.

National Life Assurance Society.—The directors' report shows that the business of the society continues in every respect in a thoroughly sound and satisfactory position. The net amount of new assurances issued in 1874 exhibits an increase of 10 per cent. on that issued in 1873. The claims admitted in the past year were £47,538 including bonus; this is nearly £6,000 less than in 1873, and about £6,500 less than the expected amount as indicated by the society's tables. Those members who were entitled to participate in profits have had a reduction of premiums amounting in the aggregate to £16,821 in 1874. The amount similarly allotted in 1873 was £15,770, which was referred to in the last report as being the largest sum that the society had ever divided. In addition to this cash bonus, reversionary sums were added to policies the holders of which had agreed to have their share of profit appropriated in that method.

Briton Medical Life Association.—The twenty-first annual report of this Association has just been presented to the shareholders, and we are glad to see that in spite of the adverse criticisms of which it has been the subject in certain quarters during the past year, the balance-sheet shows that the affairs of the Association have been conducted upon a sound footing, which each annual report only the more firmly consolidates. Thus we observe that during the past year proposals for insurance to the amount of nearly £536,000 were made, but accepted only to about the extent of two-thirds. The funds account has also increased, notwithstanding adverse circumstances during the past year, which is an additional safeguard to insurers. On the whole, the report is most satisfactory, and we have pleasure in congratulating the directors, and the secretary, Mr. Messent, in particular, for having brought the Association through so trying an epoch in its history, and for giving fair grounds for hope that its future will be none the less successful than the past.

Testimonial to the Inventor of the Laryngoscope.—A Committee, consisting of several members of the profession and others, of which Mr. Critchett is treasurer, and Dr. Mo ell Mackenzie is the hon. sec., has been formed with a view of presenting a testimonial to Senor Manuel Garcia. The following resolutions were passed at the meeting held at Mr. Critchett's house:—"That the invention of the laryngoscope by Senor Manuel Garcia, whilst it has greatly advanced physiological science, and has conferred incalculable benefits upon humanity, has never received any fitting recognition." "That a subscription be raised with a view of publicly presenting Senor Manuel Garcia with a testimonial, in special recognition of his claims as the inventor of the laryngoscope, and also as a mark of the high estimation in which he is held by all classes."

Execution of a Quack.—Thomas Heap, the man who was convicted of causing death by attempting abortion upon a patient, he at the same time being illegally practising as a surgeon, was hanged on Monday at Liverpool.

NOTICES TO CORRESPONDENTS.

* * In our leader of this day we draw attention to the Coroners Bill, and remark on the improvements suggested by the Irish Medical Association, as representing the feeling of the Poor-law and medical practitioners throughout the country. We understand the Council of the Association has issued circulars to our professional brethren throughout the country embodying the suggestions and alterations proposed. We would ask, how can improvements and alterations in Acts of Parliament be made without combined action and unanimity in making suggestions, and without subscriptions to bear some necessary expenses? A powerful organisation could be established did the medical men throughout the country take a more lively interest in their own advancement, and throwing aside minor differences, aid the Council of the Association by putting forward hints for the redress of grievances together with authentic and detailed records of injustices done by coroners. Sanitation or other Acts, it is most important that the Council should be able to supply Parliamentary supporters with authentic information.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d., at the offices in London, Dublin, or Edinburgh.

MR. T. B. COUCHMAN, Henley-in-Arden.—As we were going to press a strongly-worded letter reached our office from this gentleman, upon whose conduct, in his capacity of coroner at a recent trial, we considered it our duty to comment. We shall return to the subject in our next.

DR. SMOGOWICK SAUNDERS.—A testimonial, consisting of an elaborate and extensive service of plate, was presented to this gentleman on Monday, at the Mansion House, by the Lord Mayor, in recognition of his eminent public services in the foundation of the new Guildhall Library. We wish Dr Saunders health and long life for the enjoyment of his well-earned laurels.

CORRESPONDENT.—In our next.
NEW SANITARY JOURNAL.—We have received the first number of a little eight-page monthly journal entitled the *Sanitary Review*, which professes to be under the authority of the Model Houses Association, whatever that may mean. We are always glad to welcome any attempt, however humble, which can assist in the promotion of sanitation, especially amongst the poor; but we fail to see that the little venture before us has in it the elements of success. It contains but little, and what there is might have been read in other journals many times over. Perhaps the first number is not a fair specimen of the intentions of its promoters.

MOSES AND CIRCUMCISION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to quote from a recent speech of Mr. Disraeli, namely—"As a general rule, it would be useful not to avail ourselves of the use of epithets," and to express a hope that your correspondent "A Surgical Observer of Experience" will in future act upon the Premier's advice when speaking even of individuals, but especially of a whole race, and avoid such expressions as "a notoriously unclean lot," and "enough to nauseate even a doctor," particularly when such expressions are founded on misconception. Your correspondent should have known that it was not Moses who made "a religious rite of circumcision," but a far higher personage, before the Hebrew people, as such, had begun to exist; consequently, it could not have been owing to their "uncleanness" that the rite was instituted. The fact is that Moses was undoubtedly opposed to the operation, for he neglected to circumcise his own sons; and the Jews who were born in the forty years of wandering in the Desert under his guidance were all uncircumcised, as your correspondent can ascertain for himself by a perusal of the Pentateuch and Book of Joshua. Apologising for troubling you, I am, &c.,
Old Kent Road, S.E.

W. T. GREENE, M.A., M.B., &c.

CLINICAL SOCIETY OF LONDON.—On Friday next, at 8½ p.m., Dr. Tilbury Fox, on behalf of Dr. Gustavus Fritsche, of Poland, "On a Case of Fibroma, weighing 35 lb., successfully removed." Mr. T. Smith, "On a Disordered Nerve Function in an Infant." Mr. R. W. Parkes, "On a Case of Scald of the Glottis, with Deposit of False Membranes in the Pharynx, Larynx, and Bronchi." Dr. T. Henry Green, "On Acute Fatty Degeneration of the Heart."
POOR HAMPSHIRE.—Dr. Brewer, Chairman of the Metropolitan Asylums Board, presided at a meeting of the Board on Saturday last. When innocently asked by Sir James Hamilton what had been done about the third alternative site for the Hampshire Fever Hospital, he replied that "the third alternative site remained precisely where it was;" after which the meeting is reported to have broken up with a great deal of confusion. Who can be surprised!

DR. E. A. S.—Either *La France Médicale* or *Le Progrès Médical* would serve your purpose; they are representative French journals.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Kraus, Vienna. Dr. Althaus, London. Dr. Burder, Bristol. Dr. Viney, Southwark. Dr. Dobell, London. Dr. Will, Edinburgh. Dr. Myrtle, Harrogate. Dr. Cornelius Fox, Burnham. Dr. Morgan, Dublin. Mr. Lunn, Edgbaston. Mr. E. Alex. London. Dr. Handal Griffiths, Dublin. Dr. Richardson, London. Dr. Cassells, Glasgow. Mr. Crossley, London. Dr. Robertson, Buxton. Dr. Santon, Paris. Dr. Corfield, London. Mr. Cunliffe Owen, Kensington. Dr. Carey, Taunton. Dr. Samson Gangee, Birmingham. Dr. W. E., Manchester. Dr. Knowlay London. Prof. Wilson, Edinburgh. Dr. John Lowe, Merthyr Tydvil. Dr. James Collard, Sunderland. Dr. Lionel Beale, London. Dr. Ogilvie Will, Atherden. Dr. Gubler, Paris. Mr. Seymour, St. Luke's Hospital, Mr. George Burrows, London. Mr. McDowell, Dublin. Dr. Stevenson Macadam, Edinburgh. Dr. Hall, New York. Dr. Macdonald, Edinburgh. Sir George Burrows, London. Mr. Cunningham, King's College. Dr. Greene, Peckham. Mr. Tichborne, Dublin. Dr. Billing, London. Dr. John Dougall, Glasgow. Mr. P. O'Brien, Sir Ranald Martin Fund. Mr. Brennan, Royal College of Surgeons. Dr. Morell Mackenzie, London. Mr. Brennan, Royal College of Surgeons. Dr. Scott, Kingstown. Dr. Norris-Cane, Mullinavat, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On the Psoeisis, or Lepra. By George Gaskoin. London: J. and A. Churchill.
Consumption in Australia. By C. E. Reeves, M.D. Melbourne. Key to Skin Diseases. By Tilbury Fox, M.D.
Annual Report of the Sanitary Condition of Fyldes. By P. H. Bird, F.R.C.S.
Sir Charles Bell and Sir James Simpson. By Sampson Gamgee, F.R.S.E.
Boarding Out and Pauper Schools. By M. B. Smedley. London: King and Co.
Address delivered at the Royal College of Physicians of London. By Sir George Burrows, M.D., F.R.S.
The Science of Disinfection. By John Dougall, M.D. Glasgow: Maclehose.
Archives of Dermatology. Nos. I. and II.
The Practitioner. Obstetrical Journal of Great Britain. Monthly Microscopical Journal. St. Louis Medical Journal. The Sanitarian. Pacific Medical Journal. Philadelphia Medical Times. The Clinician. The Westminster Review. Journal des Sages-Femmes.

VACANCIES.

Central London Sick Asylum District. Assistant Medical Officer for the new Cleveland Street Asylum. Salary, £110, and partial board. Printed forms to be had at the Highgate Infirmary.

Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 66 Market Street, Bradford.

Wolverhampton Hospital. House Surgeon. Salary, £100 per annum, with board and residence. Address the Chairman of the Medical Committee.

Dundee Royal Infirmary. Resident Medical Superintendent. Salary £200, with board. Applicants should address Mr. Stewart, Solicitor Dundee.

Kent and Canterbury Hospital. Assistant House Surgeon. Salary, £50, with board and lodging. Testimonials, &c., to the Secretary, the Hospital, Canterbury.

Salford Hospital. District Surgeon to visit home patients. Salary, £50, with board and lodging. Applications to the Secretary.

Liverpool Dispensaries. House Surgeon. Commencing salary at £108. Applications to the Secretary.

Penistone Union, Cornwall. Medical Officer for the Union and for the District. Combined salary, £51, with extra fees. Applications to Mr. W. Dransfield, Penistone.

Barnstaple Union. Medical Officer. Salary, £36, with extra fees. Applications to Mr. W. H. Toller, Barnstaple.

Hull-Borough Asylum. Resident Medical Superintendent. Salary, £350, with residence, &c. Applicants must apply to the Committee of Visitors, under cover, to the Clerk.

Droitwich Union. Medical Officer of Health. Inclusive Salary, £150. Applications, endorsed "Medical Officer of Health," to the Clerk of the Committee.

APPOINTMENTS.

BASHAM, W. R., M.R.C.S.E., House Physician to the Westminster Hospital.

BLAKENEY, E. T., L.K.Q.C.P.I., L.M., L.R.C.S.I., Medical Officer, &c., for the Ballinacree Dispensary District of the Boyle Union, co. Roscommon.

CREAGA, J., L.R.C.S.I., Medical Officer to the Fernoy Railway.

GARDEN, R. J., M.D., a Medical Officer to the Aberdeen Dispensary.

HASTINGS, G., M.R.C.S., House Physician to St. Bartholomew's Hospital.

M'EVOR, Dr. J., Medical Officer, &c., for the Nobber Dispensary District of the Kells Union, co. Meath.

OSBALDESTON, L. F., M.R.C.S.E., Medical Officer for No. 4 District of the Hatfield Union.

PAGE, E. S., L.F.P. & S. Glas., L.M., Medical Officer for the Solihull District of the Solihull Union, Birmingham.

PALMER, T. D., L.R.C.P.Ed., Medical Officer for the Boyle No 1 Dispensary District of the Boyle Union, co. Roscommon.

PAUL, R. W., M.R.C.S.E., L.K.Q.C.P.I., Medical Officer for the Calne Union, Wilts.

SMYTH, H., M.B., C.M., L.M.K.Q.C.P.I., Medical Officer to the Town and County Gaol, Foles, the Dorset County Reformatory, and the Canford Dispensary, Admiralty Surgeon and Agent, and Medical Officer of Health for the Canford and Kinson Sub-district of the Poole Rural Sanitary District.

STEPHENS, A. E. R., L.R.C.P.I., M.R.C.S.E., House Surgeon and Secretary to the Kidderminster Infirmary.

THOMPSON, K. C., M.B., L.R.C.S.I., L.M., Consulting and Visiting Physician to the Tyrone and Fermanagh Lunatic Asylum, and Medical Officer to the County Gaol, Omagh.

Births.

CAMERON.—At 15 Pembroke Road, Dublin, the wife of Chas. A. Cameron, M.D., of a son.

NORRIS-CANE.—On the 8th inst., at Mullinavat, the wife of Dr. J. B. Norris-Cane, of a son prematurely.

Marriage.

BLUSDEN-ARMSTRONG.—At St. Mathias Church, Dublin, Maurice Robert Blunden, M.B., son of Sir John Blunden, Castle Blunden, co. Kilkenny, to Nellie Louisa, daughter of E. J. Armstrong, D.L., co. Clare.

Deaths.

ARCHER.—On the 5th April, Francis Archer, M.R.C.S.E., of Crosby, Liverpool, aged 71.

BARKWAY.—On the 2nd April, at Lavenham, R. E. E. Barkway, M.R.C.S.E., of Bungay, aged 42.

BEST.—On the 25th March, at Hyeres, France, Alexander Vans Best, F.R.C.S.E., late Surgeon Bengal Army.

BROWN.—On the 5th April, at Weston, Joel Brown, M.R.C.S.E., L.S.A., of Stourport, Worcestershire, aged 64.

DICKEN.—On the 12th April, at Ashby-de-la-Zouch (after a short illness), Perry Dicken, M.D., in his 84th year.

DICKSON.—On the 30th March, Thos. Dickson, F.R.C.S.E., F.R.C.S.Ed., of Buxton, aged 70.

FRYER.—On the 27th March, Thos. Fryer, M.R.C.S.E., of Trowbridge, aged 73.

GRAY.—On the 8th April, at Bath, Sir John Gray, M.D., M.P., aged 60.

HORN.—On the 15th April, at Dalton-in-Furness, Wm. Horn, L.F.P. & S. Glas., L.S.A.L., aged 87.

HUMPHREY.—On the 10th April, Alex. M. Humphrey, M.B., of Balmoral Place, Aberdeen.

KIRKMAN.—On the 18th March, at Chicago, Dr. John Kirkman, formerly of Bolton, Lancashire, aged 64.

McSWINEY.—On the 1st April, at Shop Street, Galway, James McSwiney, L.A.H.D., aged 64.

NORRIS-CANE.—On the 10th April, at Mullinavat, the infant son of Dr. J. B. Norris-Cane.

PARKES.—On the 7th April, at Abingdon, Henry M. Parkes, M.R.C.S.E., aged 52.

POWELL.—On the 30th March, at Trinity Square, Southwark, W. E. Powell, L.F.P.S.

POWER.—On the 10th April, Robert Francis Power, M.D., of Montagu Street, Montague Square, London.

PROVIS.—On the 12th April, Wilton Provis, L.R.C.P.Ed., of Mere, Wilts, aged 28.

SAWYER.—On the 12th April, at Albert Lodge, Stillorgan Road, Donnybrook, James Hewett Sawyer, M.D., late Professor of Midwifery, Royal College of Surgeons, Ireland, and one of the Masters of the Coombe Hospital.

SCULLY.—On the 5th April, at Main Street, Clonmel, co. Tipperary, Matthew Scully, L.A.H.D.

SOUTHAM.—On the 1st April, G. T. M. Southam, M.B., of Peterborough, aged 35.

STEWART.—On the 6th April, at the Belfast District Hospital for the Insane, Robert Stewart, M.D., Resident Physician, aged 71.

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Midwifery and Diseases of Women and Children—J. Watt Black, M.A., M.D.

Forensic Medicine—G. V. Poore, M.D.
Botany—J. P. Irvine, M.D., B.Sc.
Pathology and Morbid Anatomy—T. Henry Green, M.D., F.R.C.P.
Practical Chemistry—C. W. Heaton, F.R.C.S.
Zoology and Comparative Anatomy—J. F. Blake, M.A.
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Psychological Medicine—W. T. Hunt, M.D.
Diseases of the Skin—E. Sparks, M.A., M.D.
Operative Surgery—E. Bellamy, F.R.C.S.
Practical Instruction in Bandaging—W. Fairlie Clarke, M.A., M.B., F.R.C.S.

Practical Pathology—J. Astley Bloxam, F.R.C.S.
Morbid Histology—J. Mitchell Bruce, M.D.
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April 13th, 1878.

ROBERT J. NEWSTEAD, Secretary.

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Medical School, Old Park, Bristol, April, 1878.

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Average expenditure per intern patient	

The Infirmary is wholly dependent on private benefactions, and is in debt to the Medical Officer. SUBSCRIPTIONS ARE EARNESTLY SOLICITED

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 28, 1875.

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Original Communications.

ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,
Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER IV.

GENERAL REMARKS ON THE CAUSES OF EPILEPSIES.

EPILEPSY, or rather Epilepsies, have been defined as depending on abnormal conditions of nerve tissue. Such permanent alterations occur in the nutrition of areas of grey matter in the cerebral hemispheres that it becomes highly unstable. The sign of this instability is an occasional excessive discharge. In short, there is a permanent "discharging lesion" in each Epilepsy.

That there is a "discharging lesion" in those cases of epilepsy where there is convulsion is evident, for there does occur now and then a paroxysm which gives proof of there being an internal, sudden, excessive and rapid discharge of nerve tissue. In cases of *petit mal*, in which loss or trouble of consciousness is the chief and almost sole observable thing, there is in the pallor of the face evidence of strong discharge; for there is great arterial contraction.

The reader will bear in mind that I believe that in cases of *petit mal*, as well as in cases of convulsion (*grand mal*), the discharging lesion is of some part of the cerebral hemisphere. The accepted view is that in both cases the discharge begins in the medulla oblongata. Indeed, what is essential to my definition of an Epilepsy is that there be a sudden excessive and violent discharge of nervous tissue. Affection of Consciousness is not essential. I have repeatedly spoken of loss or trouble of consciousness in epilepsies. It is a matter of such vast importance that I must speak of it again and again. The absolute distinction into cases with and cases without loss of consciousness is only to be

justified on the score of practical convenience. It is an empirical and not a scientific distinction. It is not a distinction analogous to that made by a botanist, but analogous to one made by a gardener. It has no anatomical or physiological warrant. It is a distinction of psychological parentage. Consciousness is often spoken of as if it were an entity. It is also spoken of as if it were a "function" of the nervous system or of some part of it. Suppose it is a "function" of the nervous system, we have, at any rate, to distinguish this function from that other function—viz., energising of nervous arrangements representing impressions and movements. It is with the latter only that we have to do as medical men; it is on an anatomical basis only that we can trace relations betwixt cases in which consciousness is lost and cases of convulsion, paralysis, &c.

In whatever way an epileptic seizure may begin (in the thumb, in the great toe, by what is subjectively coloured vision, sensation of smell, &c.), consciousness will be lost if the discharge be strong enough. The stronger it is the further it will spread in the brain. (a) In the cases mentioned (where the earliest signs of the discharge are spasm of the hand, or of the foot, &c.) the discharge begins in some subordinate centre. Seizures beginning with loss of consciousness (cases without "a warning") are those in which the discharge begins in the highest of all nervous processes of the cerebral hemisphere—that is to say, in nervous processes evolved out of all lower subordinate centres.

Even the empirical distinction should really be into cases in which consciousness is lost first, very early, late, or not at all. Those cases in which it is not lost at all are cases in which the discharge, beginning in

(a) As I have several times suggested, I think there is a two-fold spreading. The part which is morbid (unstable) discharges, and this discharge, if strong, (1) unrlocks lower and subordinate centres (discharges them), (2) and also discharges associated and, so to speak, collateral centres. I believe the second process is by the intermediation of arteries; the suddenly induced contraction of the artery discharges the cells of grey matter it supplies. There are two kinds of Co-ordination: there is Melody of Movement as well as Harmony of Movement. The arteries, I think, regulate the former, which is Time Co-ordination.

a subordinate centre, is slight, as shown either (1) by the fact that the part of the body affected is limited, or (2) by the fact that although a considerable part is affected, it is slowly affected. Much depends on the rapidity of the discharge. How arbitrary the distinction is must force itself on the notice of the most superficial observer; for of any case in which there are convulsions without loss of consciousness we should mostly be right in saying that some day or other the patient would have one with loss of consciousness—i.e., there would occur a discharge a little stronger, which would therefore spread more widely in the brain.

The one thing common in the many superficially different seizures which I (*MEDICAL PRESS AND CIRCULAR*, November 4, 1874, page 392) call epilepsies is the unstable condition of grey matter; in other terms, there is a "discharging lesion" in every epilepsy. This is the *Functional* affection in epilepsy. The next point is as to the Seat of this Functional Affection. Grey matter may be unstable in many different parts of the cerebral hemisphere (Organ Damaged); hence many differences in the symptoms from cerebral discharges. There is a third inquiry. The pathological processes (Alterations of Nutrition) by which grey matter can be rendered unstable are no doubt numerous.

Let me again remind the reader that for epilepsy, as I define it, loss or trouble of consciousness is not essential. What is essential is a sudden, abrupt, and paroxysmal discharge. What I am now about to urge of a case in which there is loss of consciousness applies in principle to other epilepsies in which there is none. Without intending to make an abrupt limit, we may, for simplicity of illustration, say that in some paroxysms of *petit mal* there is loss of consciousness only. In such a case we have just as much as in any other variety of epilepsy (in one, for example, in which the symptom is convulsion of the arm) to (1) search for the seat of the lesion, the substrata of consciousness; we have to discuss (2) the abnormality in the Function of these substrata (strong discharge of these substrata during which consciousness is lost); and (3) to consider evidence bearing on the disorder of the nutritive process by which cells and fibres of these substrata get into such a state of instability that they occasionally discharge strongly.

That loss of consciousness, a negative symptom, should be ascribed to an active process (discharge) seems, at first glance, unlikely. We see, however, that patients lose the use of an arm during the stage of tonic spasm of it as much as they do in paralysis of it. I think, then, that consciousness may be lost during the *excessive discharge* of the anatomical substrata of consciousness.

Besides other reasons for ascribing loss of consciousness from an epileptic discharge, the discharge is rapid. Time is required for consciousness. On this matter I will quote Spence, "Psychology," vol. i., p. 107:—

"A subjective state becomes recognisable as such, only when it has an appreciable duration: it must fill some space in the series of states, otherwise it is not known as present. This general truth harmonises with a general truth before pointed out respecting nervous action, as well as with the above interpretation.

"The observed fact that time is taken in the transit of a nerve-wave, is not to the point; for this transit has no concomitant subjective state. But the inferred fact that the change set up in a nerve centre must take time, and a more considerable time (§ 35), is relevant; for what is objectively a change in a superior nerve centre is subjectively a feeling, and the duration of it under the one aspect measures the duration of it under the other."

During the *excessive and rapid discharge* of the anatomical substrata of consciousness we could not expect that conscious states would appear; on the contrary, we should, *a priori*, expect loss of consciousness.

To speak of the anatomy, physiology, and pathology of the symptom loss of consciousness may seem strange; but we have already explained that the anatomical substrata of consciousness are only highly compound sensori-

motor processes fundamentally like those of lower centres, differing in being the most special and complex of all. They have, then, their anatomy, their physiology, and their pathology. (a)

Recapitulating, but putting the facts in slightly differing order, we have to study the Anatomy, the Physiology, (b) and the Pathology of Epilepsies, or rather of each epilepsy; or, stating the facts in a more abstract form, and in the reverse order, we have to study the abnormalities in the Absorption, in the Expenditure, and in the Transfer of force in cases of Epilepsy. It is an anatomical inquiry to search for the seat of lesions. It is a physiological inquiry to note how the function of nervous matter is affected. It is a pathological inquiry to trace the morbid nutritive processes by which local changes of instability are brought about.

The above shows in chief part how we use the word Cause. We must use it, however, not in a threefold, but in a fourfold sense. The fourth group of so-called causes is for the conditions which determine individual paroxysms, but more particularly the first paroxysm in a case. We shall have a separate chapter for these so-called causes. But for the present we speak only of Causes with reference to the three lines of investigation—Organ, Function, Nutrition. The word cause is frequently used by medical men for any one of the three. It is used for the seat of the lesion (organ). Thus hemiplegia is said to be "caused by" disease of the corpus striatum. It is used for the functional nature of the lesion, as when it is said that epilepsy is "caused by" increased excitability of the medulla oblongata. It is used for the pathological process (Alteration of Nutrition), as when it is said that loss of speech is "caused by" "softening," the result of embolism. But properly we have, in each case of nervous disease, before our conception of it is anything like complete, to find the seat of the lesion (Anatomy), the functional nature of the change (Physiology), and the derangement of the nutritive process (Pathology). In other words, our classification aims to be threefold, as our method of investigation should be. The principles apply to all cases of nervous disease. I will now, therefore, on the principle of studying first the simplest problems, give the order of the three lines of investigation of a case of hemiplegia of the common form—we will suppose of the left side. Such a case is far simpler than is a case of convulsion. Indeed, our knowledge of the "causes" of the latter is much too imperfect for clear illustration. As illustration only is intended, a mere sketch will suffice.

Anatomical Investigation (Organ Damaged—Seat of Lesion—Localization, &c.).—We find that the face, tongue, arm, and leg are affected on one side. This points to the Organ damaged, which is the corpus striatum.

This kind of evidence points to nothing more. It tells us only that the corpus striatum is damaged, but tells us nothing as to the functional nature of the lesion, nor as to the pathological process by which it is brought about.

Physiological Investigation (Affection of Function—"Destroying" or "Discharging" Lesion).—We find that the parts affected are paralysed. We can now say that the functional affection of the corpus striatum is loss of function—that nerve fibres are destroyed.

It will, I fear, seem mere affectation to give this separately, as when we saw that the patient's face, arm, and leg were *affected* we saw that they were *paralysed*. But from this very simple case I wish to illustrate a method; I wish to show that it is the Regional affection in epi-

(a) Moreover, the anatomico-physiological statement is not loss of consciousness, but, as previously explained, loss of the correspondence of the organism as a whole, with its environment. When we come to anatomy we shall point out that there is not one seat of this correspondence, for consciousness is a varying quantity—that is, we are from moment to moment differently conscious, we are continually changing correspondence with our environment.

(b) Of course we mean by Physiology in this application abnormal function, and correspondingly for the other terms.

lepsies, chorea, &c., which localises, regardless of the state of the muscles in that region.

Pathological Investigation (Alteration of Nutrition).—On inquiry we discover that the palsy came on suddenly, and that there was deep coma. Further, we examine the patient and conclude that he has chronic renal disease, atheromatous arteries, and hypertrophy of the left ventricle of the heart. We now say that the loss of function was the result of breaking up of fibres and cells by irruption of blood.

Here, again, it may seem simply tiresome to separate the functional affection from the pathology. It may be needless for practical purposes in cases like that furnishing the simple illustration now before us; but I think there are few things in Neuro-pathology more unfortunate than the confusion of the physiology of epilepsies with their pathology. For example, the statement that the medulla oblongata is over-excitable is a physiological statement. By what pathological process did that excitability result? is a question in pathology. This is a *very distinct* question.

In so simple a case our investigation and classification are complete. Such a case is indeed so simple that it seems, as we have said, mere pedantry to write out three stages in diagnosis. But in methodical investigation we must do it; we must separately consider the two things, muscular region affected and the condition of the muscles affected. Again, we must not mix our physiology and pathology.

When we pass from palsies to mobile affections resulting from nervous discharges, and particularly to the effects of the paroxysmal discharges in epilepsies, we cannot accomplish this threefold classification. We can often only be certain of the second—the nature of the Functional affection. If we take cases with convulsions, we can be certain of that—we are sure that nerve tissue is Unstable. The fact that certain parts of the body are occasionally put in excessive action is as certain a warrant for the conclusion that a certain area of nerve tissue is unstable as paralysis is for the conclusion that the function of some area of nerve tissue is destroyed. But as to the organ damaged, we can, in most cases, say nothing with certainty. It is only a speculation to say that the organ or part affected in the Epilepsy of Authorities is the medulla oblongata. I hold the counter-speculation that the cerebral hemisphere is the part in which the discharging lesion lies, in the epilepsy of Authorities (which is one epilepsy in my classification). But assuming that there is a localised state of instability in the medulla oblongata, we cannot in most cases trace, except roughly, any links in the pathological process by which that localised discharging lesion resulted.

The method is of great value in keeping up expectation. The causes of epilepsy are wide of the mark unless they bear on one of the three (Organ, Function, Nutrition). If we are told that a patient's epilepsy has been "caused" by anxiety or fright, we gladly accept the important fact that the first epileptic paroxysm was preceded by fright. But the paroxysms continuing to occur, we still ask—Where is the discharging lesion in this case? If it be replied, "In the medulla oblongata," we may, for the sake of putting a further necessary question, provisionally accept this, and next ask—"By what pathological process does Fright lead to such instability of nerve tissue in the medulla oblongata, that it occasionally discharges excessively? Of course I do not expect that those who declare the medulla oblongata to be the unstable part which discharges in epilepsy should have answers to such questions. I simply wish to point out what the questions really are.

(To be continued.)

Royal Hospital for Incurables.—The anniversary festival of this charity was celebrated on Wednesday last by a dinner at the London Tavern, under the presidency of Sir Thomas Chambers, M.P. The guests numbered about 150, who subscribed in the room, after a telling appeal from the chairman, the munificent sum of £2,500.

THE LUMLEIAN LECTURES.

ON LIFE, AND ON VITAL ACTION IN HEALTH AND DISEASE. (a)

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

LECTURE III (continued).

As it were between the two extremes, are forms of bioplasm that grow and deteriorate, but still live for years under adverse circumstances, the structures formed never attaining a state of vigour, but still being formed and acting in an imperfect way, and perhaps for a long period of time. The weak succulent too quickly developed vegetation of our fern cases is an example, and the soft ricketty tissues of our weak, flabby, over-fed, town-bred, highly-precocious children, supply a very painful instance of too quick formation and growth. In such cases the bioplasm has grown too fast, and tissue has been formed too quickly. Time has not been allowed for its condensation and strength, and for the acquisition of resisting and lasting properties. But is it not a mistake to point to such cases as examples of diminished *vital action*? It seems to me that life has been carried on too fast and not too slowly. Too much pabulum has been taken up—not too little. Too much heat, too much food, favour a quick rank succulent spongy sort of development, inducing the formation of soft bones and weak imperfectly acting tissues which are likely soon to deteriorate.

In connection with the question of the nature of *vital* actions, the loss of formative power as the rate of growth and multiplication of the bioplasm increases, must be regarded as a fact of great interest. Bioplasm may form tissue and give origin to multitudes of bioplasts, from which tissue may also be developed. But the very particle of bioplasm which might have taken part in tissue-formation will, if it grows and multiplies too fast, not only lose its power of forming tissue, but the particles that may be produced from it by descent will never regain the wonderful capacity that has been lost. No pus-corpuscle or any of its descendants, then, ever take part in tissue formation. It has deteriorated, and the deterioration in formative power remains a characteristic of all its descendants. But although formative power is lost, new powers or properties may be nevertheless acquired. These are, however, remarkable for destruction—for pulling down and destroying that which has been formed—never for construction. Some forms of pus acquire during their production the most wonderful capacity for rapidly growing and multiplying, as well as for living, and resisting the influence of external conditions. The little off-sets or particles that are detached from them may rise in the air, live for a time in water or milk, or other fluids containing organic matter, adhere to a sponge or a probe or other substance, or be carried in a living state on the foot of a fly or some other insect, and thus transported to an organism at a distance from the one which was the seat of their production. The minute germs being in contact with material adapted for their nourishment, rapidly grow and multiply in their new situation. As we know but too well such forms of *virus* have been produced *ad instig.*, fostered, and propagated to the destruction of hundreds of human beings.

In some cases we are almost able to watch the series of phenomena which result in the development of a contagious animal poison. I have shown that the active agent is a minute particle of living bioplasm, which I have good reason to believe may have been produced by descent from the normal bioplasm of the body. This particle of deteriorated bioplasm, which in some cases may be seen, is a "disease-germ," and of this "contagium"

(a) Delivered at the Royal College of Physicians on Friday, March 12th.

consists. The word *contagion* was used by Hippocrates, by whom, as well as by Harvey, and indeed by authors who lived since Harvey's day, it was employed to signify something immaterial—something intangible, that was supposed to emanate somehow from the affected organism. Now, however, we use this word in a very different sense, for by it we mean actual matter of some kind. This matter, as far as I have been able to ascertain, is composed of minute particles of bioplasm, which resemble in their general characters bioplasm which exists in some situations in the healthy body. The contagious bioplasm results from normal bioplasm, the life of which has been carried on for some time under unusual conditions. It has been already shown that an ordinary form of morbid bioplasm, pus, often originates in the bioplasm of epithelium and in that of connective tissue, and that certain forms of pus have specific virulent properties and are in fact animal poisons, which may be inoculated.

I do not, however, entertain the opinion that all contagious disease germs spring from the bioplasm of epithelium or connective tissue. Some may come from white blood-corpuscles, or from lymph-corpuscles. But I do consider that many facts favour the doctrine that the contagious particles concerned in propagating many of our most serious specific fevers have been derived from the living matter of man's body, and that they are not germs of fungi, or bacteria of any kind whatever. Indeed, in certain instances, they may be seen in far greater multitudes in the tissues of the diseased organism than bacteria, which latter, as is well known, are found often enough in countless multitudes in cases in which there is no specific disease of any kind.

When I was studying the changes in the tissues of animals destroyed by cattle plague I found a quantity of rapidly growing bioplasm in almost all the tissues, but in the skin the manner in which the contagious particles grew and spread could be very satisfactorily demonstrated. The minute particles having gained access to the interstices between the bundles of fibrous tissues of the corium, divided and subdivided, spreading amongst the bundles and separating them from one another. In some places the particles had made their way into the interstices of the epithelial cells of the cuticle, where they formed little collections, and had invaded the tissue itself of the cuticle cell. Similar bioplasm particles were found in the obstructed capillary vessels, and in not a few instances could the course pursued by these be traced from the interior of the capillary to the surrounding tissue by a narrow line of well defined bioplasm particles. Although it is true bacteria were to be seen in some situations, no difficulty was experienced in finding collections of the bioplasm quite free from bacteroid bodies or their germs—a fact which I think conclusively proves that there is no necessary connection between the specific bioplasm particles and bacteria.

I have for years past, in fact ever since 1861, directed attention to what I cannot but characterise as the many insuperable objections to the acceptance of the bacterium and fungus germ hypothesis of contagious fevers. In these days there is nothing more striking than the pertinacity displayed in forcing upon our attention extravagant conjectures which seem to be almost unsupported by facts. One great scientific authority tries to persuade us to go along with Lucretius, another seems to think that it is our bounden duty to believe and confess that we are machines. We are expected to acknowledge that there are forms of life the physical actions of which are not far removed from those of an oil globule—that between a piece of lifeless white of egg and living bioplasm there is only a slight difference—and that omnipresent bacteria, which it is gravely asserted may be made out of non-living matter in a glass flask, or allied forms, are the active agents, or at least the essential concomitants, of almost every form of contagious disease which can be imparted by an infected to an uninfected organism. Indeed there is no end to the suggestions advanced to gratify our love of the improbable, which are made to appear plausible by

the selection and ingenious application of a few arguments, while the numerous facts opposed to them are altogether ignored.

Some writers have committed themselves to the fungus germ theory of disease, and have so clearly stated their views that it is scarcely possible to misinterpret their meaning. Others have expressed themselves against this doctrine with equal clearness and equal force. But there is a third class of persons who seem to think that fungi may or may not be the active *materies morbi*. If, say they, contagium does not consist of actual bacteria it is caused by bacteria, or bacteria constitute an essential condition of propagation, or they prepare the body for the reception of the contagium, or they make the pabulum upon which the contagium lives, or they are a stage in the development of contagium, or they are constant and necessary accompaniments of contagious particles. All this in spite of the broad fact staring us in the face that at the time when certain contagious matter is most virulent, no bacteria, or few or doubtful bacteria, are to be discerned, while as the bacteria multiply the specific properties of the poison become weaker, and when the bacteria are growing rapidly and freely multiplying its specific properties have disappeared. Again it is assumed that there is a necessary connection between the development of bacteria and the formation of pus, although anyone can satisfy himself by observation that the living moving pus-corpuscle is destitute of bacteria germs, while the dead inactive pus-corpuscle or more strictly the matter resulting from the death of the pus-corpuscle is being devoured by them.

The very last conclusion, it seems to me, that would be adopted by anyone who thoroughly thought over the matter would be, that these low organisms were the causes of the changes of the fluids by which their growth was favoured, much less that they were the causes of the diseases which had existed for some time before they began to multiply. One might, I think, with as much show of reason, advocate the doctrine that bacteria were invariably the cause of death, since after every form of death they grow and multiply in the tissues and fluids of the human body.

We have now examined a somewhat extensive range of vital phenomena, and nowhere have we discovered a change or an action peculiar to living matter that could be adequately accounted for by any known facts and laws. The formation of every tissue or organ seems to have been anticipated and prepared for, as it were, beforehand; and, in many cases, changes occur which it is difficult to persuade oneself were not in some sense foreseen, because provision is made for their occurrence long before the changes happen, and the preparation is such that it could only be accounted for upon such an assumption. But, in fact, this is characteristic of every kind of vital action, although it is much more apparent in some instances than in others. It need scarcely be said that physiciats have failed to adduce any explanation of the phenomenon which, like many other facts to which I have adverted, is peculiar to life.

I must apologise for troubling you with so many remarks against any form of physical doctrine of life, but I shall trespass very little more upon your patience. If by physics and chemistry, the phenomena common to all living—even in the case of the very lowest, simplest living—cannot be adequately accounted for, it seems to me it would be an idle waste of time to recount the numberless facts and arguments against the acceptance of a physical doctrine as applied to thought. Nor shall I be greatly moved by the hardest words that may be used, or the intensity of the scorn that may be displayed by those who regard the brain as a machine, and thought as a result of chemical change. They may be well supported in their views, but until they can give a rational account of the changes which occur in a simple living organism, no one who uses his reason aright will believe that they really discern the nature of the difference in the state of the

nervous matter of man's brain when the organ is active and when it is in a state of rest.

Have the supporters of physical doctrines been able to tell us what goes on when a nerve grows, what occurs when it acts, or the difference between the nerve matter of the nerve centres and nerve fibres when they are in a state of the highest activity and most complete rest? Have they shown us how a single nerve fibre is formed in its position, much less accounted for the manner in which that inextricable interlacement of fibres characteristic of all nerve texture is brought about? Have they proved how an odorous or a sapid particle influences the nerve, or the differences between the vibrations of the molecules of the nerves concerned in sight and hearing, or what happens when a nerve centre receives an impression from the periphery, or transmits an impulse outwards—nay, have they advanced a plausible theory to explain how we are able to bring about a definite degree of shortening in muscular fibres, maintain it for a time, and vary it as we will? And yet we are expected to accept the dicta concerning the nature of the highest and most complex actions of man's organism, of authorities who are professedly unable to enlighten us as to the changes which occur when an amoeba or a bacterium moves, or takes up nutrient matter, grows or divides and multiplies.

(To be concluded in our next.)

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 13TH.

Sir JAMES PAGET in the Chair.

MR. ACTON read a paper on

THE PREVALENCE AND SEVERITY OF SYPHILIS AMONG THE TROOPS QUARTERED IN LONDON AS COMPARED WITH THE RARITY OF THE DISEASE AMONG THE SOLDIERS IN THE GARRISONS OF PARIS AND BRUSSELS, FROM OBSERVATIONS THE RESULT OF A PERSONAL INVESTIGATION MADE DURING THE AUTUMN OF 1874.

There was a very large attendance of Fellows and visitors. Among the latter were observed a number of the army medical officers interested in the carrying out of the Acts, as also Mr. Harris, of the Police Force of London. Mr. Acton's paper commenced by stating that when he returned to England after the completion of his studies in Paris, he was greatly struck with the severity and numbers of cases of syphilis in London as compared with Paris, and as a consequence of this he brought the subject before the notice of the Society in 1846, and again in 1860, showing that the Belgian and French troops were much less attacked by venereal affections than the English. In 1873 he found that in districts in England where the troops were not what he called protected from the women, primary syphilis still existed in the proportion of 123 per 1000 men annually. He maintained that syphilis could be prevented and stamped out by providing ready means of ablation, and destroying the local form of contagion, and warning male patients not to infect other persons. The institution of hospitals, whether free or otherwise, was one remedy, for treatment of prostitutes as out-patients was quite inadequate. They should be segregated as soon as diseased, and not allowed to leave hospital until they are quite cured. By doing this, as at Hong Kong and Dartmouth, the disease had been reduced to a minimum. In his visit to Brussels in 1874 Mr. Acton had visited the Military Hospital, where he found only three cases of syphilis among the private soldiers, and two among the non-commissioned officers, out of a body of 3,500 troops. There were only nine women confined to hospital for venereal disease, showing that in Brussels the police inspection had nearly stamped out the disease. In Paris he visited the military hospitals, and could only discover six cases of primary disease, and eight of secondary syphilis,

among 3,841 men forming the garrison of Paris. Disease among the females was very slight also, and Mr. Acton attributed this decrease to the police regulations. He gave a table showing that in the St. Lazare Hospital he only found 23 cases of primary disease among 202 patients in this prison, which is under the police surveillance. With respect to England, Mr. Acton said that Parisian medical men alleged that British travellers, like sailors, were the cause of much of the disease in Paris, and that the disease would ere now have been stamped out had it not been that England and other similar countries went on continually introducing fresh cases into Paris. In London he found at the hospital of the Foot Guards 24 cases of primary disease among 408 single soldiers in the 2nd battalion of the Coldstream Guards quartered in London. In the 1st battalion of the Scots Fusilier Guards he found 25 cases of severe forms of syphilis among 505 unmarried men. He handed in a table extending over a year, which showed that one-fifth of the whole troops quartered in London in 1874 were affected with primary sores, which would have incapacitated the men from duty for a period of six weeks on an average. Perhaps 164 of these men would have secondary disease, requiring mercury, which would further incapacitate them from duty for a period of two months or so, and this would debilitate them greatly. Comparing the syphilitic affections of the Foot Guards with those among the troops quartered in Paris, he showed that 500 troops in London had more disease than 3,841 quartered in Paris. Mr. Acton considered that one-half of prostitutes in London were diseased; whereas of those in the districts under the Contagious Diseases Acts only about 8 per cent. were found affected at periodical examinations. It appeared that at Woolwich during 1871-2-3, only 1,085 cases of primary sores were treated in hospital, out of a garrison of 18,250 men, or only one man was infected in 17 soldiers, instead of 1 in 6, as in London. He therefore, in conclusion, looked upon the advantages of supervision of prostitutes as no longer a problem, but as an undoubted fact.

Dr. CHARLES R. DRYSDALE passed an eulogium on the labours of Mr. Acton in the great and splendid cause of getting rid of syphilis. No more worthy project could be entertained by any nation than that of stamping out the "great plague of modern times," as it had been called by M. Ricord; and the English nation owed a debt of gratitude to Mr. Acton above all others for having made this question a respectable one, and for having in his papers of 1846 and 1860 brought the matter boldly forward for discussion. Dr. Drysdale would confine his remarks to his experience of the effects of police regulations in foreign countries. The women frequented by soldiers were of the poorest and humblest classes, and comparatively easily grouped together and looked after by the police; but the moment we passed from this class of women the whole police system broke down entirely. He admitted that the troops of Belgium and France were less infected than the troops in this country; but the same could by no means be said of the civil population of Paris as compared with that of London. Formerly he had been of the opinion of Mr. Acton that Paris was less affected by syphilis than London; but in 1867, after examining the question well in London, he proceeded to Paris, and went into it there also. The result of his inquiry was to make him think that there was perhaps more syphilis in Paris than in London. When attending M. Nélaton's clinique in 1860 he saw many cases of old tertiary syphilis, and M. Lecour, head of the Dispensary of Salubrité, had recently calculated that some 50,000 cases of venereal contagion were treated in Paris annually. Dr. Lefort, head at the Congrès Médical International of 1867, agreed with him (Dr. Drysdale) when he stated that there was more venereal contagion and far more prostitution in Paris than in London. Dr. Desprès, surgeon of the Lourcine, said there were some 40,000 prostitutes in Paris, and that the police laws only could get 3,500 of these into their power, so that he alleges that the Paris laws do nothing, or next to nothing, in preventing the spread of the disease, whilst they evidently tend to spread prostitution. Dr. Diday, of Lyons, had lately complained, in a work published in 1874, of the inefficiency of the French laws, and Dr. C. B. Taylor stated that Dr. Jeannel thought that Paris was worse than London. As to Brussels, it was a complete mistake on Mr. Acton's part to say that syphilis was nearly stamped out there, for Dr. Thiry said last year in a lecture that there were constantly many cases of grave disease to be seen in his wards in Brussels. Taking these things into consideration, Dr. Drysdale believed that voluntary examinations and hospital accommodation would

do much more, and he was astonished to find that a system which was such a failure in France should be recommended for adoption in Britain and the United States.

Dr. BIRKBECK NEVINS had entered into the inquiry with the idea that good results must have arisen from the Contagious Diseases Acts; but, on perusing the Royal Commission Reports, he found no evidence of any diminution of disease in 1870 as compared with 1866. Before the Acts came into operation, gonorrhœa in the army had diminished by one-twelfth; but now the amount of this disease was higher than before the Acts were in operation, and the last return stated that it was higher in the protected than in the unprotected districts. Dr. Balfour had admitted that the Acts were a failure as regarded gonorrhœa. In the navy, also, gonorrhœa was much more prevalent in the protected districts. In the home and Mediterranean stations it had more than doubled since 1866. As to venereal disease, he would first speak of constitutional syphilis. Before the Acts, from 1861 to '66, there was a fall of one-fourth of the whole amount of the army, but since the Acts there was an increase of one-twelfth above the previous amount. There had been a fall in the amount of primary cases since the Acts had been in operation, but a comparison of the numbers from various towns would give the following results:—In Devonport and Plymouth the average annual fall per 1000 was, before the Acts, 10·8, after it was 7; in Portsmouth, before 15, after 10; at Chatham and Sheerness, before and since 4; in Woolwich, before 18, since 3½; at Aldershot, before 7, since 3·6; and at the Curragh, before 10, since 11; at Shorncliffe, before 9, since 6; at Dover, before 8, since 11; at Maidstone, before 60, since 21; while in London the fall had been reduced from 96 to 40. The fluctuations in Winchester and Canterbury were so great as to make it impossible to calculate them. Colchester alone showed a remarkable improvement, the average fall per 1,000 having increased from 28 to 35. In the navy there was no station with so little improvement in this respect as the home station. In the Mediterranean, since the Acts came into operation, the number of primary venereal sores had doubled. In the unprotected stations the sores were cured more rapidly. Among the constantly sick from syphilis there was a fall of one-third previous to the Acts; but since the Acts the fall per 1000 had been from 6¼ to 5¼. The number of men invalided from secondary syphilis had risen since 1866 one-twelfth in the army, and one-fifth in the navy. Venereal disease had increased 17 per cent. in the regulated districts since 1866, and the deaths had just doubled.

Inspector-General LAWSON said it was a feature in Dr. Nevins' address that he had compared single years 1866 and '72, and he had not shown that any reduction would have taken place had the Acts not been in force. On examining the cases of disease from 1860, it would be seen that there was a diminution in the frequency of the venereal sore down to 1866, while after that there was an increase, with fluctuations in unprotected stations. No conclusion could be come to as to the course of venereal disease unless studied where there was not any act to interfere. Dr. Nevins had compared a minimum with a maximum year, which was not useful. In particular seasons many remarkable variations at the same stations were seen in contiguous barracks. Dr. Nevins had said that secondary syphilis had become more prevalent since the Acts; but he drew different conclusions from the returns. There had been a change of nomenclature, and before 1869 secondary syphilis was returned under three heads—secondary syphilis, syphilitic iritis, and syphilitic cachexia. In five years before the Acts, among 374,000 men, the rate of secondary disease was 34 per 1000, while in the five years (1866 to 1872) since the Acts passed, the annual rate was 25 per 1000. Secondary syphilis varies from year to year; and in years when the number of cases of primary syphilis is small, that of secondary is also small. With regard to discharges from the army on account of syphilis, up till 1863 these were not recorded separately; but, taking the two periods 1863-67 and 1868 to '72, the discharges per annum were, in the first, 13·4, and in the second, 13 per 1000. In considering the question of the number of men under treatment, Dr. Nevins had compared 1866 with '72 without taking any intermediate year. The average daily number of cases of primary syphilis in hospital in 1866 was 6·35; in 1869 in places not under the Acts it was 9. Of secondary syphilis, in places under the Acts, the average daily number under treatment in 1867 was 6·95 per 1000; in 1873 it was 4·33. From the beginning of April, 1868, medical officers in charge of troops had had to make returns of the cases of venereal disease not originating in the

localities where they were, and at Aldershot it was found that much of the disease originated out of the locality. Before the Acts the amount of gonorrhœa at Aldershot was 95 per 1000, and it had now fallen to 75.

Mr. HOLMES said that, as he had been one of the members of the Commission on the Contagious Diseases Acts, he would remark that it was true that the Commission had reported that there was no evidence that periodical examinations had increased the amount of disease. This he admitted, for there was no sufficient material to work upon at that time. This portion of the report was not approved of by a minority of the Royal Commission, including all the medical men on it, except Dr. Bridges and Mr. Holmes Cooté. There was evidence given that the Act had reduced the frequency of venereal disease, and mitigated its severity. The Act was continued by the advice of the Royal Commission, who recommended that Parliament should show the same vigour with regard to it as it formerly had done as to vaccination.

Mr. BRUDENELL CARTER said that Dr. Nevins had spoken as if Dr. Balfour were opposed to the Acts; but he had lately conversed with that gentleman, who had expressed his high opinion as to the utility of these Acts. The question to be decided surely was whether the Acts diminished disease sufficiently to make them be retained.

Dr. DE CHAUMONT referred to Dr. Nevins' diagrams in the *British Medical Journal* for March 27th, and said it would be seen that after 1866 there was a fall both in syphilis and in gonorrhœa as compared with a period before the Acts. Other diagrams were shown, being curves representing the strength of the Royal Engineers and their diseases during the epoch before the Acts, which showed much more disease than after. In the former period the curve of admission was above the line of strength; in the latter it was below, and fell in a diminishing ratio. As to the severity of the disease, a German surgeon had recently expressed his surprise at the number and severity of the cases at Netley as compared with Berlin.

Mr. BOND gave some statistics from the Westminster Lock Hospital; and

Surgeon-Major HUTTON said he had seen much disease in Portsmouth in 1860; but since the Acts Dover was nearly free.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, APRIL 23, 1875.

THE FRAUDULENT TRADING PROTECTION BILL.

THE long-expected debate on Mr. Sclater-Booth's Bill came on on last Tuesday week, and though the interests of the public against the shopkeepers was courageously fought by Dr. Cameron and Dr. Lyon Playfair, it was carried in a form not so bad as at first proposed, but quite sufficiently retrogressive to afford authority to shopkeepers to poison and cheat as much as they like without fear of

the law. In the first place the Act was extended to Scotland and Ireland, which, as it is an intrinsically bad measure, we regret. Dr. Cameron succeeded in removing the word "knowingly" from the clause which deals with manufacturers; but the remonstrants failed to obtain an abandonment of the clauses inserted for the special protection of adulterators. The clauses of the Bill agreed to are as follow, the amendments being in italics:—

Clause 2 [formerly 3]. The term "food" shall include every article *used for food or drink by man, other than drugs or water*:

The term "drug" shall include medicine for internal or external use:

The term "county" shall include every county, riding, and division, as well as every county of a city or town not being a borough:

The term "justices" shall include any police and stipendiary magistrate invested with the powers of a justice of the peace *in England, and any divisional justices in Ireland.*

Description of Offences.

3 [formerly 4]. No person shall mix, colour, stain, or powder, or order, or *permit any other person to mix, colour, stain, or powder, any article of food with any ingredient or material so as to render the article injurious to health, with intent that the same may be sold in that state, and no person shall knowingly sell any such article so mixed, coloured, stained, or powdered, under a penalty in each case not exceeding fifty pounds for the first offence; every offence, after a conviction for a first offence, shall be a misdemeanour, for which the person, on conviction, shall be imprisoned for a period not exceeding six months with hard labour.*

4 [formerly 5]. No person shall, except for the purpose of compounding as hereinafter described, mix, colour, stain, or powder, or order or *permit any other person to mix, colour, stain, or powder, any drug with any ingredient or material so as to affect injuriously the quality or potency of such drug, with intent that the same may be sold in that state, and no person shall knowingly sell any such drug so mixed, coloured, stained, or powdered, under the same penalty in such case respectively as in the preceding section for a first and subsequent offence.*

5 [formerly 6]. No person shall *sell to the prejudice of the purchaser any article of food or any drug which is not of the nature, substance, and quality of the article demanded by such purchaser, under a penalty of twenty pounds, except as herein excepted and provided; that is to say, except—*

Where any harmless matter or ingredient is mixed therewith for the purpose of rendering it portable or palatable, or of preserving it, or of improving its appearance, unless such matter is used to conceal the inferior quality of the article.

Where the article named is a proprietary medicine, or is the subject of a patent in force, and is supplied in the state required by the specification of the patent.

Where a drug is compounded as hereinafter described.

Where the article is unavoidably mixed with some extraneous matter in the process of collection or preparation.

Provided that no article shall be deemed to be within any of the exceptions above set forth if the matter or ingredient mixed therewith shall have been added with intent fraudulently to increase the bulk, weight, or measure of the article.

We may perhaps indulge the hope that the House of Lords will make some effort towards undoing the work of Mr. Selater-Booth; but if this hope proves vain, the public must consider themselves at the mercy of the adulterating manufacturers and shopkeepers until a new agitation forces Parliament to give the victimised consumer some protection for his stomach and his pocket. A more humiliating illustration of the prevalent greed

for money-making, dishonestly or honestly, than is afforded by this Bill never came before Parliament.

THE DEBATE AT THE PATHOLOGICAL SOCIETY OF LONDON.

THERE have been so many debates upon the subject of the germ-theory of disease and on fermentation recently, in the Paris Académie de Médecine, that our readers will welcome the renewal of this important subject on English ground. Dr. Charlton Bastian's paper at the Pathological Society of London is likely to call much attention to the question both in this country and abroad. Of late years the so-called "germ-theory" has been much used to explain the occurrence of fevers, septicæmia, and pyæmia. The relation between bacteria and other minute organisms and the various contagions has often been hinted at; but the Pathological Society's debate has first of all fairly grappled with the subject. It is of course a very wide generalisation which would connect together such very different phenomena as pyæmia and the infection of contagious fevers which so widely differ in their natural history; but this seems to have been done to a certain extent by some of the authors quoted.

Dr. Bastian considers that the germ-theory is merely founded on the faint analogy which exists between contagion and fermentation, which would be quite inadequate even were Pasteur's theory admitted. Bastian prefers Liebig's theory, and considers that germs do not exist, and even if they do, are not essential to contagion. He summed up all the facts and arguments which are opposed to the view that bacteria have any pathogenetic effect, and it is certainly difficult to show clearly that they have any. In absence of clear proof it is, of course, incumbent on all reasoners to look about, or remain in a condition of scepticism. It may be true enough, as Dr. Sanderson remarked, that the parts played by some low organisms in specific diseases are too numerous to be answered by mere sceptical arguments; but it is clear that the time has not yet come for rearing any theory on the basis of the facts before us. With respect to bacteria, it would be necessary to be certain whether their presence constitutes the poisonous character of any fluid, and whether this would become innocuous if they were absent. Lister considers that such organisms come from without. Beale says they originate from germs which penetrate the tissues, and which only come to maturity under certain circumstances; whilst Dr. Bastian thinks that they are produced anew from the degeneration of the protoplasm of the cells.

Dr. Sanderson observed that he had, four years ago, put together what at that time seemed to him the strongest grounds for the germ theory, i. e., the theory that in those processes of disease in which minute organisms are found, the life which interferes in those processes is not only the life of the tissues themselves which are the seat of disease, but another kind of life is introduced. He, therefore, had opposed Dr. Beale's theory, which assumes that in many diseased processes bacteria have to do with the pathological results, but thinks that the life which they enjoy is a life derived from the organisms affected

by the diseased products. He considered that, as regards all kinds of protoplasm, that it was not possible for any small part of it to live when separated from the parent organism; and this seemed to him such an objection to the view of Dr. Beale that it was not even possible to think of such a theory.

Professor Henle had brought forward the germ theory in 1840, in a work called "Pathological Researches," so that if there was to be a discussion of theories, it might have lasted from 1840 up till the present moment. Clinical facts and pathological facts are alone trustworthy in such questions, and Dr. Sanderson considered that no one could come to any conclusion at this moment with regard to the germ theory. Bacteria, which seem on microscopical examination to be identical in their character with those which are present in morbid tissues, can be introduced into the circulation without producing any morbid result.

There is no substance, says Dr. Sanderson, which can produce fever, *i. e.*, first a period of latency, then a shivering fit, and next a rise of temperature accompanied with shivering, going on afterwards and then declining. This we call a paroxysm of fever, and this peculiar physiological fact can only be produced by albuminous liquids in a state of septic decomposition. Such fluids also contain bacteria, and we know that these can be separated from the fluid by boiling them with alcohol, and yet the fluid will still have the property of causing fever. Again, all destructive inflammations, or such as are attended by a destruction of tissue, contain bacteria in the liquids of the destructively inflamed part. These have been called by some persons spheroids, by others micrococci, by others microspora septica; whilst Billroth has named them cocco-bacteria septica. All these forms of inflammation, which are destructive, have an infective character, or spread inflammation.

There have been some observations on this point in cases of diphtheria, in puerperal fever, and in erysipelas. In spreading erysipelas, according to Recklinghausen, bacteria are found in the lymphatic spaces on the affected skin, and the lymphatics at the beginning, or in the progressing zone. This serves, says Dr. Sanderson, to illustrate the intimate relation of the organisms with the process, but proves that we have here nothing to do with septic results; we have to do with a phenomenon connected with the beginning of the process, and which cannot be considered as a result of the destructive changes to which the process has already given rise.

In relapsing fever there was a peculiar spirilla found in the blood discovered by Obermeier in Berlin a few years ago, and these only existed during the paroxysm, disappearing when it passed away. This would be most extraordinary on any theory of spontaneous generation. These organisms are entirely different from any which occur in any septic product, being quite specific in form and characteristic, and entirely different from anything met with in the tissues of either living or dead organisms. A hundred observations of the same kind were lately made in an epidemic of relapsing fever at Breslau. In the case of sheep-pox there is something quite different, for two processes go on side by side and simultaneously. Firstly, there is observed the development of the pustule

from its papule to its ultimate pustular stage in the skin of the sheep, and then a complete series of developmental changes—a development of organisms. These organisms, beginning in a certain form, and in a certain anatomical part of the skin, always in the superficial layer of the corium, gradually extend and find their way into the rete Malpighii. They have a definite anatomical relation to the tissues, and their growth takes place, not in the tissues, but in the lymphatics. Eventually, vesicles become formed, and there is an orderly series of morphological changes taking place in the liquid contents of the vesicles, so that two processes go on side by side each with a development of its own—on the one hand, a development of the pustule, on the other, one of the organism.

Here, again, says Dr. Sanderson, it seems absolutely impossible to admit anything else than that the two processes have some relation to each other. It is not worth while to mention that the organism is the cause of the process, or that the process is the cause of the organism, for in nature we are accustomed to view phenomena in that way. We are accustomed to the notion, with reference to organic beings, that the environment of an organised being has a constant influence on it, but that this influence does not make it impossible to suppose that the organism has an influence on its environment. In this case, therefore, it is not necessary to form any theory as to which is the cause of the other. All we have to do is clearly to understand that the two processes are associated together, and both of them are characteristics of the disease, and then leave it to a later period to determine which is to be regarded as the cause, and which is the effect. The point we have clearly to satisfy ourselves upon is that the organic forms have an inseparable connection with the diseased process. Of course, the whole question is,—Is there a relation between them and the pathological process? In the presence of these facts, it is not desirable to put aside theories, but at any rate the facts should never be forgotten.

THE DISCUSSION ON PUERPERAL FEVER.

DISCUSSIONS are the order of the day, and we are heartily glad to see that they are so. The method of the sciences ought for some years past to have reverted again from the purely empirical to the deductive process. So much material has been collected by the labours of the great observers of the past fifty years, that it becomes absolutely necessary to inaugurate a series of debates in order to give us the interpretation of this mass of experience, which otherwise is but of little value towards human well-being.

There was a well-attended meeting at the Obstetrical Society of London on the 7th inst., to hear Mr. Spencer Wells' opening address on "Puerperal Fever." In the commencement of his remarks, Mr. Wells quoted Dr. Farre's definition of puerperal fever, contained in the work on "Nomenclature," published by the London College of Physicians, and laid great stress on the fact that local lesions generally, but not always, accompany the fever. He remarked that the poison might be so concentrated, or taken in so large a quantity, as to kill before

any local lesions had time to appear, or that the quantity taken in might be so small as to be got rid of before such lesions were caused.

Mr. Wells did not say that puerperal fever is a distinct entity, but propounded this question for discussion, and his remarks were at any rate brief, for he concluded by recalling certain facts, published twelve years ago, on the causes of death after surgical operations, when he had, following the ideas of Pasteur, proposed the use of sulphurous acid and sulphites as a means of preserving the tissues from the action of the supposed virus. Two years after this, Lister commenced the antiseptic treatment of disease, and looking to the great results that surgeon had obtained in ridding hospitals of pyæmia, he thought that by similar precautions lying-in hospitals might be made free of puerperal fever. He pointed out the immense value of sanitary measures in making ovariectomy successful.

Dr. Priestley, the President of the Society, called on Dr. Leishman, of Glasgow, to speak. That gentleman observed that he had come round to the belief that the various forms of fever included under the term puerperal are nearly all of pyæmic or septicæmic character. However different in their origin, whether from scarlatina or local inflammation, the later symptoms in all the forms were of the same septicæmic character. Yet he thought that it was not proved that all kinds of animal poison could engender the fever. A woman entering a lying-in hospital was exposed to as great dangers as if she were exposing herself to typhus fever.

Dr. Newman, of Stamford, said that a large number of cases of puerperal fever owe their origin to the exposure of the patient to some well-marked special fever. In other cases, local inflammations lead to the pyæmic state. Exposure to sewer air, for instance, is such a lowering influence; and the greater activity of the vital processes in a lying-in woman accounts for the readiness with which she is infected by poisons which would not harm her at other times. Mental disturbance, too, he thinks acts as a great predisposing cause. It will be thus seen that this speaker is not in favour of the theory that there is any special disease puerperal fever.

Dr. Braxton Hicks is well known to have some very distinct views as to the causation of puerperal fever. According to Dr. Hicks, a very large proportion of cases of this fever are due to contagion from the specific fevers or from decomposing matters in the uterus, whilst mental influences have a share. So that only about 10 or 12 per cent. of cases remained where the origin of the fever was obscure. In some cases lying-in women may be exposed to scarlet fever and yet escape puerperal fever, where it would be interesting to ascertain whether the patient had suffered from scarlet fever before. Decomposing clots clearly caused fever in some cases, and when the uterus is washed out the fever will disappear. There is not the least doubt that puerperal fever is contagious, however it may be produced, but crowding of puerperal wards was not clearly *per se* a sufficient cause of the disease.

Mr. Jonathan Hutchinson's speech was, as usual, clear and incisive. Erysipelas, he observed, which so often accompanies puerperal fever, is not a specific fever, but merely a local inflammation to which fever is added. This is

shown by the fact that it has no incubation period, that it is local, and that it may be cut short by treatment. It resembled uterine inflammation in these points. Mr. Hutchinson thinks that the term "septicæmia" should be limited to poison introduced into the blood from the patient's own tissues, which may have been first of all inflamed by external irritants, whereas pyæmia was solely derived, he thought, from suppurative phlebitis.

Dr. Benjamin Richardson showed that the condition of the parturient woman was one of great peculiarity, and very prone to the development of febrile conditions. He also did not believe in any special puerperal fever, and thought that the fever might simply be one of reaction or resistance, such as follows after the amputation of limbs. The fever might, he said, be of the bilious remittent type, and it may give rise to cardiac thrombosis. It might also be of a septicæmic nature, from some injury inflicted during the course of the labour, or it might be due to poisons derived from without. Dr. Richardson, speaking of bacteria, and their relation to the pyæmic process in the puerperal state, observed that he had for many years thought that septic processes are purely physical or chemical, and that the association of organic forms was merely a coincidence not causal. Antiseptics, he held, act solely in a chemical way in such processes.

It will be seen from the debate that the idea of there being such a thing as a special disease puerperal fever is not in favour amongst the majority of this day. Mr. Spencer Wells suggests antiseptics and general sanitary care, and there is no doubt that such measures have accomplished much in the case of puerperal women, for no such epidemics are now heard of as Gordon and Armstrong speak of. In the future we may expect to hear of even fewer cases of epidemics of puerperal fever. In this direction the papers of Dr. Leon Lefort and of Mr. Spencer Wells and Dr. Simpson have been of incalculable advantage.

Notes on Current Topics.

A Quarter's Mortality in London.

THE variable temperature and the excessive and continued cold of the past quarter has told a sad tale. Comparing the returns from the Greenwich Royal Observatory with the Registrar-General's returns just issued, we find that from the week ending Saturday, 30th January, to that closing on 6th March the mean temperature of the air was much below the average of the corresponding weeks in the 60 years 1814-73. In the week ending February 6th the temperature was 2.8 degrees below the average; in the next week it was 4.5 below it; the three following weeks did not reach the average by 1.3, 5.9, and 6.5. In the week ending 13th March the temperature in Greenwich was 2.9 degrees above the average, but in the following one it was 4.5 below it. In the two closing weeks of the year there was an excess over the average of 0.5 and 1.9. The effect of these unusual degrees of cold for the season has been most disastrous on the public health. In the four opening weeks of the year the temperature was considerably above the average, and the

deaths sensibly reduced. These, however, were the only exceptions, and during the remaining ten weeks of the quarter an excessive rate of mortality was maintained; no less than 23,367 deaths being recorded in the metropolis in the quarter, and accordingly the annual rate of mortality was as high as 27.2 per 1000 inhabitants, the rate for the March quarter of 1873 being 22.7, and for 1874, 23.7. The death-rate for London for the 10 years 1861-70 is 24.3, and the deaths returned for the past quarter were 3,288 in excess of the corresponding period of 1874.

Extraordinarily Large Child.

At a meeting of the New York Pathological Society, Feb. 24th, Dr. Blake related the measurements of a child, taken 48 hours after its delivery, the dimensions being so large that he wished to place them on record. The head measurements were as follows: Occipito-mental $6\frac{1}{2}$ inches; frontal 6"; perpendicular 5"; transverse $4\frac{1}{2}$ "; temporal $3\frac{1}{2}$ ". The body measurements were: Around the thigh 7"; calf of the leg $4\frac{3}{4}$ "; chest, from under the axilla, $13\frac{1}{2}$ "; biceps $4\frac{1}{2}$ "; middle of forearm $4\frac{1}{4}$ ". Length of child $23\frac{1}{2}$ ". The tallest child at birth recorded before this measured 21". The cranial bones were well ossified, and the head presented the appearance of that of a child of three or four months old. The mother of the child had had an abortion previously, and this was her first-born at term.

Dr. Mary Putnam-Jacobi said that first children were always larger than subsequent ones. The mental and physical capacity was very much taxed in primiparæ. She believed that mothers who led indolent lives bore larger children; she had noticed this in two or three cases coming under her own observation.—*Medical and Surgical Reporter*, April, 1875.

Acute Myelitis.

DR. GUERIN-ROZE (*La France Méd.*) mentioned a case of this disease at the Société Méd. des Hôpitaux, of which the following are the particulars: A man, æt. 46, came into the Beaujon Hospital on July 31, 1874. This man suddenly, without warning, had the evening before felt his legs give way under him, and fell down. At the morning visit paralysis of the lower limbs was observed, but he could move his legs. The arms were intact, and sensibility was normal.

The night of the 31st July was passed by patient without sleep; the arms were affected, and at the morning visit there was paralysis of the muscles, with slight febrile condition. Pulse 88; temperature 37.5° . Dr. Guerin-Roze diagnosed acute generalised myelitis—cause unknown. However, it seemed that the patient had complained some time before of headache, like strokes of a hammer, and three months previously such an attack had got well by means of a purge; another attack was treated unsuccessfully. There was also retention of urine, which was acid, without odour, and sensation was intact.

On the 2nd August and following days the pulse was quicker, palsy persisted, but the intellect was clear; some moist râles were heard in the chest. On the 8th there were symptoms of asphyxia, with cadaveric rigidity, and the patient succumbed on the 18th, after twelve days' illness. At the post-mortem examination congestion of

the brain was noted; the sinuses, filled with blood, presented a sand-like aspect; in the spinal cavity there were seven chalky and irregular plates, three in front and four behind; there was a dirty serosity, with softening of the anterior segment of the dorsal region and of the inferior segment of the lumbar region.

Diarrhœa of Typhoid Fever.

DR. GEORGE JOHNSON (*Practitioner*) says he has lately given up the use of all astringents in the treatment of diarrhœa in typhoid fever. Typhoid fever requires careful nursing and feeding, but no medicine of active nature. He feeds his patients mainly with milk, beef-tea, and two raw eggs in twenty-four hours, and gives wine or brandy in certain cases. He has abandoned the use of mineral acids. When the food disagrees it is better to keep patients to milk alone for several days. Out of fifteen cases of typhoid lately in his wards, all recovered under this treatment.

Circumcision.

DR. DE SAINT-GERMAIN (*France Méd.*, April 10, 1875) has recently delivered a clinical lecture at the Hôpital des Enfants Malades on Circumcision. The lecturer said that dorsal incision of the prepuce could not be considered as a true circumcision. The discovery of the operation is very ancient, and 1,900 years before our epoch we find Abraham practising it. It had from the commencement all the characters of a religious rite, and not of mere hygienic precaution. Herodotus says the Jews borrowed it from the Egyptians, but this is not clear. In general, infants have a long prepuce, and the skin and the mucous membrane are prolonged beyond the gland, forming a sort of little cylinder more or less wrinkled and irregular. This is the ordinary character, and when it disappears the author thought that masturbation existed. Under the influence of this fatal habit the glans is frequently uncovered and exposed to the air and the friction of the clothes; it becomes wrinkled, and the prepuce covers it more exactly. Marjolin attached great importance to this symptom.

The indications for the operation are very numerous. Firstly, we have imperforation of the prepuce, which is a rather frequent malformation; in two or three days the newly-born infant has not passed urine. There is developed at the extremity of the penis a tumour of some size, tense, fluctuating, a true urinary cyst, and we must hasten to incise the prepuce or to practise circumcision to give passage to the urine.

Circumcision may be of some utility as a preventive means or a curative method in masturbation. In this point of view it is of no use after the age of ten; but at the age of five or six we may obtain a cure. As a general rule, masturbation is a moral disease, against which we must most generally employ moral treatment.

Phymosis is a serious obstacle to fecundation. Hutchinson has much insisted on the remarkable immunity from syphilis or soft chancre found among Jews. Perhaps he is right, for the gland, when constantly uncovered, is flattened, retracted, and indurated, and is no longer covered by mucous membrane, but by a kind of skin.

On the contrary, the contraindications are few in number—they are erysipelas, hospital gangrene, &c.

M. Tarnot, in 1865, published a very interesting study on the practice of circumcision in Algeria among the Jews and Arabs. It is practiced among the former eight days after birth. The Rabbin commences by slightly rubbing the gland and prepuce, thus causing a slight erection. He then seizes the end of the prepuce and places it between the two branches of a forceps shaped like a lyre. Then with a special knife he cuts off all that part of the prepuce lying beyond the forceps. To assure the staunching of blood the operator exercises with his lips an energetic suction, and spits the blood into a vessel. Suction is dangerous, for one operator who had mucous plates in the mouth gave syphilis to a series of infants he operated on. Since then suction has been given up, except in Algeria.

The Arabs look on circumcision only as a hygienic practice, and await the age of twelve or thirteen before employing it. The operator ties a ligature on the prepuce in front of the gland and cuts off the part of the prepuce beyond it with a razor.

We may add that MM. Gillet and Grandmont are much in favour of the application of the galvanic cautery to the operation of phimosis.

Reorganisation of the Army Medical Department.

THE following proposals on this subject have been carefully revised and approved by a large number of medical officers. We have reason to believe that their adoption by the War Office would give very general satisfaction:—

1. Department to be styled the "Royal Medical Staff Corps," and all officers to be executive as far as the command of the Army Hospital Corps is concerned, both as regards officers and men.
2. Promotion to the rank of surgeon-major to be fixed at fifteen years' full pay service at *latest*, but to be earlier if possible, e.g., in time of war.
3. All medical officers ranking as field officers to be entitled to forage as laid down in the warrant of 1858.
4. Every officer to be entitled to sixty-one days' leave in the year on full pay and allowances; the arrangements for the performance of his duties to be made by the administration of the "Royal Medical Staff Corps."
5. Officers requiring additional leave on urgent grounds to be granted it on pay only, without allowances.
6. Medical officers to be placed on the same footing as officers of the rest of the army as regards sick leave.
7. Medical officers, no matter how employed, to have a fixed scale of allowances, which shall only bear one interpretation, subject, however, to deductions on a fair scale, when quarters, servants, or forage, &c., are supplied by Government. Servants' allowance to be 1s. 6d. *per diem*.
8. Medical officers attached for any period to regiments, to pay the usual monthly subscriptions to the mess, but not to be liable for the fifty days' pay donation on first joining.
9. All medical officers to be placed on one roster for foreign service, and to go abroad in their turn, irrespective of any appointment they may be holding.
10. Exchanges to be allowed, and to be *bonâ fide*; the officer staying at home to take up the post vacated by the officer going abroad.
11. Medical officers to be relieved of all the duties properly belonging to purveyors; subordinates for that purpose being placed under the orders of the principal medical officer in the station, and being responsible to him for all stores.
12. The Royal Medical Staff Corps to have sole charge of and control in the military hospitals, subject only to the authority of the general commanding officer.
13. Retirement of officers of the administrative ranks to be obligatory at sixty years of age, and on more liberal terms—say 36s. a day for deputy-surgeon-general, and £2 for surgeon-general.
14. Tenure of office for administrative ranks to be limited

to five years in each grade, or ten years in the two: officers so retired to receive the maximum rate of half-pay. All other official appointments (except that of director-general) to be limited to five years.

15. Surgeons-major to be allowed to retire after 20 years' full pay service on 16s. a day, to be increased by yearly increments of 1s. *per diem* for each subsequent year's service, till the maximum pension of 26s. a day is obtainable, e.g., £1 1s. at 25 years' service, and £1 6s. after 30 years, and not to be dependent on medical boards.

16. Officers retiring through ill health, caused in or by the service, to be allowed a higher rate of retirement, according to the recommendation of a medical board.

17. Officers retiring from ill health before the completion of twenty years' service, to be granted seven-tenths of the pay they were drawing, when invalided.

18. Surgeons-major after twenty years' service, to rank as lieutenant-colonels, deputy surgeons-general as colonels, and surgeons-general as major-generals, according to date of commission.

19. Distinctive staff dress: tunic, patrol jacket, mess jacket and waistcoat, full dress trousers, sword and dress belts as at present. Substitute staff forage cap, and staff undress trousers for those now in use. Abolish the black belts, and substitute some other head dress for the cocked hat, except for the administrative ranks.

20. A guarantee be given that whatever terms favourable to the department be now granted, shall not be interfered with or nullified by subsequent circulars.

Dentists' Fees.

MR. PEACOCK, of Scarborough, has been obliged to sue for his fees in a case where he had spent 4½ hours in stopping two teeth for a young lady. He said his uniform charge was one guinea per hour, and proved that the young lady knew this. Several medical men in the town gave evidence that Mr. Peacock was very skilful, and that his fee was well known and moderate. We are glad that judgment was for the plaintiff with costs. One guinea per hour cannot be called extravagant for skilled services, and those who object to pay it should not trouble a dentist whose fee they know to be that. Counsel for defence endeavoured, but without effect, to depreciate Mr. Peacock's service. We doubt if that learned gentleman would like to work for less than a guinea per hour.

International Medical Congress.

THE fourth International Medical Congress is to open at Brussels, under the auspices of the Government, on September 19th, and is to last a week. It will be composed of members of the medical profession, whether native or foreign, who shall have sent in their adhesion to the Committee. No payment will be called for except the sum of 12½ francs, for which a copy will be afterwards given of the Report of the Proceedings of the Congress. The cards of membership will be delivered on Sept. 18th.

The Surgeoncy-General of the Bengal Army.

DR. JOHN CAMPBELL BROWN, C.B., Surgeon-General Bengal Army Medical Department, retires in December next, when his term of office expires, after an active service of nearly forty years. He was with Sir Robert Sale in the Afghan war of 1840-42, took part in the famous defence of Jellalabad, and went through the Sutlej campaign of 1845-46, including the battles of Aliwal and Sohraon. Deputy Surgeon-General Beatson, now on leave in England, and brother to the late principal medical officer of the Indian army, is mentioned as Dr. Brown's successor at the head of the Bengal Medical Department.

Revival of Children in San Francisco.

WE learn from the *New York Medical Reporter* that a "revival" among children has been in process in San Francisco. The little creatures, from four to twelve years of age, are gathered in a large church, and after having been warmed to the work by the singing of hymns stating how full of guilt they are, and the day will come when heaven and earth will pass away, certain "revivalists" begin to stride up and down among them, clapping their hands and crying out as they tell them of the hopeless state of iniquity into which they have fallen, and of the probable early death and certain hell awaiting them. Only the most uneducated or grossly careless parents would subject the brains and nervous systems of their children to a physical strain so unhealthy; and only those profoundly ignorant of the true relation which religion ought to bear to human life would countenance such a false and hurtful phase of it.

The Relation subsisting between Chemical Constitution and Physiological Action.

IN a recent research into the physiological action of the chinoline and pyridine bases, undertaken by Dr. John G. M'Kendrick and Mr. James Dewar, of Edinburgh, these investigators have noticed that on comparing the action of such compounds as C_9H_7N (chinoline) with $C_9H_{13}N$ (parvoline), or $C_8H_{11}N$ (collidine) with $C_8H_{15}N$ (conia from hemlock), or $C_{10}H_{10}N_2$ (dipyridine) with $C_{10}H_{14}N_2$ (nicotine from tobacco), it is to be observed that, apart from differences in chemical structure, the physiological activity of the substance is greater in those bases containing the larger amount of hydrogen. The observation is of great interest as bearing on the question as to the relation between the chemical constitution of a substance and the physiological action exerted by it.

Ophthalmia Neonatorum.

DR. HARKET DERBY (*Boston Med. and Surg. Rep.*, April, 1875), speaking of this frequent complaint and its treatment, quotes Soelberg Wells as saying that if the patient be in hospital, or can be frequently seen by the surgeon, he greatly prefers to apply the nitrate of silver in substance, its strength being diluted by mixing it with one-half or two-thirds nitrate of potash. Sir W. Lawrence says that even the most violent form is easily manageable, and will do well when properly treated. He generally used a simple solution of alum in the proportion of two grains up to six grains to the ounce of water. "Such was the treatment at the London Ophthalmic Hospital, and out of many hundred cases I hardly recollect one where the eye suffered in any respect. When there is any change required, from the eye becoming accustomed to the stimulus of alum, we may advantageously have recourse to the nitrate of silver." Mr. Dixon says that it is sometimes useful to change the local application, and to use a solution of nitrate of silver, two grains to the ounce, dropping a small quantity on the conjunctiva twice or thrice daily. Mr. Lawson thinks that lotion of alum, or of sulphate of zinc and alum, and drops of nitrate of silver, are the most useful astringents in purulent ophthalmia. Dr. Williams, of Boston, seems to have

a great objection to lotions of nitrate of silver in ophthalmia neonatorum. Dr. Derby prefers the *lapis mitigatus* in cases of exceptional severity; but the solution of ten grains to the ounce of nitrate of silver should, he thinks, be applied carefully once in twenty-four hours to the everted lids and washed off with water. This will supersede all other lotions.

Female Abortionists.

THE New York letter of the *Public Ledger*, of recent date, says:—The district attorney, it is understood, was in consultation with the Grand Jury with reference to the ways and means of suppressing the class of female physicians who have figured so prominently in connection with several sad cases that are occupying the attention of the coroners, both in this city and in Brooklyn. There are laws which reach them and their trade, it would appear, but the trouble is the difficulty of putting those laws into force. The result of the conference, of course, is private as yet; but it would not be surprising if it should be a sweeping indictment of the whole tribe, followed by a breaking up of their vile dens. Intimations of this kind from authoritative sources are not wanting.

Curious Epitaph.

IN the Jews' Burial Ground at Bethnal Green is the following:—

MRS.

S earch England or the universe around,
A doctress so compleat cannot be found;
M edicines prepared from herbs remove each ill,
P erfect great cures and proclaim her skill.
S ome hundreds her assistance frequent claim,
O ften recorded by the trump of fame.
N ow, reader, see if you can tell her name.

The Approaching Election at the Irish College of Surgeons.

THE election of Examiners in the Royal College of Surgeons in Ireland will take place, according to charter, on the first Tuesday in May. The Council have applied to the Chief Secretary for permission to amend their present bye-law so as to be empowered to elect eight Examiners instead of seven as heretofore. Mr. Croly and Mr. Stapleton have expressed their intention of seeking admission to the Court, and, we believe, Mr. Thomson, of the Richmond Hospital, also. The candidature of Mr. Croly and Mr. Stapleton will of necessity vacate their seats on the Council, and as Mr. John Hamilton will in all probability be promoted to the Vice-Presidency, there will be three vacancies by retirement from the Council at the next election on the first Monday in June. Mr. Tufnell will, without reasonable doubt, occupy one of these seats on his leaving the Presidential Chair. For the other two vacancies, Dr. Jacob, Dr. Mapother, Mr. McDowel, of Mercer's Hospital, and Dr. Wheeler are already declared candidates. Dr. Jacob and Dr. Mapother have already served upon the Council for several years, the former having succeeded his father on his retirement in 1869. Mr. Fleming has expressed his intention of retiring from the Court of Examiners, and Dr. Peter C. Little is a candidate for a seat in the Court.

Out-Patient Reform.

THIS subject is again being investigated, and this time at Westminster Hospital. The members of the staff of that hospital have been asked for their opinions on the question. The committee of investigation comprehends in its ranks such men as Sir R. Alcock and Mr. Hood, F.R.S.

London Vital Statistics.

IN 1874 the estimated population of London was 3,400,101, of whom 1,591,692 were males, and 1,809,009 were females. In 1871 there were 417,767 inhabited houses, which contained on an average 7.8 persons per house. In 1871 the density of the population was 42 persons per acre. The births registered in London in 1874 were 121,394, of which 61,865 were males, and 59,529 females. Thus the annual births per 1000 living were 35.7. The deaths during 1874 were 76,666, the annual rate of mortality per 1000 persons living being 22.5, or in males 24.6, and females 20.7. The increase of population since the previous year was 44,544 as estimated; and the excess of registered births over deaths in 1874 was 44,788. In 1861 the excess of births over deaths was but 32,000. In 1841 it was but 12,000. In the year 1805 the christenings in London were 6,504, and the burials 6,392. The returns of deaths in 1874 were favourable; in fact, the last three years show a marked reduction in the mortality of London, and imply an improved state of health in the city after drainage. The annual mortality between 1840-49 was 25.2; for the thirty-five years 1840-74 it was 24.2, and for the last three years only 22.2. So that to be a cockney now is, according to the Registrar-General, to have a chance of living a long time.

Sanitary Matters in San Francisco.

IN a review in the *Boston Med. and Surg. Reporter*, 25, 3, 1875, it is remarked that in the city of San Francisco anyone who has seen the filth and crowding of Ward 4 will not be surprised to read that the mortality among the Chinese is more than 50 per cent. greater than among the rest of the population, although they have so few children. As in many other parts of California the mortality from consumption is large (about one-seventh of the total), that in Boston for the past year having been a little more than one-sixth. In San Francisco two-thirds of such deaths were of persons born out of the United States. To explain the low death-rate from infantile cholera (one-fifth as great as Boston) we can think of no conditions except those of climate, which are more or less common to all cities. There were 387 deaths during the year from scarlatina in an estimated population of 200,000. The suicides numbered 3 to 10,000 inhabitants.

Treatment of Throat Diseases.

DR. LEOPOLD SCHRÖTTER (*Fahk. B. d. Kl. für Laryn. u. d. Wien. Uni.*) gives a very interesting account of cases of laryngeal disease occurring in the General Hospital of Vienna. He tried to dilate the glottis in six cases of stricture following on perichondritis, so that the patients might go without the canula. He first tried the common elastic catheter, passed from above, by aid of the mirror,

and drawn through the external opening by means of a small hook, the canula having been removed. It was found impossible to leave the catheter long enough in this position, and it was difficult at times to reintroduce the canula; the operation, too, was very annoying, and the canula was soon destroyed. He then used cylinders of tin about an inch and a half long, which seems to have succeeded in some cases. In the first case, in order to preserve the calibre of the larynx after it was dilated, a catheter-shaped tube of hard rubber, of the size of the normal glottis, was introduced through the glottis into the trachea once or twice daily. One patient swallowed a large-sized bougie, with a string on it a foot and a half long. Both passed by stool on the third day. Schrötter concludes that stricture of the larynx can be thus treated, although it is an unpleasant method of treatment. If dilatation be too rapid, pain in the head and throat, with fever and perichondritis and œdema occur, but the treatment need not be discontinued on this account. The parts regain their normal mobility, and do not lose their sensibility, but it is not certain whether the larynx can in all cases be kept open so that the external opening may be closed.

IN 3,700 cases seen in three years, Schrötter saw seven cysts from the size of a hemp-seed to a cherry-stone. Two were seated on the lingual surface of the epiglottis, three on its edge, and two on the arytenoid cartilage.

THERE were four *simple epithelial* growths and thirty-nine cases of *connective-tissue* growths. In only five out of twenty-one cases operated on was any anæsthetic necessary. There was only one case of recurrence, which he attributes to the cautery of the scar. Türk's crushing forceps were used in all these cases. It is never necessary to open the larynx from without for their removal.

MEDULLARY sarcoma was seen in three cases, and *carcinoma fasciculatum* in one.

TUBERCULOSIS of larynx was observed in very few cases primarily. He found small yellow infiltrations of the size of a pin's head, afterwards ulcerating, very characteristic of laryngeal phthisis. There was always pain in deglutition when the posterior wall of the larynx was ulcerated, but this was only observed in a few cases of simple swelling of the arytenoid cartilages, even when considerable. It was not common even in ulceration of the epiglottis. In one case of dyspnœa, laryngotomy was avoided by passing a hard rubber tube, suitably curved, through the constricted larynx.

THERE were 120 cases of syphilitic affections of the larynx among the 3,700 patients. Of these twenty were cases of perichondritis. In cases of ulceration where tuberculosis or some other disease was not indicated, syphilis was considered to be the cause. Schrötter does not consider the possibility of extensive ulceration from simple catarrh as proved. In symptomatic catarrh, as in typhoid fever, great ulceration may occur. The catarrh was treated by inhalations, the ulcerations by iodoglycerine, or nitrate of silver, and iodide of potassium or mercurial inunction (or both together) internally. Local treatment is advocated without waiting trial by constitutional treatment alone.

THERE was a man with elephantiasis Græcorum in Hebra's Ward, 20 years old, who had had the disease

thirteen years. The circumvillate papillæ of the tongue were very large, the mucous membrane was covered in many places with thick layers of whitish epithelium, especially on several nodes the size of a bean, situated on the base of the tongue. The uvula and arch of palate thickened and covered with greyish-white epithelial layer, and that on posterior wall of pharynx moderately reddened and relaxed. The edge of the epiglottis, the arytenoid epiglottic folds and posterior walls of larynx notably swollen, rigid, irregular in outline, and covered with whitish epithelium, which in places showed slight loss of substance. This was also seen on the vocal cords, which were considerably thickened, with rounded edges of greyish-white colour, and normal mobility. The glottis, even on strongest inspiration, had but a moderate width. He next gives the result of his examination of such patients in Norway and Sweden. He there found small connective-tissue nodes on the epiglottis, the arytenoid epiglottic folds, or symmetrical thickening of these parts. In slight cases the parts seemed merely thickened, in graver cases the entrance to the larynx was narrowed by the rolling in of the sides of the epiglottis, and swelling of the arytenoid epiglottic folds, and sometimes there was ulceration of them.

Orezza Water.

THE use of natural mineral waters is becoming more common in England. On the Continent it is well known that they have long occupied a more prominent place in therapeutics than with us. Chalybeate waters have perhaps been less patronised by British practitioners than have saline and purgative waters. And yet it is well known to those who have fairly tried them that they often do good when all the pharmaceutical preparations of iron fail. Moreover, when these medicines cannot be tolerated, and yet iron is indicated, mineral waters containing the remedy may often be taken with great benefit. One of the best of these is Orezza water, which, though familiar enough to us in France and Italy, has hitherto not been in the English market. We are therefore glad to learn that the valuable Corsican water will henceforth be kept in stock by the Vichy Water Company. Besides being one of the strongest natural chalybeate waters, it is agreeable to the palate in consequence of the large quantity of carbonic acid it contains. Orezza water may be looked upon as a sort of natural ferruginous seltzer water, and as such its numerous uses will at once suggest themselves to our readers.

Scrofula and Tuberculosis.

DR. HUETER (*Volkemann's Samm. Kl. Vor.*, No. 49) states that scrofula is the soil in which tuberculosis is produced, and on this theory bases his practice. Our protection, he observes, from the various sources of inflammatory irritation which surround us, depends on the epidermic and epithelial coats of the skin and mucous membranes. Suppose the case where the protecting coat is not perfect, but presents numerous breaks, the little pores which the microscope has shown to exist between the epidermic and epithelial cells. Such an individual would be especially susceptible to external influences, irritable or vulnerable. Such vulnerability lies at the base of scrofula. We recog-

nise in the inflammations of scrofulous persons a tendency towards extension both in space and in time. We call a person scrofulous when inflammations extend from place to place upon his body, and when they are cured with difficulty and only slowly.

The author thinks that these phenomena are connected with the degree of development of the plasmatic system, to which the pores of the rete Malpighii belong. Thus, the greater development of this system in childhood as compared with adult life, gives the reason why scrofula is so pre-eminently a disease of childhood, and so the expression a "pasty" or "spongy" look, or a "lymphatic" constitution, are warranted by anatomical facts. In the next place, tracing the irritating particles and their inflammatory products into the lymphatic and associated glands, he declares that inflammation of the glands is one, but not the first, expression of scrofula. He looks upon the cheesy metamorphosis of the lymphatic glands as the result of a continuous slight irritation produced by these particles, and agrees with Billroth that the cheesy portions do not, as a rule, result from pre-existing abscesses, but are merely the cells left crowded together, from which the fluids have drained away owing to the incomplete circulation of the lymph in the glands.

He then states that scrofula begins with the local inflammations seated on the peripheral side of the lymphatic glands, which finally ends in the cheesy infiltration of the glands, and this is the first indication of danger involving the life of the patient. The pre-existing inflammations may, of course, have endangered the functions or integrity of the organs in which they have occurred. He feels compelled to say that cheesy infiltrations never resolve; at any rate, such a course is extremely uncommon. After months or years of passive inactivity the cheesy infiltration, as a result of some irritation, becomes the seat of a subacute suppuration occurring in the peripheral layers of the glands. These abscesses are apt to be subcutaneous, and burst externally, thus effecting a cure in some cases.

As to the question how scrofula passes into consumption at some time after the development of the cheesy infiltrations, we are likely to observe hectic fever, and all that group of objective symptoms known to be characteristic of phthisis. Dr. Hueter rests his explanation on the experiments of Fränkel and Cohnheim. It is that the finely granular detritus of the cheesy infiltrations, when the channels of the plasma and of the lymphatics are opened by suppuration, is not free, and finds its way through the blood-vessels into the lungs and thence into the general circulation. These granules ultimately become lodged either in some capillary blood-vessels or lymphatic, and there cause small emboli, around which the whole blood-corpuscles collect, and thus we have miliary tubercles. This process is, in fact, a pyæmia with innumerable inflammatory metastases. Clinical observation shows that the suppuration of the cheesy focus generally precedes the development of the miliary tubercle.

As to treatment, Dr. Hueter insists on the importance of the well-known anti-scrofulous treatment, and upon suitable attention to local inflammations. Moderate enlargements of the lymphatic glands will often yield to

general treatment; but when as large as a pigeon's egg or hen's egg, and obstinate, he protests against delay, and urges extirpation by the knife. The glands most likely to require this are the sub-maxillary group, those on the anterior and posterior borders of the sterno-cleido-mastoid and those under the chin. The operation is free from danger in the hands of a good surgeon; and he believes it most urgently demanded as soon as suppuration occurs in the glands, the seat of cheesy infiltration, and that the least a timid practitioner should do would be to lay open the abscess freely, so as to allow the broken-down cheesy matter to escape. He urges the same principles in scrofula of the testes and epididymis, and also in the bones and joints of the extremities. In the latter he advises resection of the joints, and opening and removal of foci of bone disease.

Urethral Fever.

M. PAULET (*Gaz. Hebd.*, Dec. 18, 1874) read at a recent meeting of the Société de Chirurgie de Paris a report on a memoir of M. Roux on this question. Roux insists on the analogy existing between urethral fever and marsh fever. According to Roux, the determining cause of this fever is as follows: When, after a stricture of the urethra, there is no alteration of the mucous membrane, the sound passes without giving rise to an accident. When, however, the mucous membrane is lacerated or ulcerated, there results an attack of fever of the alkaline, and foetid urine is passed through the canal shortly after the operation. Dr. Paulet thinks that Roux's opinion is too sweeping, all surgeons admitting a previous alteration of the urine. Generally, when the urine is normal, no attack of fever is observed, only when it is altered. The lesion is always seated in the canal when there is an old stricture or alteration of the urethral mucous membrane. But when the urethra is healthy, and the urine is easily passed, may it not be absorbed by a diseased mucous membrane of the bladder? The alkaline state of the urine allows of its dissolving the epithelium. M. Paulet prefers the title urinary or urethro-vesical fever. In affections of the urethra and bladder the kidneys are generally affected. To prevent the access of fever the author advises the treatment of the original affection. Bromide of potassium and sulphate of quinine and ergot may be made use of.

Cirrhotic Liver.

At a recent meeting of the New York Pathological Society, the President, Dr. Delafield, exhibited a remarkable specimen of small cirrhotic liver with a smooth surface, none of the usual irregularities being present. The patient had been an inmate of Roosevelt Hospital, and was about fifty-six years of age. He gave the usual history of a case of cirrhosis, having been a hard drinker for many years. He complained greatly of dyspeptic symptoms, and after a time ascites with jaundice supervened. The liver was small, weighing only two pounds. The surface was perfectly smooth. The capsule was not markedly thickened. There was decided increase of connective tissue. Dr. D. said that the nodulations on the liver were not due to subsequent contraction of the fibrous tissue, as had been formerly supposed, but to the

disappearance of the liver-cells. There were four varieties of cirrhotic livers—the large livers with a rough or smooth surface, and the small livers with a rough or smooth surface.

Radical Treatment of Prostatic Hypertrophy.

PROF. HEINE has cured six cases of prostatic hypertrophy with iodine injections, and now recommends the parenchymatous injection of moderately concentrated solutions of iodide of potassium; he states in *Langenbeck's Archiv.*, quoted in the *New York Medical Journal*, that the operation is not severe, and can be borne by old and weak individuals, because the diminution of the hypertrophied organ takes place without suppuration. When its volume is diminished, the secondary affections of the bladder are also relieved, provided they have not attained a high degree. The operation is performed by placing the patient on his side at the edge of the bed, and introducing the oiled index-finger of the left hand into the rectum to the point where it is intended to make the injection. An exploring trocar is then introduced on the finger, the stilet having been withdrawn into the canula, and the puncture is made. The stilet is then withdrawn from the canula, which is filled with the solution in a syringe. When the canula has been filled, an air-tight syringe is attached to the canula and the injection performed. The median line of the prostate should not be chosen, as a small artery takes its course in this location. The author's solution is: Iodidi potass., ʒij.; tr. iodinii, ʒij.; aq. destil., ʒij.

Remarkable Injury to the Eye.

DR. ADOLPHE BARKAN (in the *Pacific Medical and Surgical Journal*) gives an account of a case of sling-shot injury of the eye of a rather remarkable nature. The patient was struck with a projectile near the outer angle of the eye. The projectile was fired from a sling and was presumably a piece of rock or a small stone. On examination forty-eight hours after the accident, the eye of course presented the appearance of having been injured, but the most remarkable symptom was the entire immovability of the eyeball, which also protruded out of the orbit. The conjunctiva was hyperæmic and swollen; the cornea intact; the aqueous humour slightly clouded; a narrow stripe of blood was at the bottom of the anterior chamber. The pupil was immovable, largely dilated, and not affected by light. The lens appeared to be free from lesion. The vitreous body was much clouded, obscuring the eye to such an extent that ophthalmoscopic examination of the rear of the eye was rendered impossible. From the symptoms, Dr. B. thought that possibly a particle of the projectile had entered the orbit and remained lodged behind the eye, but a careful examination led to a negative result.

Neither a foreign body, nor traces of its having entered the orbit, could be detected. It was therefore concluded that the foreign body had struck the eye with considerable force, causing an effusion of blood into the orbit, more especially into the rear of the eye, and as there were no symptoms of a diffuse traumatic aneurism present, and no foreign body could be detected, the supposition that the protrusion and immovability of the eyeball were caused by

hæmorrhage seemed to be the only satisfactory one. The prognosis was favourable, for it seemed probable that the vision of the injured eye would improve, and its protrusion, as well as its immovability disappear, as the blood extravasated into the eye, more particularly into the vitreous body, and the hæmorrhage into the orbit, were becoming gradually absorbed. Leeches were applied to the temple, and a moderate pressure exerted upon the eyeball by means of a bandage. The patient remained confined to bed and to a darkened room. Under this treatment, the eye made good progress; the swelling and discolouration of the lids considerably decreased; there was a marked diminution in the protrusion of the ball, and a slight movability of the eyeball was perceivable. When a fortnight had passed, however, a foreign body appeared at the side of the eye, near the external canthus. The body in question was a round, large-sized leaden ball, imbedded in a smooth and comfortable conjunctival pocket, in the lower reflected part of the conjunctiva, near the external canthus. The ball could be turned round on its axis in its smooth conjunctival berth, and was easily extracted by forceps. Drawing the lids apart, a blunt probe was introduced into a spacious canal, through which the ball had just made its exit. The canal was situated between the outer wall of the eyeball and the outer osseous wall of the orbit, and on examination with a blunt probe was found to extend through the cellular tissue of the orbit into the rear of the orbital cavity near the optic nerve insertion. The protrusion of the eyeball had entirely subsided; the eye readily moved in every direction; the lids, conjunctiva and eyeball, had assumed an almost normal appearance, but the pupil was still considerably dilated and immovable. Vision had improved in a slight degree. A few weeks afterwards the eye was examined with the ophthalmoscope, and the lens found to be partially luxated, the vitreous body traversed by numerous opacities, and the retina detached in several places. Dr. Barkan says:—

This case of a foreign body in the orbit, is certainly one of the most remarkable on record, for not only is it an astonishing fact that a lead ball $\frac{32}{100}$ th of an inch in diameter, thrown out of a sling, should have found its way into the orbital cavity, passing through between the eyeball and osseous wall of the orbit, yet causing neither a rupture of the tunics of the eye, nor a fracture of the wall of the orbit; and moreover, this is a noteworthy fact, the ball remained lodged in the orbit for more than a fortnight, without causing pain or other troublesome symptoms. That the ball worked itself to the front of the orbit must, in my opinion, be explained by the fact that it and the injury it caused, occasioned considerable hæmorrhage to take place in the rear of the orbit. Thus the wall and the effused blood were the cause of the great protrusion and perfect immovability of the eye, which were observable during the first days after the injury. When the absorption of the effused blood took place, the eye became more and more movable, and undoubtedly these movements, though limited at first, did much towards moving the ball out of its position, and bringing it to the front of the orbit. The fact that I had seen the patient only twice, and almost immediately after the injury had been inflicted, when the conjunctiva was much and universally swelled, and when the foreign body was so deeply imbedded that it could neither be seen nor reached with a probe, accounts for the nondiscovery of the presence of the ball.

We regret to have to announce the death of Mr. Sercombe, which took place on Wednesday last, at 5 p.m. He was a well-known dentist, and was last year President of the Odontological Society of Great Britain.

THE concert which was given recently in the Albert Hall in aid of the Middlesex Hospital has resulted in a cheque for over £225 being handed over to the hospital treasurer.

We understand that Wednesday, June 16th, is the day fixed for the annual meeting of the General Medical Council.

Two dairy proprietors, named Byrne and Rafter, were fined £20 each, on Saturday, at Dublin, for having in their possession cows suffering under pleuro-pneumonia and not giving the required notice to the authorities.

THE Royal Hospital for Consumption at Ventnor has received a bequest of £1000 from the will of the late Mr. Leaf, of Cheapside, London. The York Dispensary has received £500 under the will of the late Mr. Roper.

SIR H. THOMPSON presided at a festival of a Band of Hope Union held on the 17th inst. at the Free Trade Hall, Manchester. The hall was crowded, and Sir Henry spoke strongly in favour of total abstinence from intoxicating drinks.

A MEDICAL SOCIETY for the North of London has just been started, under the presidency of Mr. Kesteven. Dr. Dowse is vice-president, Dr. Harvey Hilliard treasurer, and Mr. W. H. Kesteven hon. sec. The meetings of "The North London Medical Society" will be held on the second Wednesday in each month from October to May. We wish the new venture every success.

IN the House of Commons on Wednesday last the Chancellor of the Exchequer stated that he was aware there was an inequality in the Government grant in aid of medical expenditure to the parochial boards of Scotland as compared with the grant for the same purpose to Poor-law unions in England, but he was not yet prepared to make any change in the existing rule.

IN the House of Commons on Thursday last, in reply to Dr. L. Playfair, as to whether it was the intention of the Government to lay before Parliament reports by the medical officer of the board on the practical efficiency of the act in promoting public health, Mr. Selater-Booth said that the reports referred to had been moved for by his right hon. friend the member for Halifax (Mr. Stansfeld). They had reference to arrangements made under the Public Health Act.

AN absurd charge has been brought against a Liverpool medical man, Mr. Sheldon, for not duly attending a lady whom he attended in confinement. What with medical charities and their abuse by affluent patients, and what with such charges against our brethren when they do the best they can for their patients, it is high time that doctors began to defend themselves *en masse* against the impertinence of the other classes. Cads in the shape of practitioners of medicine who take the side of such prosecutions ought to be sent to Coventry.

At a special Court of Governors of the London Hospital, held on Tuesday, the 20th instant, a vacancy was declared in the office of Senior Obstetric Physician to the hospital. Dr. Palfrey, who has been the Junior Obstetric Physician to the hospital for nearly ten years, and upon whom has devolved the duty of his senior colleague during a protracted illness extending over nearly two years, is a candidate for the appointment.

A COMMISSION which was appointed some time ago to inquire into the best means of getting rid of the sewage of Paris without polluting the Seine proposes that the whole of the sewage shall be distributed by means of machinery over a plain many thousand acres in extent. The value of this land, on which fruit and vegetables are produced for the Paris market, will, it is calculated, be thereby increased tenfold. At the same time no deleterious effect will result, the porous nature of the ground being specially favourable to the operation proposed.

At the last meeting of the Nantwich Board of Guardians with reference to the terrible ravages of puerperal fever in Crewe during the last few days, Mr. Heath stated that no fewer than eleven women in the prime of life had succumbed to the disease quite lately, adding that the contagion had spread by medical officers in the town attending women in their confinement. Mr. Tollemache, a county magistrate, mentioned that three women had died from the same disease in his immediate neighbourhood. The state of affairs has created a great sensation. The Guardians advised the Crewe Local Board to communicate with the Local Government Board at once.

DR. CARPENTER, of Croydon (*Public Health*, April), describes the sewage farm at Croydon, which has occupied his attention for many years past, and is thought by many to be a great success. He showed, in a lecture delivered on the subject, specimens of the crops and other produce of the farm. He laid special stress on the importance of air in assisting filtration, and on the advantage arising by making this process intermittent. In the debate on the paper Dr. Voelcker made some remarks on the influence of sewage on crops. Mr. Smee thought that the Croydon farm was a nuisance and a failure.

THE Board of Governors of the Richmond Hospital, Dublin, met last week for the purpose of electing a surgeon in the room of Mr. John Hamilton, who has been recently appointed Surgeon-in-Ordinary to the Queen in Ireland in place of Mr. Adams, and who resigned his connection with the Richmond Hospital thereupon. The choice of the governors fell upon Mr. Corley, who is one of the surgeons of Jervis Street Hospital. The selection is in all respects a good one. Mr. Corley has established and sustained the repute of being an active and advanced surgeon, and his close relation to the Richmond Hospital for many years as a principal lecturer in the Carmichael School gave him a special claim which could not justly be ignored. Men of higher seniority might have been chosen if they had competed, but amongst the surgeons of his own time Mr. Corley possessed a pre-eminent title to the suffrages of the governors.

THE visitation of the examinations of the Colleges of Surgeons and Physicians of Ireland and of the Irish Apothecaries' Hall was carried out last week by Dr. Risdon Bennett and Dr. Stokes.

At the London College of Surgeons, out of the 180 candidates examined, 35 having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months. The General Medical Council having nominated Dr. Fleming, of Glasgow, and Dr. Barton, of Dublin, to visit and report on the examinations, these gentlemen were in attendance on the 15th inst., and took copious notes.

Literature.

FIVE YEARS' SURGICAL EXPERIENCE IN THE MANCHESTER ROYAL INFIRMARY.

WHEN strangers visit the operating theatre of the Manchester Infirmary it is a common remark of Mr. Southam's to say—"Gentlemen, midway as we are situated between the north and the south, it is natural that we should equally represent the progress the great medical schools there are making."

Bearing in mind this remark of Mr. Southam's, it was with no ordinary interest that we took up Mr. Lund's "Five Years' Surgical Work in the Manchester Royal Infirmary."

In *limine* we may say that Mr. Southam's remark has been clinically and pathologically illustrated in a most satisfactory manner.

As we have had from time to time opportunities of seeing the surgical practice at the Manchester Infirmary, we think we shall best satisfy our readers if we endeavour to show—first, the object Mr. Lund has had in view in republishing from the Manchester and Liverpool Reports his surgical work; secondly, the object and scope of it.

In the preface we learn that the author has had two objects in view in publishing his experience—viz., to show the nature and extent of his practice, but especially the value of reporting surgical cases, points sufficient to indicate that we are dealing with a thoroughly clinical work.

Following the preface there is an index, which, for all practical purposes, is sufficient. We think, however, that here and there it might be altered advantageously; but as classification and medical terminology are subjects almost as arbitrary as the pronunciation of our language, we leave this matter to be discussed by nosologists *et hoc genus omne*.

The index is useful, moreover, as from the method of its arrangement we see at a glance the style of practice to be met with in a large manufacturing town such as Manchester.

We find that in five years Mr. Lund has treated 142 contusions of various parts of the body; wounds of sorts 122; scalds and burns 67; sprains 25; fractures 304; injuries to the brain and spinal cord 54!

What a terrible table this is, and how it unmistakably shows the dangers that still exist while working in cotton mills and on railways! and bearing in mind what the percentage of accidents formerly was on iron-works and elsewhere, how necessary it became, then, for Parliament to interfere; *à fortiori*, judging from these tables, how important it is still for Government to exercise a strict supervision. We cannot but believe that many of the accidents tabulated in this work were of a preventable nature.

In Table I, Class 1A—*Contusions*—Mr. Lund gives a short *résumé* of the cases, and in speaking of the treatment, recommends spirits of wine as an application where the skin is unbroken, and which he states is invariably

used by the London Fire Brigade, and pertinently remarks that "it is highly probable that the spirit portion of tincture of arnica and other alcoholic tinctures, rather than the vegetable extract, is that which chiefly acts as a stimulant to the surface." The observations that follow are all of a practical nature, and the remarks on the condition known as *punctiniform ecchymosis* will interest both the practitioner and the student.

Table II.—Wounds of every kind are discussed, including eight cases of gunshot wounds. In speaking of scalds and burns, Mr. Lund says: "I have drawn a distinction between these two classes of injuries, for it will be found that scalds are for the most part less dangerous and less serious than burns. In scalds it will be generally observed that the difference in the effect of water, when free from greasy matter or oil, and steam, is very considerable." The remarks that follow in illustration of this distinction are thoroughly practical. As regards the *treatment* of burns recommended, it is almost similar to what has been pursued on the iron-works in South Wales for the last thirty years, with this difference, that previously to dressing the patient with burn ointment, the abraded and injured parts were covered over and saturated for twenty-four hours with carron-oil, a practice not carried out in Manchester. As regards the addition of carbolic acid, possibly it may, as Mr. Lund says, "act as a local anæsthetic to the cutaneous nerves;" but as burns have hitherto done well under the treatment we have noted, we confess to being somewhat sceptical as to the antiseptical advantages of carbolic acid being added to the old-fashioned burn ointment. Next comes amputations for accidents and disease. The tables are very carefully drawn up, and Mr. Lund may be congratulated on his success. Two cases recovered in amputation at the hip-joint, and eight recovered after amputation of the thigh out of fourteen cases. The author then fully describes his method of dressing stumps; and as we ourselves have had the pleasure of seeing Mr. Lund's practice, we can bear testimony to the great success he has met with; better stumps we have never seen, and the rapidity with which some of them have healed was quite remarkable.

Mr. Lund's remarks on torsion are scarcely as full as we anticipated, knowing that it has been very largely practised by the staff of the Manchester Infirmary, and was very favourably alluded to in a clinical lecture by Mr. Lund which was published in the *MEDICAL CIRCULAR* last year. In Table VIII. will be found some carefully recorded cases of hernia, one especially, of a man who was operated on twice by Mr. Lund for the same inguinal hernia, and recovered—a case which the author very shrewdly remarks "will serve to illustrate the possible advantages which would occur if persons the subjects of hernia were less indisposed to submit to early operations." Then follows a series of chapters illustrating Mr. Lund's extensive practice in other departments of surgery, including tumours, diseases of bone, &c. The chapter on fractures serves to illustrate the extent and variety of practice to be seen in the wards of this Infirmary. The majority were compound, and the mode of treatment of the wounds was in every instance either Lister's method or Mr. Lund's modification, and "no cases of injury," says the writer, "have seemed to show so well the good effects of the antiseptic treatment as compound fractures." Few surgeons have followed out Mr. Lister's method with so much assiduity and care as Mr. Lund, and, unlike most enthusiasts, he does not ride his hobby to death. The various papers he has written on the subject are sound and thoroughly practical, and his extended practice of Lister's system in every variety of wound entitles him to speak with the highest authority rather than in the modest though no less dignified terms with which the chapter concludes—viz., "I think those who have watched such cases treated upon these principles should feel it to be a duty to advocate them, if not with more earnestness, possibly with greater weight and authority than I can boast."

A number of other chapters of equal practical interest follow, and if space permitted we should be glad to deal

with them *in extenso*. In the table of diseases of the bladder we notice several very interesting cases; but what has always struck us as singular is the manner the surgeons at the Manchester Infirmary perform lithotomy—kneeling. This to our mind looks very ungainly, and certainly will not bear comparison with the finished and elegant style of operating of that distinguished surgeon Sir Wm. Fergusson and his followers. Mr. Lund has set an example to his colleagues which we hope they will follow; and if the surgical experience of the whole staff was annually recorded, we feel confident a volume of clinical surgery would appear which would be highly instructive and illustrate the extent and variety of practice the Manchester School of Surgery affords.

DENTAL SURGERY. (a)

THIS volume will be as interesting to the medical practitioner as to the dentist, perhaps more so, for it occupies the very considerable field which may be looked upon as a sort of debatable ground between that occupied by the surgeon and the dentist. Dentistry proper is excluded from this work, but the principal points of dental surgery are treated with the authority to which the author is entitled from his long experience. It is just the sort of book to which the general practitioner should refer in numerous cases in which he suspects that disease may have originated in a tooth. The author's careful researches in the domain of pathology are also included in the book, and many generally interesting questions are touched upon; thus, in the second chapter, devoted to the functions of the teeth, their use as passive organs of speech is illustrated in a thorough and agreeable manner.

In chapter viii. the subject of caries is placed before the reader with great skill, and although this is, so to say, a brief essay on the subject, it is very complete, and includes the red patches in dentine which have been attributed to staining, but which extended observation has led the author to believe are not unfrequently the result of inflammation. He has found incremental bands of pink dentine in inflamed teeth, and satisfied himself that the colour was caused by hæmatine in the tubes. This position of the colour is the real distinction between inflammation and developmental staining, in which the intertubular tissue shares the pigment. Many years ago the author satisfied himself that in inflammation of the pulp hæmatic colour enters the dental tubes. We are not told what means have been taken to prove the presence of hæmatine, but we would suggest the possibility of determining this point by means of the spectro-scope.

Odontomes, diseases of the tooth-pulp, tumours and other affections of the gum, and dentigerous cysts, occupy several chapters.

We have ourselves so often seen mistakes made in cases dependent upon difficult eruption of the wisdom teeth that we desire to call the attention of all practitioners to the chapter on this subject. The treatment required may generally be carried out with ease, though difficulties are occasionally met with. The great point is the early detection of the cause of the patient's sufferings, for the relief of which application is usually made to the surgeon before the dentist.

So again, the next chapter, on alveolar abscess, is one that every practitioner of medicine or surgery should thoroughly digest.

A separate chapter is devoted to so-called abscess of the antrum, the early diagnosis of which is also of the highest importance.

Medical men will also be highly interested in Mr. Salter's account of the affections of the nervous system dependent on diseases of the teeth. These are either reflex, direct,

(a) "Dental Pathology and Surgery." By S. J. A. Salter, M.B., F.R.S., Dental Surgeon to Guy's Hospital. London: Longmans and Co. 1874.

or mixed, and many of them have from time to time been brought before the profession. Here among reflex affections we find valuable observations upon, and illustrative cases of, facial and general neuralgia, brachial neuralgia, wry-neck, epilepsy, tetanus, amaurosis, deafness, sloughing of the cheek, and ulceration of the neck, whilst among direct affections we have facial paralysis, amaurosis, antral abscess, &c.

After a sketch of phosphorus disease we come to a subject which, although mentioned by Fox, did not attract much attention until taken up by Mr. Salter, viz., necrosis and exfoliation of the alveolar processes and portions of the maxilla after attacks of the eruptive fevers. Such cases have occasionally been attributed to the administration of mercury during the fever, but Mr. Salter believes that this is an error. Descriptions, with illustrations of eight specimens, are given. The first evidence of necrosis has always been within eight or nine weeks after recovery from the fever, usually within four or five. It is not often preceded by pain, swelling, or abscess. It usually occurs on both sides, and Mr. Salter has observed that it occurred in otherwise very healthy children. He believes that the necrosis is the result of a specific poison applied to the vascular parts of the teeth, and so far analogous to the disease produced by phosphorus fumes, but in the fever case, the poison is generated within the individual. The disease only occurs after the eruptive fevers, and non-interference is the best way of meeting it. A weak solution of chloride of lime, or better still, of permanganate of potash, is recommended as a deodorising mouth-wash, and if the general health should be disturbed, ordinary principles should be carried out.

With regard to the removal of tartar, Mr. Salter, we are surprised to learn, employs hydrochloric acid, neutralising it immediately by an alkaline powder consisting of the finest pumice with a fourth part of Castile soap. In his hands we should not be afraid to trust ourselves, but we almost regret that he recommends this method, inasmuch as his authority may be used in favour of a plan which we have always considered as rather dangerous, and the ease of employing which furnishes a strong temptation to extend its use. We may add that the powder seems to us a weak alkali to neutralise a mineral acid more diluted than is here recommended.

The chapter on the extraction of teeth should be perused by everyone who occasionally performs the operation, and is followed by a chapter on the accidents that may take place, which is beyond all praise. Mr. Salter, with a rare courage, details the casualties that have occurred in his own practice. For this he deserves the gratitude of every operator. Legal proceedings of a most unjust character, but none the less disastrous to the operator, may be commenced by dissatisfied patients; and those exposed to this danger may well be thankful that an authority of Mr. Salter's skill and experience has dared to publish his failures, for of course less experienced men could scarcely hope to be equally successful. Valuable as every portion of the work is, we think for this chapter especially Mr. Salter deserves the grateful thanks of every general practitioner, and we have no doubt that dentists themselves will still more highly appreciate our author's courage.

PATHOLOGICAL ANATOMY. (a)

THIS manual professes to give a comprehensive summary of all that is important in the science of pathological ana-

(a) "Manual of Pathological Anatomy." By C. Handfield Jones, M.B. Cantab., F.R.S., F.R.C.P., Physician to and Lecturer on Clinical Medicine at St. Mary's Hospital; and Edward H. Sieveking, M.D., F.R.C.P., Physician to St. Mary's and the Lock Hospitals, Physician Extraordinary to the Queen, Physician-in-Ordinary to the Prince of Wales. Second edition, revised, enlarged, and edited by Joseph Frank Payne, M.B. Oxon., F.R.C.P., Fellow of Magdalen College, Oxford, Assistant Physician to and Late Demonstrator of Morbid Anatomy at St. Thomas's Hospital. London: J. and A. Churchill. 1875.

atomy. Drs. Jones and Sieveking have not worked jointly at the whole subject, but each has written certain divisions of the work, and the table of contents tells us which author is responsible for the several parts. Dr. Payne has revised the whole of this second edition, and he tells us that in doing so he has constantly consulted Rokitsansky, Forster, Cornil and Ranvier, and Rindfleisch. There are 195 wood engravings distributed through the work, many of them being new, and from the editor's original preparations.

The first part of this handbook is devoted to general pathological anatomy, extends over 222 pages, and is from the facile pen of Dr. Handfield Jones. After a chapter of general observations the author devotes one to the morbid states of the blood. Chapter iii. is on inflammation, and is a very able summary of this important subject. In this chapter are included pyæmia and septicæmia as results, though only occasional ones, of the inflammatory process. Of course, the ordinary products and results of inflammation receive attention. In chapter iv. Dr. Jones treats of textural changes, a considerable portion of this being occupied by degenerations. The subject of chapter v. is new formations, which are treated exhaustively, and the illustrations of which are numerous and admirable. In the next chapter, tubercle and allied products are disposed of; whilst with chapter vii., on the vegetable and animal parasites of the human body, Dr. Handfield Jones concludes the first part of the work. As an illustration of how this is brought down to date, we remark that the nematoid parasites discovered by Dr. Lewis are included. We heartily commend Part I. of this manual, as perhaps the best summary in the English language of general pathological anatomy.

Of Part II. we have not space to speak at length. This part is devoted to special pathological anatomy, which is treated of in eight sub-divisions. Of these, Dr. Sieveking contributes those on the pathological anatomy of the nervous system, of the organs of circulation and of respiration, the female organs of generation, and the osseous system. The other sections are written by Dr. Handfield Jones, and comprise the pathological anatomy of the alimentary canal, of the urinary apparatus, and of the joints. This last may be taken as a sample of the book. A paragraph on malformations is followed by inflammation of the synovial membrane and of the joints. In the last, though commonly classed as synovitis, the cartilages are involved. On acute rheumatism, Messrs. Cornil and Ranvier are cited as describing an inflammation of the synovial surface similar to the same disease in other serous membranes marked by the production of large compound cells with several nuclei, corpuscles like those of pus and sometimes fibrinous reticulum. The same authors speak of changes in the cartilage cells resulting in the production of secondary capsules and splitting up of the cellular substance. Pulpy degeneration of the synovial membrane, first described by the late Sir Benjamin Brodie, generally extends to the synovial membrane of the cartilages. This subject has been enlarged upon by our authors in the Pathological Report for 1848 and 1849, and is full of interest.

Atrophy, or usure of cartilage, is described in a manner that tallies with the observations of Dr. Wilks, and illustrated by an engraving representing a vertical section of cartilage of patella in this condition. Ulceration is also illustrated by a drawing representing a vertical section. Scrofulous and tubercular disease of the joints, disease of the articulations of the vertebrae, and ankylosis, true and false, being briefly disposed of, the section closes with chronic rheumatoid arthritis, the description of which is for the most part drawn from the writings of Mr. Adams.

As a specimen of Dr. Sieveking's share of the work we may refer to the section on the organs of circulation, the pathological anatomy of which is given with great fullness. In this section, the chapter on thrombosis and embolism attracts our attention. The varieties of thrombi, and their occurrence in different classes of vessels, as well as the metamorphoses they undergo, are carefully described; and

here we are glad to see credit is given to Mr. Gulliver as having first distinguished softening from suppuration. Under embolism, the secondary changes in the parts affected by the supply of blood being suddenly cut off naturally occupy more attention than the transformations of the hæmorrhagic infarctus. The recent investigations of Cohnheim are included, but we do not notice any mention of the observations of Sir James Paget or any other English authority.

This illustrates what we are inclined to consider almost the only defect of the work—the comparative neglect of British authors and the almost complete dependence on German writers.

Correspondence.

THE INQUEST AT HENLEY-IN-ARDEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has just been called to the article in your paper of the 7th instant, in which you have thought proper to comment upon an inquest which I was called upon to hold on John Aubrey at Stratford-on-Avon a few weeks ago.

You assert that the man "perished from neglect, never having had medical advice, although he was dying of acute bronchitis," and "the poor man died probably for want of reasonable care and competent advice," &c., &c. You do not appear to indicate who was responsible for the neglect, or in what way such men as Aubrey can obtain "competent medical advice." If it had answered your purpose to inform yourself correctly before writing your comments you would have ascertained that neither the man or anyone on his behalf had ever made application to the only source open to him, viz., the parish authorities or the union doctor, for either care or advice, which may be taken as tolerably conclusive that he required neither the one or the other, and that your comments are based upon a state of things for which there was no authority whatever.

The evidence of the medical man examined at the inquest, which I annex, will show what was his opinion of the cause of death, and how far Mr. James (whom you consistently designate as "the prisoner") was responsible for it. The rest of your comments are equally disgraceful. I notice them only to correct any misapprehension which even such language may cause if uncontradicted.

Your obedient servant,

T. B. COUCHMAN.

April 19th, 1875.

"Mr. Rice—I examined the body of deceased yesterday evening; it was that of a feeble old man, not over-well nourished, small chest capacity, no external marks of violence, and nothing which could positively point to the cause of death. I have examined the prescription, and tested the bottle produced, and say that no matter what the man's state may have been, and assuming the bottle to correspond with the prescription, which I have no reason to doubt from the taste, the dose which he is said to have taken could not by any possibility have caused his death, which I am of opinion was an ordinary case of asthenia—by which I mean to say want of strength, or in other words a natural death."

Medical News.

Royal College of Surgeons of England.—The following gentlemen were admitted members of the College at meetings of the Court of Examiners on the 20th, 21st, and 22nd April:

Anningson, Thirkell, Burnley.

Barnes, John James, L.R.C.P.Ed., Bolton.

Base, Charles William, L.S.A., Barnsley.

Beaumont, William Mardon, L.S.A., Oxford, Middlesex Hospital.

Bell, John Duncan, L.S.A., Antigua, St. Bartholomew's Hospital.

Bond, George Weddall, L.S.A., Pulham, Guy's Hospital.

Buck, Charles William, Settle, Yorks.

Cadge, W. H., Castle Carlton, Norfolk, St. George's Hospital.

Cosgrave, Alexander, Fairfield.

Crétin, Eugene, L.S.A., the Mauritius.

Davies, John Wm., L.R.C.P.Lond., Ebbw Vale, Mon.

Day, Edward Joseph, L.S.A., Woodyates, Dorset.

Edmond, Wm. Richardson, Swansea.

Edwards, David, Mold, University College.

Gossett, George, Westward Ho!

Graham, John Thomas, M.B. Glas., Tottenham.

Greenwood, Thomas Porter, Easton, Northamptonshire.

Greenwood, Charles, Nether Broughton, University College.

Gurdon, Edwin John, L.R.C.P.Ed., Colchester.

Hames, George Henry, Woburn Place, Russell Square.

Hartley, John F., Thorne Salvin, Yorks, University College.

Hellier, John Benjamin, Headingley, Yorks.

Hobson, John Morrison, L.R.C.P.Lond., Forest Hill.

Hodson, Henry Algernon, Bishops Stortford.

Hope, T. M., L.R.C.P.Ed., Wastoe, South Shields.

Houlbrook, Edward, L.S.A., Ilkley, Yorks.

Hunt, John Aspinall, Ockbrook, Derby.

Jackson, Robert Alexander, Notting Hill Square.

Jameson, Leander Starr, Earl's Court Road.

Johnson, E. T., South Norwood, St. Mary's Hospital.

Lockwood, John Parker, New Hampton, Guy's Hospital.

Martin, Samuel Edgar, M.D. Q.U.I., Newry.

Miller, Frederic Daniell, L.S.A., Streatham.

Nankivell, Frank, York.

Newton, George, Newcastle-on-Tyne.

Orchard, James Stuart, M.B. Aberd., Salford.

Parker, George Roger, Lancaster.

Potter, Henry Percy, Denmark Hill.

Rawlings, Alfred, L.S.A., Plympton, Devon.

Rees, John, L.R.C.P.Ed., Dover.

Rees, David Valentine, Carmarthen.

Richardson, Arthur, Rusholme.

Romano, Frederick W. R., L.S.A., Brazil.

Smith, Charles Edwin, L.R.C.P.Lond., Preston.

Smith, William Romanis, Oxford, King's College.

Thompson, Alfred, L.S.A., Spilsby, Lincolnshire.

Treves, Frederick, L.S.A., South Hackney.

Walker, William, L.S.A., Landsend, Lancashire.

Waterhouse, Joseph Bourne, Burslem.

Of the 62 candidates examined during the week 14 failed to satisfy the Court of Examiners, and were referred for six months' further professional study.

St. Thomas's Hospital.—At a general court of governors of St. Thomas's Hospital, held on Wednesday last, the treasurer informed the court that the president, Sir John Musgrove, Bart., had founded a scholarship of the annual value of 40 guineas, to be awarded biennially in the medical school of that hospital, and to be held for two years by the second year's student placed highest in the first class at the winter examination. Sir John Musgrove has transferred the sum of £1,400 Consols into the names of the treasurer and other trustees, and a deed of trust defining the conditions on which the scholarship is to be awarded and held has been executed. A very cordial expression of thanks to Sir John Musgrove was unanimously passed.

The Remedial Use of Sea Water as a Beverage.

DR. LISLE, in the *Bulletin de Thérapeutique*, recommends sea water as often beneficial. He finds that its continued use increases the appetite, facilitates digestion, quickens nutritive changes, and augments the proportion of red corpuscles in the blood. Accordingly he recommends:—

1. During convalescence from acute diseases; 2, in the pyretic forms of dyspepsia; 3, in neuroses associated with impoverishment of the blood; 4, in the scrofulous and tuberculous diathesis; 5, in diabetes.

Sea water may be agreeably administered in bread, in the form of a syrup, or in that of an elixir. Bread made from sea water can only be procured at the seaside; it is very palatable, and contains nearly five grammes of the mineral constituents of the water in each pound. The syrup is prepared by mixing 250 grammes of sea water with a sufficiency of sugar and distilled water to make 500 grammes. Each tablespoonful of the syrup contains about twenty-five centigrammes (3½ grains) of the saline residue of sea water; from two to five tablespoonfuls may be taken daily.

The formula for the elixir is: sea water, 200 grammes; rum, 200 grammes; sugar and distilled water up to 500 grammes. The dose at first is a tablespoonful three times a day.

To the obvious objection that a pharmaceutical mixture of

the saline constituents of sea water in their due proportions would serve the same remedial purposes as the sea water itself, Lisle replies that the efficacy of all natural mineral waters is very much greater than that of their manufactured counterparts, the testimony of those who have instituted comparative trials being all but unanimous on this point.

The Diagnosis and Treatment of Placenta Prævia.

DR. CHARPENTIER, in the *Archives de Tocologie*, gives some practical directions on this subject:—

If attention be paid to the following points, the diagnosis can be made without much difficulty. First, the time at which the hæmorrhage first makes its appearance, viz., from the seventh to the eighth month, in some rare cases as early as the sixth month; the fact that it comes on suddenly, without any known cause, and stops as suddenly; and that it reappears at uncertain intervals, but in increasing quantities, up to the time of labour. Second, the absence of ballottement, the thick mass of the placenta being interposed between the finger and the foetal presentation.

The hæmorrhage, in cases of placenta prævia, is always external; it takes place during the uterine diastole, but is expelled during the systole, and if the latter were continuous it could hardly take place at all.

Artificial delivery is a most dangerous method, only suited to most urgent cases. The rupture of the membranes is very good treatment, provided the os is partially dilated. It is hard to do when the presentation is complete. The use of ergot is a powerful auxiliary, but it increases greatly the danger to the child, and is contra-indicated in contraction of the pelvis, organic disease of the uterus, and mal-presentation.

The author looks upon the plug as the treatment *par excellence*. It requires to be applied skilfully to be of any great use. Charpie or tow are the best materials with which to plug, and if properly applied, the author considers such a plug superior to any description of india-rubber bag which can be introduced into the uterus and inflated. The great point to attend to when plugging is to introduce enough of the charpie or tow, as much as a pound and a half of the former material being sometimes necessary. The bladder and rectum should both be emptied before we proceed to plug. Some practitioners dip the first pledget in a solution of perchloride of iron. This is not necessary.

The charpie should be rolled into small balls, the first twenty or thirty of which should have a piece of thread attached. Before being introduced they should be well covered with cerate. This renders a speculum unnecessary.

The author lays great stress on packing tightly the anterior and posterior *cul-de-sac*, but especially the latter. The success of the operation depends to a great extent on this being well done. The vagina itself should be filled with the small pledgets, until they appear externally. Then you apply a handful or more of dry charpie, and over that three or four compresses, the whole being fixed by a T bandage. If this plug be well applied there can be no hæmorrhage. If the charpie at the vulva become moist it is a proof that the plug is badly applied, and it should be removed at once and reapplied. To be of much service the plug should be left in from twelve to twenty-four hours.

NOTICES TO CORRESPONDENTS.

DR. DUGGAN.—Your paper on "Treatment of Pulmonary Cavities" shall appear, if possible, in our next.

DR. CAREY and DR. MEADOWS.—We regret that your copies have again miscarried. Complaints have been made to the Postmaster-General, and the grievance will probably be remedied.

MR. H. JAMESON.—If you are "A Constant Reader," as you describe yourself, you ought to know by this time that we never give the name of any particular practitioner for this or that disease. For such advice you must go to that quack publication "Whom to Consult;" none of the recognised journals will publish the information you seek. "SUBSCRIBER" should enclose his card, not necessarily for publication, but as evidence of good faith.

DR. DUNCAK.—Some of the back numbers of the journal are out of print; the remainder will be sent you as soon as our publisher can look them out.

MR. LANN'S BOOK.—This little brochure, which first appeared in these columns, and was subsequently reprinted in book form, has had a remarkably successful run. In six weeks a large edition was out of print, and now a second edition is before us, and we are informed by the publishers that this is meeting with an equally rapid demand. We wish Lann's "Philosophy of Voice" continued success.

A "CAUTION."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me through your journal to caution medical gentlemen against accepting Government medical appointments in the Leeward or Windward Islands of the West Indies.

For further information vide *Lancet* of 17th April, page 562, which can faithfully corroborate, as having been victimised by the Government and defrauded of part payment of salary, after serving over three years of the hardest existence ever I endured without ever receiving a day's leave of absence, although applied for at a time when imminent danger threatened two members of my family.

The Colonial Office authorities should indeed appoint presidents gentlemen of culture and education *specialty qualified* for the duties incumbent on them, which would add materially to the welfare of their subordinate officers.

Yours very faithfully,
A SUBSCRIBER.

N.B.—Other journals will confer a favour by inserting the above the edification of the Faculty.

VACANCIES.

Broadmoor Criminal Lunatic Asylum. Assistant Medical Officer Commencing salary at £200 per annum, with furnished apartments, &c. (See Advt.)

County of Tipperary Infirmary. Surgeon. Salary, £100 per annum. Applications to be lodged with the Secretary of the Committee. (Advt.)

Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 66 Market Street, Bradford.

Liverpool Dispensaries. House Surgeon. Commencing salary a £103. Applications to the Secretary.

Barnstaple Union. Medical Officer. Salary, £96, with extra fees. Applications to Mr. W. H. Toller, Barnstaple.

Hull Borough Asylum. Resident Medical Superintendent. Salary £850, with residence, &c. Applicants must apply to the Committee Visitors, under cover, to the Clerk.

Droitwich Union. Medical Officer of Health. Inclusive Salary, £150 Applications, endorsed "Medical Officer of Health," to the Clerks of the Committee.

Great Yarmouth Hospital. House Surgeon. Salary, £100, with nished apartments. Testimonials, &c., to the Hon. Sec.

Metropolitan Free Hospital, London. Assistant House Surgeon. No salary, apartments and board free. Applications to the Secretary Devonshire Square, City.

St. George's, Hanover Square. Dispensary Physician. Honorary Testimonials to the Secretary, 78 Park Street, W.

APPOINTMENTS.

BARNES, E. G., M.R.C.S.E., Medical Officer for the Eye District and the Workhouse of the Hartismere Union, Suffolk.

BELL, C. A., M.B., L.R.C.S.I., Lecturer on Chemistry at the Stevens's Hospital Medical School, Dublin.

BURKE, J. P., M.D., L.R.C.S.Ed., Medical Officer, &c., for the Claremorris Dispensary District of the Claremorris Union, co. Mayo.

COOKE, E. M., M.R.C.S.E., second Assistant Medical Officer to the Worcester County and City Lunatic Asylum, Powick.

COOMBS, R. H., L.R.C.P.L., Assistant Physician to the General Infirmary, Bedford.

DAVIDSON, D. C., L.R.C.P.Ed., L.R.C.S.Ed., Senior House Surgeon the Birkenhead Borough Hospital.

DAVIES, F. P., M.B., C.M., M.R.C.S.E., Senior Assistant Medical Officer to the Kent County Lunatic Asylum, Barming-heath, near Maidstone.

EWART, J. C., M.B., C.M., Curator of the Museums of Anatomy and Comparative Anatomy at University College, London.

HEMBROUGH, J. W., M.R.C.S.E., Medical Officer for the Waltham District of the Caistor Union.

JONES, E., M.R.C.S.E., L.M., Medical Officer to the Merthyr Tydfil Union Infirmary at Aberdare.

LAING, J. M.B., C.M., a Medical Officer to St. Mary's Hospital and Dispensary for Women and Children, Manchester.

MOLODY, P. J., M.D., L.M.K.Q.C.P.L., Medical Officer to the Chester-union Workhouse.

MOORE, J. W., M.D., F.K.Q.C.P.I., a Physician to the Meath Hospital and County of Dublin Infirmary.

NICHOLSON, H. A., M.D., Professor of Botany and Natural History at the University of St. Andrews.

PIERCE, E., M.D., F.R.C.S.Ed., L.F.P. & S. Glas., Medical Officer for the Llanrhaidir District of the Ruthin Union.

RAINSFORD, R., M.B., C.M., F.R.C.S.I., Lecturer on Ophthalmic Surgery at the Ledwith School of Medicine, Dublin.

RICHARDSON, C. S., L.K.Q.C.P.I., a Medical Officer to St. Mary's Hospital and Dispensary for Women and Children, Manchester.

RICHARDSON, J. B., M.B., House Surgeon to the Torbay Infirmary Torquay.

STONE, Dr., Medical Officer, &c., for the Abbeyleix Dispensary District of the Abbeyleix Union, Queen's County.

WARREN, F. W., L.K.Q.C.P.I., L.R.C.S.I., L.M., Lecturer on Botany at the Stevens's Hospital Medical School, Dublin.

Deaths.

COX.—On the 16th April, W. H. Cox, M.R.C.S.E., of Burlington House, Oxford Road, Manchester, aged 58.

M'MILLAN.—On the 5th April, Alex. M'Millan, L.R.C.S.Ed., of Whitehorn, Wigtonshire, aged 83.

NICOL.—On the 12th April, John Nicol, M.D., of Ardmarnoch, Argyllshire, aged 84.

NORMAN.—On the 22nd March, of yellow fever, at Rio de Janeiro, Hugh Norman, L.K.Q.C.P.I., &c., surgeon s.s. *Memnon*, aged 98.

RICHARDS.—On the 7th April, at Redruth, William Joseph Richards, M.R.C.S., aged 31.

SAYERS.—On the 20th April, at 18 Claremont Place, Dublin, James Brydges Sayers, M.D., formerly of Limerick, aged 83.

TYNDALL.—On the 17th April, at the Lodge, Gorey, co. Wexford, of acute bronchitis, John Tyndall, M.D., M.R.C.S.E., Member of the Royal Historical and Archaeological Society of Ireland, aged 67.

WALKER.—On the 16th April, Benj. Walker, M.R.C.S.E., of Queen's Road, Chelsea, aged 61.

S. T. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The SUMMER SESSION commences on MONDAY, MAY 3rd. The Hospital contains 350 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week. The usual Courses of Lectures are also given by the appointed Teachers. Dr. Robert Barnes has this year been chosen Lecturer on Midwifery, and Dr. Brailey Lecturer on Comparative Anatomy. Further information may be obtained from the Treasurer or Dean of the School, at the Hospital.

S. T. MARY'S HOSPITAL MEDICAL SCHOOL, PADDINGTON.—The SUMMER SESSION will commence MAY 1. The Prospectus and full information may be obtained on application to the Dean at the Hospital, Cambridge Place, Paddington. The Medical Tutor receives into his house to board and lodge a certain number of Students, whom, in addition, he prepares for their Examinations, &c.
A. B. SHEPHERD, M.B., Dean of the School.

LONDON HOSPITAL MEDICAL COLLEGE.—The next SUMMER SESSION will commence on Saturday, May 1st, 1875.

General fee to Lectures and Hospital Practice, with two years' Practical Anatomy, 90 guineas, payable in two instalments of 45 guineas each. Library fee, 1 guinea. Special entries can be made to Lectures or Practice.

The Hospital contains 600 beds. The In-patients during 1873 were 5,613, and the Out-patients 43,868; total, 49,421.

The following Prizes and Appointments are given without any further payments to Students paying the general fee of 90 guineas:—

1. A Scholarship of £30 to the Student of less than three months' standing who passes in October the best examination in the subjects required at the Preliminary Examination.
2. A Scholarship of £20 to the Student of less than three months' standing placed second in the above examination.
3. A Scholarship of £20 in Human Anatomy for first-year Students; to be awarded in April, 1876.
4. A Scholarship, value £25, in Anatomy, Physiology, and Chemistry, for first-year and second year Students; to be awarded in April, 1876.
5. A Hospital Scholarship, value £20, for Clinical Medicine; to be awarded in April, 1876.
6. A Hospital Scholarship, value £20, for Clinical Surgery; to be awarded in April, 1876.
7. A Hospital Scholarship, value £20, for Clinical Obstetrics; to be awarded in April, 1876; and a Prize of £5 to the Student who has attended most Midwifery Cases for the Hospital during the preceding twelve months.

The Duckworth Nelson Prize, value £10, for Practical Medicine and Surgery (Biennial), 1876.

Money Prizes to the value of £60 given annually by the Committee for and in Dressing Out-patients and knowledge of Minor Surgery.

Four House-Surgeons, tenable for three or six months, and Dressorship to In-patients, open to all. Dressorships to Out-patients, with the privilege of competing for the Prizes above mentioned.

The office of Resident Medical Officer, tenable for two years, with a salary of £75 for the first year and £100 the second year.

Two Junior Resident Medical Officerships, tenable for six months.

Eight Medical Assistantships, held for three or six months, with residence and board in the Hospital for three or six weeks.

The office of Resident Accoucheur, tenable for six months.

N.B.—The holders of the resident offices are provided with rooms and board free of expense.

Four offices of Clinical Assistants in the Out-patients' Department, each at a salary of £40.

A Prospectus, giving details, will be forwarded on application to the Bedell of the London Hospital Medical College, Tupper Street, E.

Further information may also be obtained from Mr. James E. Adams, Treasurer, 10 Finsbury Circus, E.C.; or Mr. Waiien Tay, Vice-Dean, at the Medical College.

BRISTOL MEDICAL SCHOOL.—The SUMMER SESSION will commence on MONDAY, MAY 3.

Prospectuses may be obtained on application to
GEORGE F. BURDER, M.D., Hon. Sec.
Medical School, Old Park, Bristol,
April, 1875.

BROADMOOR CRIMINAL LUNATIC ASYLUM.—There is at present a VACANCY at this Asylum for an ASSISTANT MEDICAL OFFICER, who must be registered under the provisions of the Medical Act of 1858, and be unmarried.

The salary commences at £200 per annum, and increases £5 annually up to £225, with furnished apartments, coal, gas, and attendance.

Application to be made, in the first instance, by letter, addressed to the Medical Superintendent, Broadmoor Asylum, near Wokingham, Berks.

QUEEN'S COLLEGE, BIRMINGHAM,
(INCORPORATED BY SPECIAL ACT OF PARLIAMENT.)
FACULTY OF MEDICINE.

THE SUMMER SESSION will COMMENCE on the 3rd of MAY next.

The Prospectus of the Medical Department, and further information may be obtained by application to the Rev. the Warden, at the College; or to Professor Hinds, M.D., 10 Easy Row, Holb. Sec. to the Professors.

HOSPITAL PRACTICE.—Arrangements have been made whereby all Students of the College will, in future, attend the Clinical Lectures and Practice at both the General and the Queen's Hospitals, for a common Fee. The Fees for Hospital Practice (£1 10s.) are to be paid to either Dr. Jolly, 133 Newhall Street, or Dr. Sawyer, 92 Newhall Street, Birmingham, Joint Secretaries to the Birmingham Clinical Board.

SCHOOL OF MEDICINE, EDINBURGH.—SUMMER SESSION, 1875.

On MONDAY, 3rd MAY, CLASSES will commence in Practical Anatomy and Demonstrations, Practical and Analytical Chemistry, Materia Medica and Therapeutics, Midwifery and Diseases of Women and Children, Medical Jurisprudence and Public Health, Clinical Surgery, Clinical Medicine, Vaccination, Diseases of the Eye, Diseases of Children, Practical Physiology, Insanity, Surgical Appliances, and Operative and Practical Surgery.

These Classes qualify for Graduation in the University of Edinburgh, and other Universities, the Royal Colleges of Physicians and Surgeons, and the other Medical and Public Boards.

STEVENSON MACADAM,
Secretary to the School of Medicine.

SLIGO DISPENSARY.

APOTHECARY WANTED.

THE COMMITTEE of MANAGEMENT of the above Dispensary will, at their Meeting, to be held on FRIDAY, the 14th of May, at Twelve o'Clock, proceed to Elect a duly-qualified APOTHECARY for the above Institution, at a Salary of £80 per annum. Age of Candidates not to exceed forty years, and personal attendance necessary.

N.B.—The Committee of Management deem it right to mention as an encouragement to Apothecaries to come forward for the above situation, that there are other vacancies in public institutions in the town for an Apothecary.

PATRICK KEIGHRON,
Hon. Sec.

April 9, 1875.

COUNTY TIPPERARY INFIRMARY.—THE GOVERNORS and GOVERNESSES of the above Institution will, at a Special Meeting to be held at the Board Room, Cashel, on TUESDAY, the 13th day of MAY next, at the hour of One o'Clock precisely, proceed to elect a properly-qualified person as SURGEON of said Institution.

The salary presentable by the Grand Jury, at Spring and Summer Assizes, in each is One Hundred Pounds, late Irish Currency, per Annum.

No person need apply unless qualified by holding a Diploma from the Royal College of Surgeons in Ireland.

Applications from Candidates, with Diplomas and Testimonials, should be lodged with me (if by letter, post paid) no later than Tuesday, 11th May, after which date no application will be received or considered.

By order of the Committee,
JOHN LAVY WHITE, Secretary.

Board Room, Cashel,
20th April, 1875.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £25 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote. Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. C'NEILL, Secretary.

MIR. I. SANDHEIM,

Dentist,

16 SUFFOLK STREET,

DUBLIN.

N.B.—A Vacancy for a Pupil.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 5, 1875.

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ON THE SYMPTOMS AND STRUCTURE OF POLYPI OF THE RECTUM.

By W. BATHURST WOODMAN, M.D.,

Physician to the North-Eastern Hospital for Children, and Assistant-Physician to the London Hospital.

ALTHOUGH the treatment of polypus of the rectum more properly belongs to surgeons than to physicians, the latter are far more likely to see such cases in the first instance, because children are much more likely to be brought to a physician for the hæmorrhage and diarrhœa which are so often met with in these cases than to be seen by surgeons on account of any tumour. Even when the polypus appears externally, the mothers are apt to mistake it for a pile, or for prolapse of the rectum. Dreading the idea of an operation, and almost always associating the knife with this, they will, if possible avoid seeing a surgeon. No apology is therefore necessary for a physician directing the attention of his medical brethren to this subject, more especially as the minute anatomy of these troublesome little tumours appears to have been very little studied. Nor does any apology seem to be required for the use of the word polypus. Whatever objections may be made against the term by advanced histologists and pathologists, there can, I think, be no doubt that here, as in the case of tumours of the uterus of a stalked or footed character, the word "polypus" is clinically convenient. In both cases it marks out a clinical group of tumours which, however they may differ from each other in their minute characters, or resemble others not so named in some of their symptoms, possess at least the following communities:—

(1) The stalk, pedicle, stem, or peduncle, which is more or less developed in all, and gives them their name of polypi, leads to their easy recognition by the exploring finger.

(2) The stalk also gives them a great degree of mobility, a tendency to descend and to drag down by their weight

the mucous membranes or other parts to which they are attached, giving rise to "bearing-down" feelings.

(3) This circumstance, together with the pinching or squeezing to which they often get subjected by the sphincter, &c., and the occasional occurrence of coagulation in the nutrient vessels contained in the pedicle, give rise to frequent natural or spontaneous cures. This is especially the case with rectal polypi.

(4) They are all covered with mucous membrane.

(5) They rarely degenerate into more malignant forms.

(6) They are essentially a disease of early life, although occasionally (in the case of uterine polypi) they give but little trouble till middle life, or even later.

(7) They all predispose to hæmorrhage from the contiguous parts—probably by the continual dragging and irritation they set up.

(8) They resemble each other in the ease with which they can be cured by ligature or abscission.

(9) They are often said to "return;" but the explanation of this appears to be that smaller outgrowths of the same nature afterwards grow and set up the same symptoms as those removed previously.

Polypi of the rectum are said to be "rare" by most of our systematic writers on surgery, and in most of the books specially devoted to diseases of the rectum. For instance, Mr. Curling, in his "Observations on Diseases of the Rectum," 2nd edition, p. 56, says expressly, "It is rather a rare disease, and generally occurs early in life." Compared with many other diseases of children, or diseases of the same part, they are undoubtedly rare. This word is, however, generally used in cases where we have no numerical data as to frequency, and having myself met with several cases at the North-Eastern Children's Hospital and elsewhere, I am inclined to think they are more common than generally supposed; and that they are overlooked in consequence of the spontaneous tendency to cure which I have previously mentioned, and to which I shall presently allude again in my accounts of one or two of the cases. Neither the comparative rarity of the disease, nor this tendency to cure are, in my opinion, sufficient reasons for neglecting to examine in cases which present the rational symptoms of this disease. The hæmorrhages,

though slight, are quite sufficient to injure a delicate child, and greatly alarm the parents, but the dragging discomfort and teasing diarrhoea are far more injurious than the mere loss of blood.

A brief description of the symptoms and appearances of rectal polypi in children will not be out of place here. It will be seen that, apart from inspection or feeling the tumour, none of them can be considered pathognomonic. (1) The majority of the cases suffer for a considerable time from "bearing down," or dragging feelings, referred to the anus, which lead the children to cry when using, and to want frequently to use, the *chaise percée*. (2) A little blood generally passes before or after defecation. (3) There is often diarrhoea of a somewhat dysenteric type, scanty gelatinous stools with a little blood, "blood and slime," as the parents express it. The blood is often of a very bright tint, like that in the "pink stools" of cholera. It may, however, be much darker. This symptom, though almost always present, cannot be relied upon, as small worms (*Oxyurides* and *Trichocephali disparis*, &c.) and other diseases of the lower bowel set up the same symptoms. (4) There is often a watery or thin glairy discharge, quite apart from defecation, as in uterine polypi. (5) The mother or nurse often states that "something like a cherry," or "like a strawberry," comes down when the child uses its chair, and then "has to be pushed up again." Mr. Curling justly remarks that it is generally supposed to be a "prolapse of the bowel." Once or twice, however, I have known it supposed to be a large pile. True piles are, however, really rare in children, though we occasionally see them at very early ages. It is, perhaps, well to remember that "mucous tubercles" and fissures of the anus in cases of congenital syphilis would give rise to many of the symptoms mentioned. (6) If, as sometimes happens, the child be brought with the tumour protruding at the anus, it will generally appear, as stated by Mr. Curling, "of a red colour, granular on the surface, and resembling a small strawberry or cherry." They are not, however, always "of a soft texture or consistence," as I shall presently show, but being covered with mucous membrane, they generally feel more or less so at first. On passing the finger round them, or sometimes by separating the nates, the stalk, pedicle, or foot can be distinctly felt, and, in the latter case, perhaps seen. (7) If we suspect the tumour, and cannot see or feel it so readily, we should, after first clearing the lower bowel by an enema, or a dose of castor-oil (though in some cases even this may be dispensed with), proceed to an examination of the rectum. This is usually not difficult in children, and, if only sufficient gentleness be observed, not nearly so painful a process as it generally is in the adult. The child should lie on the left side, and not lie upon its arm. The feet may, in some cases, be held—or rather the knees—but it is often not necessary if the examiner be not in too much of a hurry. After the finger is once introduced the explorer should rest for a moment or two before searching further. The posterior wall of the rectum, or part behind the finger, should be first examined, as the polypi generally grow from this part of the rectum. I have once or twice known the polypus broken off, and in fact cured, by the traction made upon it in examination. As a rule, however, the pedicle is stronger. It is scarcely needful to insist upon well oiling the finger all round—or well soaping it, if no oil be at hand—or to mention that a little soap in the nail is a good precaution for ourselves. (8) When you have once discovered the tumour, it is a good practice to put a ligature loosely round it at once, even if you do not wish to operate yourself, as it saves much time on a subsequent occasion by giving a clue to the situation of the polypus. The ends may be left about six or eight inches long, and fastened to one buttock or the back by a little bit of strapping. Should the mother object to examination, or any other reason prevent, or should the tumour not be discoverable on first examination, it is a good plan to tell the mother or nurse to tie a piece of waxed silk twist or fine string moderately tightly round it the next time it protrudes, and then to let you know

at once, that you may make further arrangements. Mr. Curling, with the practical acumen so characteristic of him, cautions against tying the ligature too tightly, even in operations—as hæmorrhage, difficult to control, may be the result.

Before proceeding to give the results of microscopic examination, I will give a few illustrative cases.

I.—*Desmoid Polypus with short pedicle*.—A little girl, aged five and a-half years, had suffered from hæmorrhage and pseudo-dysenteric stools for more than six months; almost all possible astringents had been used internally without avail. On first examination (owing to rectum being loaded?) I failed to recognise the polypus. On the second I seized it with two fingers, and the pedicle being very slender, it broke off. All the symptoms were at once relieved. (I believe I have reported this case in one of the journals, but have lost my reference.) The polypus was moderately firm, nearly globular, about one-third of an inch in diameter, and its pedicle was about an inch in length.

II.—*Soft, Gelatinous, or Mucous Polypus, almost sessile*.—A male infant, aged eleven months, had frequent gelatinous and blood-stained stools. On examination a soft, strawberry-like mass was discovered on the posterior wall of the rectum, within easy reach of the finger, and possessing scarcely any stalk. When ligatured it broke away, and there was rather free hæmorrhage. The case did very well.

III.—*Desmoid Polypus with long pedicle*.—A little girl, aged three years and two months, attended the North-Eastern Children's Hospital for supposed "prolapsus." She suffered from hæmorrhage, &c., and the bearing down and straining in her case were particularly trying. The polypus was equal in size to a large cherry, and had a pedicle nearly three inches long. It grew from a part of the rectum very near the promontory of the sacrum. In this case the polypus, by my direction, had been secured by the mother with a ligature.

IV.—*Papillomatous Polypus of Rectum, almost sessile*.—A male infant, aged seven months, suffering from want of breast-milk, had suffered for six weeks from diarrhoea and hæmorrhages. Here again the polypus grew from the posterior wall of rectum, was three quarters of an inch long in its stoutest part, almost sessile, and of drop-like shape. It was moderately firm, and very granular in outline; there were a few secondary papillæ on it.

V.—*Firm Cauliflower-like, or Warty Polypus of Rectum, growing from anterior wall, probably of syphilitic origin*.—This was in a girl aged four years, who also had several wart-like growths on the fingers, face, and external to the anus. There was a clear history of congenital syphilis. The stalk, although short, was extremely tough and firm. It required removal by the écaiseur. I shall describe the growth more particularly a little later on. The case did extremely well.

VI.—*Malignant (?) Polypus of Villous Character growing from posterior wall of Rectum in a Male Infant aged nineteen months*.—The size of this was almost equal to a walnut. The hæmorrhages had been very profuse. This child did well for a time, but I heard that he died when about nine or ten years old of "a tumour of the kidney," probably cancerous.

VII.—*Desmoid Polypus with extremely long pedicle*.—A girl, aged nine, had a polypus about the size of a large cherry, with a pedicle more than six inches long. It had protruded three or four inches from the anus. In handling the stalk broke, and as the exploring fingers failed to trace its insertion, it probably grew very high up in the rectum. (I had another tumour brought me, passed spontaneously by a child.)

VIII.—*Cystic (?) Polypus of Rectum*.—A small polypus, with a pedicle of about half an inch in length, also growing from the posterior wall, after being removed, when cut open, disclosed a cavity occupying nearly two-thirds of its bulk, filled with clear fluid, like blood serum. I shall revert to this when describing minute structure. Before doing so I shall, however, first speak

of the class of cases most affected with this disease, and a word or two more of the macroscopic appearances, before dealing with the microscopic characters.

It will, I think, be found that children of parents with the gouty or arthritic diathesis are most subject to these tumours, especially those of the desmoid, or so-called fibroid character. As these are apparently the most common variety, this establishes another community between these and uterine fibroids or polypi. These little growths are, however, by no means confined to any one class in society, or to children of any one diathesis.

As several have been stated in this paper to have the diameter or size of a cherry, &c., it is perhaps not out of place to say that smaller sizes are not infrequently met with. I have seen some about the size of a marrowfat pea. The amount of hæmorrhage or distress is not always proportional to the size of the polypus, although, for obvious reasons, the larger ones are most likely to set up such symptoms as attract attention.

Minute Structure and Mode of Origin.—Being for the most part outgrowths of the mucous membrane of the bowel, or of the remaining tissues of the large intestine, polypi may, of course, vary much in their microscopic characters, and correspondingly in their naked eye appearances, on section. The point of departure from the bowel, and the extent of the original basis, no doubt determine both the vascularity and the contents. Thus the interior of the stalk is often found hollow, and in one instance the body of the polypus was so, containing fluid like blood serum. The pedicle sometimes contains a single artery with two or more veins, sometimes two arteries with venæ comites, which will then generally be found to terminate in a loop. Smaller vessels ramify in the mucous membrane covering the larger polypi. As far as I have been able to determine by actual examination, the following are the varieties met with:—

1. *The Soft Gelatinous, or Mucous Polypus.*—Although I have only seen one example of this, I have no doubt that they are more common than might be inferred from this solitary example. It seemed very much like those commonly met with in the nose and interior of the uterus, or more strictly, like gelatinous degeneration of the alimentary canal (see Rindfleisch, Dr. Baxter's translation for New Sydenham Society, vol. i., p. 419). In this form "the septa between adjoining cysts become atrophied, the cysts coalesce to form larger cavities, until at last the affected part comes to be mainly made up of mucus, the patch assuming a jelly-like colour and consistency."

2. *The Cystic Form.*—Of this, again, I have only seen one example, and as the walls of the single cyst contained all the coats of the bowel, the interior being very much like peritoneum, I believe it was formed of a portion of the bowel inverted, and in some way constricted at its base, continuing to grow. I doubt not that simple and complex cystic growths may be formed here also, as in other situations, and become stalked. Possibly such may be formed in the same way as the *ovula Nabothi* of the uterus.

3. *Papillomatous and Villous Polypi.*—Cases IV. V. and VI. were all probably of this type originally, which doubtless starts from an hypertrophied (exaggerated) papilla or villus, and when there is a tendency to riotous growth, secondary papillæ are developed, and the epithelium becoming also involved, we may get forms of epithelioma and carcinoma. As this form of growth is well known, I need not enter into a detailed description. I may, however, state my belief, from the history of these cases, that congenital syphilis predisposes to this mode of growth.

4. *Desmoid, Dermoid, or True Polypi (Fibromata).*—Cases I., III., VII., above, and the majority of my other cases, have exhibited, on sections being made, the type of growth so familiar to us in uterine polypi, and so well described by Rindfleisch (*op. cit.* p. 160-162., vol. i., Dr. Baxter's translation). The numerous fibres and the oat-shaped nuclei, or rather cells, well characterise these

tumours; they cut firmly, and with a somewhat glistening surface; they also shrink much less in spirit than most of the other forms. Figures of this variety may be also seen in Dr. Hughes Bennett's "Clinical Medicine," p. 194, &c., and in Sir James Paget's "Lectures on Surgical Pathology," p. 473. As the patients were young, it is not surprising that embryonic tissues were largely represented in these growths.

5. *Sarcomatous and Malignant Polypi.*—I regret that in Case VI. the growth was only hastily examined whilst fresh. Although I have named the sarcomata as both possible and probable, I have not personally made microscopic examinations of any polypi of this description.

SUMMARY.

1. Polypi of the rectum in children are probably less rare than generally imagined.
2. They generally grow from the posterior wall of the rectum.
3. They are easily recognised by digital examination.
4. Such examination should be made whenever the symptoms suggest a polypus.
5. These growths should always be removed. (I have not entered on the question of how best to remove them, but believe the ligature, some form of écraseur, twisting off with forceps, or galvanic or gas cautery to be most appropriate).
6. The polypi may be gelatinous, cystic, warty, fibro-cellular (desmoid), or cancerous, and probably sarcomatous; possibly other varieties of structure may occur.
7. Of all the varieties the desmoid (fibromata) are the most common.
8. The pedicle, at all events, and sometimes the tumours themselves, are very vascular; hence the knife, if used at all, requires great caution.
9. There is often a tendency to spontaneous cure, which should not, however, be trusted too much.
10. The children of arthritic parents, and those suffering from the syphilitic, tuberculous, and cancerous cachexiæ are most liable to these affections.

THE LUMLEIAN LECTURES.

ON LIFE, AND ON VITAL ACTION IN HEALTH AND DISEASE. (a)

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

LECTURE III (continued).

The Highest Form of Vital Action—Bioplasm of Nerve.—I venture to think, therefore, that we may entirely dismiss from our minds every vestige of the notion that the action of any nervous apparatus is mechanical, or that any part of it can be formed by physics or chemistry. I beg you to utterly refuse to accept the notion that mental action is a form of physico-chemical change, on the ground that neither the structure, nor the mode of growth, nor the mode of development, nor the action of the very simplest nerve apparatus in nature can be adequately explained at this time, and because the simplest changes in the simplest living forms in existence cannot be accounted for by physics.

Let us then pass on to the consideration of the action of the nervous system, particularly with reference to the part played by the bioplasm in the construction and action of that most wonderful apparatus.

As far as I am able to learn there is, in every nervous action, something behind that part of the process which is plausibly considered to be physical. Before the simplest reflex act can be completed there must be a

(a) Delivered at the Royal College of Physicians on Friday, March 12th.

nerve current, and the latter cannot be set free unless some chemical change occur. The matter undergoing this chemical change must be *formed*, and its particles must have been so arranged that the changes ending in the development of the nerve current may occur,—but here we arrive at the bioplasm and its active forces and powers.

I am not one of those who regard the nerve force as some mysterious and very peculiar form of energy, and am quite ready to accept the view that the current that passes along the nerve fibre is electricity, or something very closely allied or related to it. I can conceive that many of the phenomena of the nervous system are a consequence of nutritive acts, and that the latter are, in their turn, controlled and regulated by nerve action. I was, in fact, the first to describe the distribution of nerves to capillaries, and to point out that these form the afferent part of a self-regulating nerve apparatus connected with the distribution of blood. I showed how, when nutrition was too active, or when the capillaries were unduly distended with blood, an impression might be produced upon the *afferent* nerve fibres of the capillaries, and by these and the fibres with which they were continuous, transmitted to the nerve centre. The immediate consequence would be a disturbance of the nerve current traversing the *efferent* nerve fibres which are distributed to the circular muscular fibres of the artery. These immediately become shortened to a certain definite extent, mainly determined by the intensity of the impression upon the afferent fibres. Thus the diameter of the vessel is temporarily lessened, and the flow of blood to the capillary vessels being reduced, the supply of nutrient material distributed to the tissues, is, for a time, lowered. As the nutritive balance is restored by the agency of the same apparatus, the constriction of the arteries is relaxed to a certain extent, and the blood supply becomes equalised. This is only a part of those wonderful and extensive arrangements existing in connection with man and the higher animals for the purpose of regulating the supply of nutrient material, equalising temperature, and generally preserving the balance with reference to the results of many conflicting actions, notwithstanding great irregularity in the supply of nutrient matter, and of substances concerned in necessary chemical change, and the most striking and rapid alterations in temperature, moisture, and other external circumstances. There is, one may say, always a tendency to the derangement of the complex phenomena of the higher organisms, but this tendency is compensated by the most elaborate and beautiful arrangements of which the self-regulating nerve "mechanism," in connection with the distribution of the blood in the capillaries, is one of the most remarkable.

We must not forget that all the nerves and nerve centres, and other tissues of which this so-called "mechanism" is constituted, were gradually formed by living matter, and that the action of this apparatus is due to the action of the bioplasm in connection with it; for when the latter is deranged the action of the "mechanism" is disturbed; if it ceases for a time the action is suspended, and if the bioplasm dies the "mechanism" is destroyed. *Vitality*, therefore, comes into play in the construction of the apparatus out of bioplasm, and in the preparation of the substances, by chemical change in which, the nerve current is established. The nerve current, whatever may be its exact nature, results from changes in matter formed by bioplasm. But the actual nature of the nerve current is only a very small part, and by no means the most important part of the great question of the general nature of nerve action. The nerve current may be the same form or mode of force in all creatures, the different results effected by it in different animals, being due rather to differences in the construction and arrangement of the nerve apparatus of the organism, than to differences in the current which the nerves transmit. But the development and arrangement of the nerves is entirely dependent upon bioplasm. It has been shown that whenever nerves are being formed bioplasm exists in large quantity, just as in the case of other

textures undergoing development. There is no reason to suppose that the part of the fibre which transmits the nerve current is a very exceptional form of tissue, or that the active part of the nerves of one of the lower animals is very different in chemical composition from that of man. It is even conceivable that some human nerves might be replaced by those of animals, and action proceed as before.

Whether the bioplasm which takes part in the development of nerve fibres, and which is found in connection with the active part of all nerve fibres, at every period of life, is concerned in receiving impressions, or whether this office is performed by the fine nerve fibre only, is a question of great interest and well worth the most careful consideration.

I have shown that in all sensitive organs, and among the peripheral ramifications of all nerves, bioplasm particles are very numerous. In the retina more than one layer consists almost entirely of bioplasm particles and the delicate nerve fibres connected with them. In connection with the nerves of the sensitive part of the cochlea they are very numerous. Many more are found upon the peripheral ramifications of the nerves of the gustatory, than upon those of the tactile papillæ of the tongue. In the tactile corpuscles, in the tactile papillæ connected with mucous membrane which are very numerous and well developed about the lips of serpents and many fishes, these masses of bioplasm exist in immense number. In short, in connection with all nerves forming the terminal expansions which constitute the essential part of sensitive nerve organs, these masses of bioplasm are numerous, and it is a fact of not less importance with reference to the question of the function of these particles, to bear in mind that numbers are found in connection with the ultimate ramifications of motor nerves distributed to some muscular fibres which are highly active, like those of the diaphragm and tongue. In the case of some muscles, the terminal nerve fibre is, at certain points, highly convoluted; and here we find the masses of bioplasm very numerous, and situated very near to one another. All these facts support the inference that these masses of bioplasm are intimately connected with the action of the nerve fibre as well as being concerned in its formation.

But, on the other hand, there are very few upon the finest ramifications of nerve fibres in the serous membranes which become extremely sensitive in disease. It might, therefore, be argued that the pain results rather from pressure upon, or stretching of the finest nerve fibres in the intervals between the bioplasts, than from any direct pressure or other influence upon the bioplasts themselves. Again, in the imago state of many insects the finest ramifications of the nerve fibres exhibit very few bioplasts in their course. I have traced excessively fine fibres and networks of fibres in the intervals between the layer of cells which forms the inner surface of the skin of the blow-fly; in connection with which I could discover minute bioplasts only at considerable intervals. The same remark holds good to a less extent with regard to the distribution of nerves to the involuntary muscles.

At the same time it must, however, be borne in mind that nowhere are the peripheral ramifications of nerve fibres *destitute of bioplasm*. If this were so, they would probably deteriorate, and no new ones could be formed. Probably one-hundredth of an inch is the greatest length of peripheral nerve fibre in the higher animals which intervenes between two bioplasts.

Upon the whole, then, I conclude that although the bioplasm is necessary to the peripheral expansion of nerves, it is not the material which is in all cases absolutely essential for the reception of impressions and their conveyance to distant parts. I think, however, there is little doubt that the bioplasm of peripheral nerves develops nerve currents, feeble perhaps as compared with those set free by central nerve cells, but yet of sufficient intensity to influence the nerve centre. This view is supported by the fact that small central nerve cells found in many of the ganglia are, as regards size, shape, and general characters, very like the masses of bioplasm attached to the peripheral

ramification of nerves—indeed, in many of the lower animals no difference whatever can be detected between the peripheral and central part of the nerve apparatus.

Besides developing feeble nerve currents the peripheral nerve-bioplasm is concerned, as has been already remarked, in the formation and renovation of the nerve fibres. This change is constantly proceeding in all nerve organs. New nerve fibres of extreme delicacy are being continually formed. Old ones as continually waste, leaving behind a small proportion of connective tissue, which we find in all nerve organs, and which increases as age advances, even to such an extent as to render it a matter of great difficulty to demonstrate the excessively delicate and almost structureless nerve-fibres embedded in the mass of fibrous material.

There is yet another important change in which these bioplasm particles, so numerous in connection with the peripheral expansion of nerves, probably take part, and this is the development of heat. I have elsewhere adduced many arguments which seem to me to render it almost certain that the growth of bioplasm generally is associated with a rise in the temperature of the body. Is it not possible that, under certain circumstances, the mode of force developed in the matter of the nerve-bioplasm may be changed, heat being rapidly produced instead of nerve force? The suggestion at once occurs, whether the explanation of such exceptional cases of high temperature as that brought by Mr. John Teale before the Clinical Society a short time since, will not probably be found to have something to do with the phenomena of nerve-bioplasm. In this case a temperature of 122 deg. was reached on several occasions, and one above 112 deg. was maintained for several days without any of the symptoms usually associated with febrile disorders in which the body heat rises.

Bioplasm of the Brain.—Let me now pass on to the last part of my theme, and endeavour to ascertain whether the most wonderful phenomena in nature, namely, those connected with the operation of mind, have their origin in bioplasm. The only instrument concerned in thought attains its highest state of development in man. Not only is man's brain, as compared with that of a lower animal, actually very large in proportion to the body, but the difference will be found to be really much greater than it appears to be. The size of a nerve centre is, as is well known, by no means determined by the size of the animal. Varied combinations of rapidly executed movements will necessitate a brain of a size very large in proportion to that of the animal, and hence, as a rule, the brains of very small animals are enormous. The smaller the species the greater will be the weight of brain in proportion to body weight. Now man's muscular movements are by no means so varied or so powerful in proportion to the amount of muscular tissue, or so rapidly executed as those of many of the lower animals, which easily beat us as to the rapidity with which they execute complex movements. We are also behind many animals as regards the sense of touch, as well as regards the great power and precision with which the voluntary muscles of many animals act in running, leaping, climbing, and other movements. The size of man's brain, therefore, is not due to those circumstances which determine the large size in proportion to the body of the brain of the mouse or of the tom-tit, for example. Man indeed can only be placed at the summit of the scale of being in certain particulars, but in these he stands alone; no lower creature approaches him, or can be compared with him. In man, the action of every tissue and organ seems subordinate to that of the higher parts of his nervous system, which constitute an instrument remarkable not less for the complexity and subtlety of its delicate actions than for the capacity exhibited by it alone for improvement after its development as an organ may be regarded as complete; and not only so, but the degree of perfection it may attain as an instrument is determined to a great extent by the will of him to whom it belongs. In the formation and action of this organ bioplasm is all important, and exists

in greatest amount in that part which, upon other grounds, we know is concerned in mental action.

The very highest form of bioplasm or living matter in the world is that which, as I believe, is concerned in mind, and this attains its highest state of activity not until the age when that part of the nervous apparatus concerned in mental operations has attained a high degree of elaboration. This period cannot be assigned with precision, for it differs in different races and in different individuals, but it is never reached until some time after growth has ceased, and every tissue and organ is fully developed. But it is certainly very remarkable that, as far as I am aware, those parts of man's brain concerned in the manifestation of his highest mental faculties constitute the only structures in nature which continue to improve for many years after the rest of the organism has attained its highest state of development. So also these, above all structures, are remarkable for continuing to improve, although many tissues of the body may have been for some time undergoing deterioration and decay.

The anatomical elements which constitute the gray matter of man's brain are well known. Large angular cells, with fibres radiating from them, the longest fibre passing upwards towards the surface near which it divides and subdivides into multitudes of the finest and most delicate threads, which form with fibres from other cells and other parts an inextricable interlacement. In this situation no doubt all the operations of the mind are performed. But to explain what happens in connection with the structures demonstrated, when the instrument is in active work, is no easy task. From a knowledge of the arrangement and action of the structure, we ought to be able to form some conception, however rough, of what happens when an idea is formed and when it is expressed so as to be rendered evident to others. The facts of the case seem to demand a means by which the mind may act upon the elaborate system of nerve fibres already referred to. We seem to require an instrument, and the means of acting upon different parts of the instrument, as we may will.

It is not easy to conceive by what means the angular cells, which form such prominent objects in the gray matter, could act. That these are concerned in the formation of the fibres is certain, and it is possible that in them nerve currents may originate, but it is very doubtful whether the bioplasm of these cells is the bioplasm concerned in thought. There are other bioplasm particles, and in enormous numbers, though they do not constitute such prominent objects as the angular or caudate cells. These are little spherical particles of bioplasm, many of which are smaller than a red blood corpuscle, and are probably connected by communicating fibres of great delicacy. These bodies are situated near the surface of the gray matter among the ultimate subdivisions of the excessively delicate nerve fibres. It is to be remarked that in this situation the supply of arterial blood is more abundant than in any other part of the nervous system, and the particles of bioplasm in question being naked and unenclosed in any cell-wall at any period of life, are just such as we should expect would undergo rapid change. These are, I believe, the active agents which, by their movements, may act upon the delicate nerve threads which ramify on all sides in very close proximity to them. When we examine these particles of bioplasm after death, they are spherical; but are we not justified in assuming that during life they may change in form, at least, as much as a mucous corpuscle or an amoeba? The slightest alteration in form would influence the current traversing the nerve fibres that were close to them. These delicate bioplasts are, I believe, during the waking state, continually undergoing changes in form. That in some situations they increase in number cannot be doubted, and it seems likely that collections might increase in extent even long after the formation of the brain had been completed. What is very remarkable is that these bioplasts retain their primitive characters throughout life.

I dare say few persons will be persuaded to believe

that the bioplasts concerned in the highest mental acts of man are bodies not more complex than the lymph corpuscle or the white blood-corpuscle; but, as I have before remarked, all evidence is in favour of the view, that exalted function is not dependent either upon complexity of constitution or upon quantity of material. There are no differential characters to be demonstrated between different forms of living matter having widely different endowments, by which the peculiarities may be accounted for. There may be difference in power not dependent upon differences as regards matter and its forces. May we venture to conclude that *mind* is the form of *vital* power which, stirring in these particles of bioplasm, causes the movement of the matter of which they consist, and that thus the elaborate mechanism slowly constructed and gradually brought to perfection is influenced? If this be so, mind is the highest form of vital power which exists in nature, by which particles of matter are caused to move in a definite manner for a definite purpose.

I have endeavoured, Mr. President and gentlemen, in these lectures to give a sketch of the phenomena peculiar to living matter, in health and disease. It would be wiser, perhaps, in the present state of knowledge, to be content with the study of phenomena, and not to speculate upon the causes of things; but ought I, in face of the facts, to resist the temptation of postulating a power the existence of which I cannot hope to demonstrate, or may I venture to refer all the wonderful changes I have described to *vitality*, a power that works in the living world only?

Let me, in conclusion, heartily thank all for their kindness in listening to a discussion which, however interesting to some, must have seemed tiresome to not a few.

SALICYLIC ACID AS A DISINFECTANT.

By C. R. C. TITCHBORNE, Ph.D., F.C.S., M.R.I.A.,
Lecturer on Chemistry at the Carmichael School of Medicine.

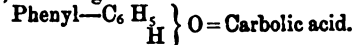
SOME considerable interest has been created by a paper written by Professor Kolbe, in which he describes a process for the production of salicylic acid from carbolic acid, carbonic anhydride, and soda, one molecule of carbonic anhydride being introduced into the phenate of sodium, and one-half being converted into sodium salicylate. This process was an endeavour on the part of Professor Kolbe to produce salicylic acid on a cheap manufacturing scale. So far, there are still practical difficulties in the way, and the price has not fallen very considerably, the object the Professor had in view being the production of a powerful and cheap antiseptic. "The knowledge," says Professor Kolbe, "that salicylic acid could be so easily prepared from carbolic acid and carbonic anhydride, and that it could be again decomposed by heat into the same bodies, led me to think that, similarly to carbolic acid, salicylic acid might stop, or entirely prevent fermentation and putrefactive processes, and act generally as an antiseptic."

Without wishing to deteriorate the value of Professor Kolbe's researches as regards the use of salicylic acid as a preservative, I wish to state that the physiological action of salicylic acid, and its general relation to carbolic acid, and particularly as a blood antiseptic, were all described as far back as 1872, in a paper read by myself before the Medical Society of the College of Physicians, Dublin, entitled "Disinfection in connection with Small-pox." The following remarks are partially reproduced from that paper, and bear upon this subject:—

As regards antiseptic treatment in the blood, it is a subject with which, I think, chemists are justified in dealing. Medicine may act simply by a certain portion of it getting into the circulation by diffusion, or by some inherent virtue of its own acting upon other constituents of the body, or it may act by virtue of a partial decomposition or oxidation occurring in the blood, and producing effects not directly produced from the medicament, but

from an infinitesimally small amount of a new product being liberated in the nascent condition in the blood. Xylol's action is said to be due to the fact that it becomes an antiseptic in the blood. Now it is probable that, if it does act as such, its power is due to some product of oxidation. That it is really rapidly oxidised there can be no doubt, from the fact that a peculiar odour distinct from xylol can be perceived in the urine.

It is worthy of note that this hydro-carbon xylol $C_{10}H_{12}$ may be viewed as either dimethylbenzene $C_6H_4(CH_3)_2$ or ethylbenzene $C_6H_5(C_2H_5)$. Now, if either of these be its true composition, the residual molecule benzene is the hydride of phenyl, the radical of the well-known antiseptic carbolic acid. Thus, if we act upon benzene by bromine, which is merely a convenient mode of oxidising, hydrogen is given off, and we get the bromide of the radical phenyl.

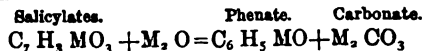


The action of sulpho-carbolates, of which some medical men speak very highly, is that the carbolic acid *per se* acts as an antiseptic, being diffused into the circulation. I have tried experiments upon diluted solutions of albumen and vibrios, from which it would appear to me that the diluted solutions of carbolic acid destroy the activity of the vibrios before they coagulate the albumen.

In seeking for a remedy for internal disinfection of blood, it is evident from my point of view that we should try and search amongst the substances which will produce in the blood antiseptics slowly, but in a nascent condition. Carbolic acid is the most available antiseptic, for the production of sulphurous acid in the circulation would be out of the question; therefore, on consideration, the first compounds that will present themselves to our consideration are the methylsalicylates ($C_6H_4M O_3$) or the salicylates. Methylsalicylates, I find, are slowly but perfectly decomposed in the cold, and in alkaline solutions, such as the blood, therefore, it is theoretically immaterial which is used.

Salicylic acid, if heated, is converted into carbolic acid and carbonic anhydride, and there seems to be a wonderful chemical reaction between these two substances *i.e.*, carbolic acid and salicylic acid, thus either of them can with facility be formed from the other.

The salicylates only require one equivalent of oxide to convert them into carbonates, and carbolate of the metal, thus:—



And if we use dilute solutions, we get the same reaction with reagents. Thus, ferric chloride gives the same beautiful violet reaction independently if we use a carbolate, sulphophenate, or salicylate; it acts in each case upon the carbolic, or phenol residue.

From the experiments of Kolbe, Thiersch, and others, it would now seem that salicylic acid is one of the most powerful antiseptics known, and therefore my observations are now confirmed by these experimenters. Professor Thiersch proposes a powder of it used with starch for cancerous surfaces or unclean wounds. Although easily crystallised from alcohol or hot water, it is very insoluble in cold, and for antiseptic treatment of wounds I would propose the use of a solution in glycerine: three grains will dissolve easily in the fluid ounce of glycerine when warmed, and will remain permanently dissolved.

The salicylate of lead $C_7H_4PbO_3$ will probably be found a valuable salt for medical uses.

REPORT ON SYPHILIS.

By C. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.,
Senior Physician to the Metropolitan Free Hospital.
PROFESSOR ZEISSL ON THE TREATMENT OF SYPHILIS.

PROFESSOR ZEISSL, of Vienna, has recently been contributing a series of articles on the treatment of syphilis to

the *Allgemeine Wiener Med. Zeitung*, Nos. 38, 39, 40, 41, 42, 44, from which I extract some notes.

In No. 40 of the journal referred to, Dr. Zeissl speaks of iodine and iodides in the treatment of the disease. In 1822 this remedy was used by Formey, Brera, and Lugol successfully for syphilis. Lugol, in 1830, cured a case of bad tertiary syphilis by iodine baths. Cullerier, before 1836, and Ricord had used iodide of potassium as a tonic; but the repute of iodide of potassium as a remedy is principally due to Wallace, of Dublin, who in 1836 narrated 132 cases of syphilis treated by it. Even in 1839, however, Ricord expressed himself in the *Gazette des Hôpitaux* that the iodide of potassium was of little service in the hard sore, or first year's manifestations of the disease, whereas it was the remedy *par excellence* of tertiary lesions.

Dr. Zeissl observes that he cannot entirely concur with these opinions of Ricord, for in weak patients occasionally the early symptoms are made to disappear by giving the iodide. If in such cases the symptoms disappear too slowly, or not at all, the use of mercury then becomes advisable. Ricord prescribed iodide in increasing doses, commencing with ten grains (0.75 grammes) dissolved in two ounces of water (70.00 grammes), taken in twenty-four hours. In five days' time the patient takes five grain doses thrice daily.

Cullerier used four grains of the iodide with one grain of iodine dissolved in an ounce of water, to be taken in twenty-four hours, raising it to ten grains of the former and two of the latter. Tincture of iodine has been used both internally and externally in ozæna by Mojeisovics, senior surgeon to the All.-Krankenhaus of Vienna.

It has been noticed, says Zeissl, that the enamel of the teeth is much injured by pure iodine, and also that trembling of the hands is caused by it, so that the iodide of potassium is now preferred, along with the iodide of sodium and of iron. Dr. Zeissl has for some years used in many cases where mercurials had been long enough employed, a mixture of half a drachm of tincture of iodine in six ounces of water, of which a teaspoonful is taken mornings and evenings, until the symptoms disappear.

Dr. Zeissl greatly praises the use of iodoform in pains caused by syphilis. He prescribes it in pills with a bitter extract, each containing one grain of iodoform, twice daily. These pills sometimes give excellent results; but all the preparations of iodine occasionally lead to some evil effects. Iodide of potassium sometimes causes excessive hunger, and also tinnitus aurium, constipation, or diarrhœa, nasal catarrh. He mentions redness and softness of the gums as occasional consequences of the long use of iodine, and once, salivation. Eruptions sometimes (acne) arise on the face and other parts of persons taking iodine for long. Sleeplessness sometimes occurs. In rare cases the pulse may rise to 140 per minute from the use of the iodides, and Wallace noticed pleurodynia occasionally.

The iodides are at present chiefly indicated, says Zeissl, in the latest phases of syphilis, as in gummy periostitis and gummy tumours of the skin, tongue, lungs, in sarcocele, eye, brain, and nerve affections, hereditary syphilis when of the scrofulous form. There are however, cases where all of such forms are obstinate to iodine, and where Zettmann's decoction of mercury succeeds. From the above it seems that iodides are the chief remedy in tertiary syphilis; but that a certain indefinite class of cases occurs where mercury is to be preferred to them.

Dr. Zeissl prescribes ten grains of iodide of potassium or sodium in two ounces of water during the twenty-four hours. This dose, if it agrees well, is raised to thirty grains daily.

In anæmic women, or syphilitic patients who have become anæmic, the iodide of iron is indicated, a preparation which has the properties both of iodine and of iron. Bancard's pills are used in such cases; each pill contains

one grain of the iodide of iron—4 or 5 to be taken daily.

In the bathing establishments of Austria iodine baths are employed; and it seems that the remedy enters the circulation through the skin, according to Dr. Rosenthal (*Wiener Medicinhalle*, 8862, No. 20).

Dr. Zeissl praises the iodide of lithium, which he uses in pills, a scruple of which pills may be taken in twenty-four hours.

No peculiar diet is recommended by Zeissl to patients taking the iodide. Water is the best drink in such cases.

There is perhaps no medicament so rapidly evolved from the body as the soluble salts of iodine; in a few hours the iodine salt is discoverable in the urine, and also in the saliva, tears and sweat. Zeissl has found it in the milk of mothers. In a few days after abandoning it, it can no longer be found in the urine. Wallace dropped some drops of dilute sulphuric acid into the urine suspected to contain iodine, and then a little chloride of calcium, when a violet-blue colour was produced. Pure iodine issues in the urine as iodide of potassium or sodium, by taking these alkalies from the blood.

Going into details of treatment, Zeissl speaks first of affections of the ear of syphilitic nature, such as secondary syphilitic affections of the external ear, acute and chronic catarrh of the middle ear in hereditary and adult cases; these with necrosis of the bones of the ear require long and careful treatment.

Zeissl recommends in cases of mucous plates in the mouth the local application of sulphate of copper or iodine in glycerine, in the proportion of ten grains of iodide of potassium, one grain of iodine, and an ounce and a half of glycerine. Mucous tubercles of the anus and genitals he treats in the same way.

When warts form, they should above all be frequently washed, and the parts kept quite clean. Plenke's paste is employed in such cases locally, and is composed of equal parts of corrosive sublimate, camphor, alum, white lead, alcohol, and vinegar. The butter-like paste which sinks to the bottom of the solution is applied to the part by a pencil made of cotton-wool rolled round a stick. This paste is not painful when first applied, and the severe pain afterwards caused may be alleviated by cold water bandages.

Zeissl also recommends the use of weak chlorine water, followed by dusting with calomel in cases of mucous tubercles.

When gummy tumours are seated on the velum pendulum palati, and about to perforate the part, the edge of the ulcer should be daily touched with a pencil of nitrate of silver. In the same way perforations in the hard palate should be frequently touched with nitrate of silver, or with collodion containing corrosive sublimate, in the proportion of a scruple of the latter in an ounce and a half of the former.

Deep ulcerations of the skin should be often cleansed and covered with Vigo's plaster, but if cicatrisation do not take place, they should be covered with pieces of lint smeared with ointment made of two grains of nitrate of silver to two drachms of cerate and half a drachm of balsam of Peru.

Ulcers following paronychia are to be covered with mercurial plaster.

Ozæna.—"There is perhaps," says Zeissl, "no form of disease caused by syphilis which is so often foolishly treated as ozæna. In persons with ozæna it is known that a very ill-smelling, putrid, and filthy secretion flows from the nostrils, or this is made to issue by frequent blowing the nose. This secretion becomes less when the patient keeps his room and often cleanses out the nostrils; but as soon as he returns to his ordinary mode of life the putrid secretion is given off in increased quantity. If then the practitioner do not possess the power of examining such cleansed nostrils, and thinks that because the necrosed pieces of bone do not come away the patient is only suffering from syphilitic nasal

catarrh, he will put him, if he be a great lover of mercury, uselessly and perhaps prejudicially under a cure by inunction. Constitutional treatment is only indicated in ozena when fresh syphilitic localisations appear on other parts of the body, or those already existing do not heal up. In these cases we may certainly try whether mercurial or iodine treatment succeeds best. Very frequently we find in cases of ozena syphilitica no other syphilitic form of disease, and in such cases this is but a residuum of the past syphilis, and the continued disease of the nasal bones and mucous membrane is kept up by the irritation which a necrosed piece of bone or several such keep up in its interior. The healing of carious pieces of bone and ulcerations of the nasal mucous membrane is only possible if the sequestrum be removed, and when this is accomplished the fetid discharge from the nostrils ceases. The bringing away of the necrosed piece of bone will be best assisted by injecting several times a day some dilute solution of hydrochloric acid or chloride of lime into the nostril, such as a drachm of dilute hydrochloric acid in eight ounces of water, or a drachm and a half of chloride of lime in ten ounces of water. The injections into the nostrils should be made four or five times a day by a squirt which is provided with a long tube. The patient holds the head back, in order to allow the fluid to remain a short time in the posterior nares. With respect to constitutional treatment of syphilitic ozena, we ought here to observe that in the majority of these scrofula is also present, so that cod-liver oil should be added to the iodide of potassium."

In *syphilitic sarcocele* Zeissl recommends locally compression in addition to constitutional treatment. If there be much fluid, he recommends puncture, and the injection of a solution containing one drachm of iodine, two drachms of iodide of potassium, and three ounces of water.

Bone and joint pains, which sometimes remain in spite of universal mercurial or iodine treatment, or in spite of narcotics, have in many cases been found to yield to Ricord's local methods of treatment. There is applied over the painful spot a so-called flying blister, and again the part without epidermis is covered with a plaister of cerate over which morphia is strewed.

Periosteal swellings are treated by topical remedies, such as tincture of iodine, or iodine in glycerine. If fluctuation occur, the abscess should be opened by means of the modern plan of suction.

Ulcers of the rectum should be cleansed several times daily, after every defæcation, and then painted with iodine in glycerine, or with pencil of nitrate of silver. If the bowel be strictured by reason of contracting scars, sponge tents, or conical pieces of laminaria digitata should be introduced into the strictured parts. If this be already formed, bougies should be used to enlarge the parts, although, unfortunately, the effect is too often not lasting. In such cases nothing remains but to use oily clysters and purges to allow their stools to pass.

A VERY SINGULAR CASE OF DILATATION OF THE ŒSOPHAGUS SIMULATING ANEURISM OF THE AORTA.

By HENRY DAVY, M.B., Ch.M. Univ. Dub.,
Medical Officer of Terenure, Co. Dublin.

On the 28th of September, 1869, I was consulted by Mr. R., aged 38, a gentleman farmer, unmarried, and of temperate habits, who had been suffering for the last ten years from difficulty in swallowing, nausea and vomiting, almost immediately on taking food, and especially after breakfast, feeling some days better, other times worse; for years he could not sleep on his left side; if he did he felt a smothering sensation, and threw up quantities of slimy fluid, which was free from acidity, and without a disagreeable taste, and at this period he lost much flesh.

In 1859, while lifting a heavy weight, he gave himself

a severe strain, and felt as if something gave way or tore inside, and from this time these symptoms gradually made their appearance. On examination I found him suffering from uneasiness and pain, as if something was tearing or raking inside, which he complained of in attempting to swallow, and which he referred to the epigastric region. He also had a sensation of heat and burning, extending along the œsophagus, and he experienced an obstruction to the passage of food into the stomach about the ensiform cartilage to the right side. He described the food as if it was churned in his stomach, and great quantities of inodorous flatus were at times eructated. The matter vomited consisted of considerable quantities of glairy mucus, like the uncoagulated white of egg. The vomiting occurred most frequently in the morning, owing probably to the accumulation of the slimy fluid during sleep, which was sometimes ejected without the simultaneous discharge of food. The sickness was in a great measure relieved by lying on his right side. His appetite was craving, and he suffered much from thirst. On applying my hand to his abdomen, a pulsation was felt about the epigastrium simulating an aneurism. There was considerable pain and soreness on pressure, and dulness on percussion in this situation, and he complained of pains in his shoulder and back. There was no enlargement of the cervical, axillary, or inguinal glands, nor hæmatemesis to indicate malignant disease. His tongue was quite clean throughout his illness, and his bowels were obstinately confined for over three weeks. His pulse varied from 92, to 120. He had a hard, dry cough, and on auscultation the heart and chest sounds were found to be normal. He was ordered granulated citrate of magnesia to relieve the sickness and act as a gentle aperient, and an enema of castor-oil and turpentine to clear out the bowels, but without effect. His diet consisted of beef-tea, milk, soda-water with a little brandy, barley-water, arrowroot, together with other farinaceous substances. The vomiting still continued, notwithstanding all the remedies I could suggest—viz, ice, champagne, hydrocyanic acid, opium, carbolic acid, bismuth, sinapisms, an issue, and other anti-emetic measures. As Mr. R. was rapidly sinking, I resolved to give the stomach rest, and I directed nutrient enemata, composed of beef-tea thickened with arrowroot, the yolk of an egg, a teaspoonful of Liebig's extract of beef, and a dessertspoonful of brandy, in bulk about half-a-pint, to be administered slowly three times a day. The enemata produced sickness of the stomach during their administration, but were generally retained, and my patient was much benefited by them; at the same time I allowed very small quantities of liquid food to be taken by the mouth, but these were invariably ejected; he was ordered occasionally a small opiate enema at night to induce sleep. This treatment was steadily continued till the 31st of October, a period of over four weeks, when he experienced a sensation in his stomach as if something had opened or given way inside, and he felt the food to pass down. After this there was a copious discharge of feculent matter from his bowels, after which the food remained in his stomach, and in a short time he became quite convalescent. Mr. R. having given up his farm, and taken a situation in the north of Ireland, continued apparently in good health for the next five years, weighing 11 stone 5 pounds, and during this time he paid me several visits when he came to Dublin, and the only inconvenience he experienced was that he was obliged to take his meals in a semi-recumbent position, with his right arm over the back of a chair, having found this the only posture that would allow the passage of the food into his stomach; in any other position he felt very uncomfortable, and experienced a smothering sensation, that brought on a violent fit of coughing. In a letter which I received about one month before his death he said: "The obstruction is growing deeper down, as it requires more forcing to get the food into the stomach. I am very strong, and take good care of myself, so far as chop for dinner; eggs, bread-and-butter for breakfast; I

don't spare the butter ; my bowels are in perfect order ; I don't take medicine."

In January 1875, he had a similar attack to that he had five years previously, and died, after an illness of ten or eleven days' duration, from inanition, no food remaining on his stomach.

Mr. R. had expressed a wish that after his decease a post-mortem examination should be made, in order that the exact cause of his death might be ascertained. Having been kindly assisted by my friend Dr. Charles Jones, of Rathgar, we made the examination about 48 hours after death, and found the œsophagus enormously dilated throughout its entire course, resembling the colon in appearance when distended with air, and measuring at its broadest part (5 inches from the cardiac extremity of the stomach) 9 inches, and above and below this 8 inches, its muscular coat being very much hypertrophied. The œsophagus was slightly distended with flatus, and contained about a wineglassful of a brown tea-like fluid which was prevented from entering the stomach by a volvulus or twist in its cardiac extremity at its passage through the diaphragm. This circumstance, in my opinion, accounted for the facility with which Mr. R. swallowed when he stretched himself, by undoing, so to speak, this twist. On filling the œsophagus with water, we found it was capable of holding two pints, or forty ounces of fluid, and we observed that the mucous membrane was covered at the dilated part with several ulcers, varying in size from a pin's head to a two-shilling piece, and were of irregular shape. We also perceived innumerable white spots (cicatrices), the remains, no doubt, of old ulcers that had healed. The cardiac extremity of the œsophagus admitted readily two fingers together, and there was no indication whatever of malignant disease, an aneurism, or tumour, to account for the pulsation which was felt during life. The stomach was very much dilated, and its coats greatly thinned, measuring when distended with air 33 inches along its greater, and 9 inches along its lesser curvature, and 21½ inches at its greatest circumference, and on filling it with water we found it capable of holding 9½ pints, or 190 fluid ounces. The stomach contained a considerable quantity of brown fluid, similar to that found in the gullet, and its mucous coat was free from any indication of ulceration or malignant disease. As to the pylorus, I may observe that it admitted the point of the little finger, and was in all respects quite normal.

In the *Edinburgh Monthly Journal of Medical Science* for March, 1855, Dr. Evans Reeves, of London, describes three forms of dilatation as occurring in the œsophagus—viz., 1st, as spindleform dilatation, which is the most frequent, where all the coats are affected ; 2nd, as saciform dilatation ; and 3rd, œsophagocele, where the mucous membrane protrudes between the muscular fibres of the canal.

Albers ("Pathol. Anatom.") considers that dilatation of the œsophagus is a congenital disease ; but Dr. Reeves regards it to be a disease of the prime and decline of life ; it is more frequent in males than females. It may be caused by a blow on the sternum, a strain after gastric fever, inflammation or ulceration of the gullet, tumours of various kinds pressing on the lower part of the œsophagus, malignant disease, &c. As to duration, it has been stated to continue from one to forty-eight years, or even a lifetime.

In some of these cases the patient is obliged to press and use friction on the neck in order to facilitate the descent of food into the stomach.

The prognosis is always very grave, the patient dying sooner or later of starvation.

As to treatment, very little can be done. The stomach-pump has been recommended to be employed to feed the patient in these cases, and with a view of allowing the contraction of the dilatation, and in using that instrument, care should be taken to allow it to glide as nearly as possible along the posterior part of the larynx. Nutrient enemata should also be administered.

CLINICAL MEMORANDA.

Reported by JOHN W. MARTIN, M.D.,
Assistant-Surgeon Mayfield Factory Dispensary, Portlaw.

Epileptic Seizures—Presystolic Mitral, Systolic Aortic Murmurs—Anæmia—Health improved under Treatment.

PATRICK D—ly, æt. 19, mill hand, came under notice December 4, 1873, the date on which the notes of the case were made.

He complained of frequently recurring epileptic attacks, had been subject to them since the age of thirteen years, but noticed that the intervals between the fits were growing shorter, and that their severity was increasing. General expression dull, heavy, stupid, and at times foolish. Inability to do his work growing daily more marked.

Examining him closely, I found pigeon-breasted deformity of the chest and the lower portion of the sternum deeply indented.

Area of precordial dulness normal. Force and situation of heart's impulse natural. No tenderness to pressure. Rhythm normal. A loud *bruit de râpe* heard in its maximum intensity over the lower portion of the sternum and about the articulation of the fourth rib on the left side, and extending along the left margin of the sternum upwards to the articulation of the third rib on the same side ; this murmur was distinctly presystolic. At the right margin of the sternum, in the second intercostal space, a short rough systolic murmur was heard accompanying the arterial pulse. Loud *bruits* were heard along the course of the carotids with each systole of the heart. With the exception of a slight weakening of the second sound, both sounds distinct and healthy. He suffered much from dyspnoea, the sense of which was constant ; exertion of every kind greatly aggravated it. Had a recurrence of the epileptic fits every six weeks, followed as usual by headache, and a state of stupor, which latterly lasted a couple of days, rendering him unfit to return to work. Never suffered from headache during the interval. His tongue was white and sodden, and very anæmic looking. Pulse 80, dichrotic. Bowels regular. Appetite good. The urine on examination was found free from albumen or any sign of urinary complication. There was no pain about the region of the heart. He never had any spitting of blood or epistaxis. With the exception of a passive effusion into the ankle-joint about eight years previous to the date of these notes, he never showed any tendency to the rheumatic dyscrasia.

Ophthalmoscopic examination of the eye showed a pale retina, contracted vessels, and an indistinct margin to the optic disc. The pupils were very sluggish.

This patient remained under treatment until the end of April, 1874.

He at first was placed upon small doses of iodide of potassium in combination with the citrate of iron and stimulants, together with cod-liver oil. The iodide of potassium was, however, soon changed for a mixture containing iron and digitalis, the cod-liver oil being continued. A glass of wine was allowed daily.

Under this treatment he rapidly and steadily improved. The fits decreased in frequency and severity. His general appearance altered greatly for the better. He lost the look of despondency which had been habitual to him, and from being heavy and stupid he became bright and cheerful. He expressed himself as having gained great courage. The heart murmurs have diminished in intensity, but remain otherwise unchanged. The improvement in his health continues up to the present time.

I regard the foregoing case as both interesting and instructive.

When first seen the fits were increasing rapidly in their violence, duration, and recurrence. The boy's mental faculties were greatly affected, so much so as to prevent his doing work of any kind.

This case was regarded both by himself and his family as a hopeless one. At first there was some difficulty in

deciding whether there might not be some active organic disease of the heart.

His general appearance, however, the state of the retina, and the strictly presystolic and systolic character of the mitral and aortic murmurs respectively, decided me in believing it to be altogether a case of anæmia, an opinion in which I am confirmed by subsequent success in the treatment.

It may perhaps be remarked that no bromide of potassium was given at any period of the treatment, and the question asked, why was the iodide prescribed?

I prescribed the latter in the commencement, whilst in doubt as to the presence or absence of organic disease of the heart, but desisted when I formed the opinion that the case was altogether one of anæmia; for the same reason I refrained from giving the bromide, as from the retinal appearances and general symptoms of the case I thought there was no evidence of any cerebral congestion.

In fact, I regarded the case as one in which a tonic line of treatment was alone called for, with special regard to the proper stimulation of the heart to the performance of its functions.

WARTY ULCER OF CICATRICES, OR MARJOLIN'S ULCER, OF THE HAND AND WRIST.

Under the care of WILLIAM I. WHEELER, F.R.C.S.

(The Notes taken by Mr. MARKS, Resident Pupil, City of Dublin Hospital.)

THE subject of this case was a patient named James Hussey, æt. 46, who had served as a soldier for twenty-one years. When about five years of age he fell into the fire and had both his left knee and foot and left hand much burned. About thirteen years ago, that is about twenty-eight years after the time of the burn, he observed a sort of pimple break out on the lower end of the ulna, which increased to about the size of a sixpence; for this he went into the Military Hospital, where he was dressed with red precipitate ointment, and touched with caustic. After two or three days he was discharged from hospital, the ulcer having become neither improved nor the contrary. For about ten years it remained in this state, almost quiescent. About two years and eight months ago it commenced to eat away round the wrist, faster on the anterior than the posterior surface, till it entirely encircled the joint; it also deepened and opened the ulnar artery, causing considerable hæmorrhage; this occurred about three months ago. After this the ulnar nerve got injured, causing numbness of the little and half the ring finger; the median nerve afterwards became implicated, the entire hand became numb and considerably swollen. About one month ago there was some slight hæmorrhage, probably from one of the interosseal arteries. He was admitted into the City of Dublin Hospital on the 30th of January, under Mr. Wheeler's care, suffering intense agony; his pulse was slightly intermittent. He was ordered digitalis, iron, and strychnia, with stimulants, and a generous and nutritious diet. Under this treatment his general condition improved sufficiently to admit of operation on the 16th of February, which Mr. Wheeler performed by the circular method, close to the shoulder-joint. Esmarch's bandage was applied from the elbow upwards, and not any blood was lost, save that coming from the distal end, where the bandage could not be applied, on account of the extent of the ulcer, and the very slender attachment of the hand to the forearm. The exact state the specimen presented is as follows: An ulcer extending round left wrist-joint and back of hand, about two inches of the ulna eaten away; the ulnar artery destroyed for about three inches; the ulnar nerve eaten across, and the median nerve partially; the scaphoid, semilunar, cuneiform, and pisiform bones all absent.

INDIAN MEDICAL NOTES.—No. XXXV.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, *March*, 1875.

PAST AND PRESENT.

OUR aged King's health was drunk in solemn silence; that of the Prince Regent with noble acclamation; the Duke of York and the Army with three times three; the Duke of Clarence and the Navy amid loud huzzas, followed by "Rule Britannia." Then the president called on Dr. Robinson, who, with great feeling and pathos, sang the "Old English Gentleman." In ancient days in India the clergy married with gravity, drank the bride's health with spirit, when Sir Roger de Coverley would be danced so late that parade next day would be countermanded by the colonel, who loved field-days, early rising, health marches, sea-bathing. In the order-book would he write: "The regiment will proceed right in front in light order, the *générale* to beat at four, assembly at five; all heavy baggage and women to remain behind, the surgeon taking care that no man leaves the hospital if unable to bite a cartridge, and recruits taking off shoes or gaiters were to beware of leeches, to remember also the dangers of arrack, pungent with capsicum, deleterious with datura. Owing to eating fat mutton and drinking certain water of aperient qualities, some suffered from diarrhoea, and all sound medical men declared the sudden deprivation of spirits to be injurious. The elephants had a daily tot of arrack, and would kill any person watering their grog. In strange places the road would be shown by reluctant villagers pressed into service, eager to desert unless watched by sentries or tied to tent-poles. Marches from 12 to 14 miles, the Europeans allowed a dram in the early morning. In encampments on black cotton soil, when the picket posts would not hold, there would be a stampede of horses all over the country until the bugle sounded feed. All day in the sun, all night in the rain would the horses stand, the sentries flounder amid sinking mud; yet the general health would be better than in cantonments. The battle of Plassy was fought in June; the campaign in Guzerat carried on six years at all seasons; and Seringapatam was taken in May. Sir Sydney Cotton noticed men playing games bare-headed in the blazing sun; others, at 9 a.m. and 3 p.m., wore forage-caps in watering order, iron helmets at other parades. During pressure, panics, or epidemics, the general intemperance would cause endless difficulties, and from all parts of the world are traditions handed down of wonderful men, who, like Lord Eldon, could drink any given quantity, could also bask in the sun bareheaded—their helmets in the gutter, sleep the sleep of the just, to awake none the worse. To-day information is received of men taking cannabis Indica in rum or beer, and the papers are full of the details of arsenic and diamond-dust—alleged poisoning of Colonel Phayre. Intemperance and atmospheric vicissitudes will ever figure amongst causes of disease until the burden of the song becomes monotonous. Norman Clevers tells of the punch-houses at Calcutta, one room paved with tiles, loose wide boarding through its centre covering the main sewer; upon this drunken men were laid to cool, to enjoy the breeze of the sewer air. The same author states that a temperature of 117° under the old Horse Artillery helmet can be reduced to 102° by a wet rag inserted inside; Foot Artillery cap, 122° to 114°; peaked Kilmarnock, 119° to 108°; Sepoy turban, from 130° to 106°. It would be a very simple matter to reduce fever in its various phases, possibly cholera being one, by the construction of a helmet protecting the temples, also the back of the neck, by the addition of the appendage termed puggery, and a waistcoat without sleeves, well padded down the back. Oh, the comfort of a warm, loose, shooting-coat in the hot weather! when through white clothing the sun pierces into the spine like a red-hot gimlet. Then is ice so grateful to the parched palate. Last December and

January a very large quantity of field-ice was made at Meerut, the ground strewn with sugar-cane leaf or straw, upon which are placed shallow earthen pans containing water, the resulting ice about a quarter of an inch thick. In the old days, about 160,000 pounds made for use from April to October—16 pounds per diem allotted to £10 shareholders. The price of machine-ice is very reasonable—of course, much cleaner and nicer. At Calcutta, formerly, beer and porter considered bilious—Madeira, claret, cider, perry, all drank in preference. Life was very uncertain, for persons invited to dinner might attend the host's funeral before supper. The ladies, tightly laced, danced themselves into phthisis; whilst some gentlemen encouraged putrid fever by heavy midday meals, followed by sleeping in draughts.

Hamilton Kerr Wade, travelling in palankeens, received then 32s. a visit, the chemists charging 6s. for an ounce of bark, 2s. for a dose of salts, 4s. for a blister. To-day medicines, instruments, clinical thermometers, hypodermic syringes, badly constructed, are so dear, that Messrs. Weiss and Coxeter, if they only comply with orders rapidly, would be patronised in preference. Certain persons delight in breaking thermometers until compelled to procure others.

In 1802 a ship captain introduced vaccine-threads. In 1803 a boy, bitten by a shark, recovered in three months after amputation of right leg, when £280 were collected for him. Then rheumatism and chorea were cured by electricity. In 1806 bills in duplicate and triplicate for £4,000 were voted to Edward Jenner by the inhabitants of Calcutta. Great illuminations were displayed after the battle of Waterloo—the champagne at the banquets peculiarly fine, and soda-water warranted to effervesce was introduced. A young lady's trousseau cost £500; and the flirtations on board a certain Indian man grievously troubled the parents at home, besides vexatious to the bilious Nabob in nankeen when the lady changed her mind, after he had travelled miles to meet the "Belle Packet" sailing into harbour. Perhaps he consoled himself with a mistress at 40 rupees a month—perhaps with several. Old Job Charnock annually sacrificed a cock on his wife's grave; and another eccentric offered a large sum to endow a Professorship of Atheism at Edinburgh. When John Shipp landed at Calcutta a stoppage of 8 rupees per man, without any explanation, almost led to a mutiny, until told the amount was deducted in advance to ensure a decent burial. Up in this neighbourhood natives with incurable diseases were buried, or drowned themselves, weighting the poor suffering body with sand-bags. There are many sad records of injudicious marches, of men being over-drilled, and of the contradictory views concerning cholera. A regiment stationed at Seringapatam for two months lost on an average three men daily—the jungle-fever commencing as ague, followed by burning delirium rapidly consuming the frame, baffling human skill, until Dr. Scarman, pouring the water of the river Cavery in pailfuls over the burning patients, checked the disease. According to Sir Colin Campbell, before men are stricken with sickness everything depends on commanding officers. Writing in a desultory manner to-day, altogether unsettled, let me advise medical officers to leave their measure for clothes, uniform, shirts, boots, &c., in London; it is so easy to have things sent out, whereas everything native is so bad; everything made by the European in India must be very dear, for the unfortunate tradesman cannot make profit otherwise. At certain places there are excellent tailors in a fashion, and the natives sometimes are very clever, yet uncertain. Sending money to England costs at least £10 per cent., so when the thrifty bachelor commences to save there are investments out here to try, either in beer, tea clubs, or banks, everything depending on the manager of the concerns. As said before, everything is temporary—transient; you buy gradually at sales, glass, china, furniture, horses, carriage, all to go to auction when you leave. Water-colours, chromo-lithographs, engravings, if preserved from the ants, will make the Indian home more homelike, besides selling well; also

harness and saddlery are indispensable. The married doctor too often brings out things which smash on the road, give a deal of trouble, and can be picked up just as cheaply. Here we have no abiding city, therefore, why bring plate or jewellery, or fancy china?—why perpetrate any extravagance beyond a good house well supplied with cooling dodges; as for the rest, screw and screw, hoping for leave to the divine hills—Landour, Simla, Nyna Tal, the first the healthiest.

The month of March at Meerut is pleasant, yet daily growing hotter. Now look out for neuralgia, variola, rheumatism, measles, eczema, secondary syphilis, and as the nights are cool, the days warm, the relapses of fever will occur. Erysipelas, quinsy, trifling diarrhoea, infantile dysentery, whooping-cough, influenza, trouble the residents; the new comers suffer from boils, perhaps chloasma or leucoderma, of no consequence to men, yet vexing to ladies partial to low dresses. Now do cases of menorrhagia and leucorrhoea recur. A woman from quickening to delivery suffered from uterine hæmorrhage, yet the child turned out strong and healthy. When marching to and from Rowkee last year toothache troubled many men; irritation of the bladder bothered some on a recent march in the district; and the prayers of the congregation are desired that we escape sunstroke, small-pox, cholera, or boils at Delhi. Women give a deal of trouble sometimes, objecting to being vaccinated from the most beautiful dew on a rose-leaf on a native child's healthy arm. Pneumatic aspiration applied to buboes is a triumphant success, care taken to use the largest needle to remove the stringy pus, then glue the edges of the cavity together, keeping pressure on whilst the needle is being withdrawn, then bandage. We hope for a long farewell to large wounds and horrid sinuses, for with the aspirator, as Pepys would say, "laws to see the difference." I am on the look-out for a hydrocephalic child to tap; yet it is very curious how few such cases, either amongst Europeans or natives, have been so far met with. At the Meerut races, the ground hard, the jumps severe, men are crumpled occasionally; but if singing certain comic songs sadden audiences, some races are just as dull, and life would be very tolerable without them. Steeplechase catastrophes in England sometimes are very horrible, and instead of a pleasant, quiet afternoon on the stand near the refreshment-tent, making a book, or talking to lovely women, the doctor too often has to accompany a crushed rider on a shutter home, to break the news also to the distracted wife; and many a poor jock living from hand to mouth has neither home nor friends. Pig-sticking out here leads to accidents—concussion of the brain, fractured clavicle on the lists to-day: the pig may rip up horse or rider. Accidents occur out shooting, dragging guns through hedge or sugar-cane; besides, like everything else native, the guns sold in the bazaars are rotten, unsafe, inclined to burst. At the Meerut flower-shows in March, amongst geraniums, hyacinths, roses, ferns, the primroses and daisies held their own; the vegetables, excepting asparagus, all good, the tomatoes especially. Strawberries are being sold at two shillings a basket.

March 11th.—A hot, thirsty, dusty, windy day. The cavalry occupy one end, the artillery the other, at Meerut, the infantry in the middle, and it would appear that the barracks at each end of the line have more fever yet less cholera, which generally breaks out in the middle—for instance, the Buffs in 1867, the 105th in 1872. Then the men in the barracks influence matters—their previous medical history all important. For some months the climate at Meerut is heavenly, indeed, very pleasant up to May, barring heat.

THE Society of Apothecaries of London have announced that a course of six lectures on State Medicine will be delivered at their Hall, in Blackfriars, by Surgeon-Major F. de Chaumont, Assistant-Professor of Hygiene at the Army Medical School at Netley, to commence on Saturday, May 15th, at 3 p.m.

Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. RIVINGTON.)

Strangulated Right Acquired Oscheocele—Reduction by Taxis—Continuance of Symptoms—Exploratory Operation—No Stricture Found—Death on Third Day—Not much Peritonitis.

WM. MELLOR, 57, was admitted into the London Hospital on the 8th May, 1873. He was suffering from a right oblique and strangulated oscheocele. The testicle being distinct below the hernia, it was evidently acquired, and not congenital. He had had the hernia six years, and it had always been reducible. He used to reduce it himself when it came down. He had worn a truss. The patient stated that he found the hernia down when he got out of bed at 8 a.m. He endeavoured to reduce it himself as on previous occasions. He made great efforts, and used a good deal of force, but was unable to effect his object. He came to the hospital at 9, when taxis was applied for a quarter of an hour. He was put under the influence of ether, and taxis again applied for ten minutes, to no purpose. Ice was applied by Mr. Kebell, the house-surgeon, till 12.30, when he was seen by Mr. Rivington, who had been sent for by Mr. Kebell. At that time he seemed to be in a state of shock. He was shivering, with a small compressible pulse of 84, pale and cool skin. Nausea and vomiting. Gurgling had been felt in the tumour during the taxis. Mr. Rivington applied steady taxis for about fifteen minutes intermittently. The hernia yielded at the outset, and some went up, rendering the tumour smaller and laxer. The last portion went back suddenly on slight pressure. He passed some blood by stool after reduction. Symptoms of strangulation continued after the reduction of the hernia. The vomiting then ceased for a time, and returned on Saturday, so that Mr. Kebell sent again for Mr. Rivington on Saturday evening. The patient was in much the same state as on admission. The inguinal ring was free, but the bowel came down in a lump and in a lump could be returned.

It was thought possible that some band still held the coils of the bowel, and that it would at least be safer to explore. Cases now and then occur in which, during taxis, a circular strip is torn from the neck of the sac, and maintains strangulation. Accordingly Mr. Rivington examined the hernia under chloroform, opening the sac in the usual way. A good deal of sero-sanguineous fluid flowed from the abdomen, but there was no kind of strangulation, and the bowel was but moderately congested.

The patient did not vomit after the operation, but he gradually sank and died early the following morning. Nothing was found at the post-mortem; the sac was entire; the intestine, though congested, healthy, the serous surfaces still shining and polished, and little indication of peritonitis. The organs generally exhibited senile changes. There was no ulceration of the mucous surface of the intestine to account for the hæmorrhage from the bowels.

Transactions of Societies.

PATHOLOGICAL SOCIETY OF DUBLIN.

THE last meeting of the session was held on Saturday, April 24, Dr. ROBERT McDONNELL, President, in the chair.

ACUTE RHEUMATISM WITH GASTRO-INTESTINAL INFLAMMATION.

DR. MACSWINEY said that the morbid specimens which he presented to the Society were removed from the body of a

woman, aged about thirty years, who died in Jervis Street Hospital about three or four days ago. Her history, as far as affected her medical condition, was, as related by her, that about five years ago she was an inmate of the Meath Hospital, under the care of Dr. Foot, suffering from rheumatic fever. She passed through the disease and recovered sufficiently well to be allowed to leave, and for five years she followed her avocation of domestic servant. She understood at the time she left hospital that her heart was affected. When she entered Jervis Street Hospital she was suffering from very high fever—extremely high. Her principal joints were swollen, red, and hot, and exquisitely painful. She had all the symptoms of fever—the pulse was quick, the tongue coated, and she complained of thirst and sleeplessness. She was, in fact, labouring under exaggerated rheumatic arthritis, and at this time she also had pericarditis. The ear applied over the region of the heart perceived a condition of to and fro rub-sound, which was extremely characteristic. For ten days her state appeared most precarious, and death seemed imminent several times. It would appear to be likely to result from asthenia. She was in a condition of extreme weakness for several hours, and almost if not entirely pulseless, the pulse not being perceivable at the wrist. Out of this state she recovered sufficiently for some time to render it likely that she might rally. About a fortnight ago she began to complain of extreme distress and pain at the right side in the situation of the liver, and pressure—even the very slightest touch—over that region gave her extreme distress. It was also easy to perceive that the tissues there were hard and apparently somewhat swollen. At the same time her appetite completely failed. She ceased to take any solid food at all. She still complained of intense thirst, sleeplessness, great pain in her right side, inability to swallow any solid substance, and after a time it became clear that she was about to die. About five or six days before her death fluid was recognised in the peritoneal cavity, and finally she fell into a sort of comatose state, in which she remained for some time, and then quietly expired. He produced the heart, liver, pericardium, stomach, and duodenum. The first left articular ventricular opening was greatly contracted. The aperture did not admit one finger—it was merely a split. There were some—not very many—adhesions between the pericardium and the heart, but on the surface of the heart there was no evidence of adhesion. The sac of the pericardium was filled with fluid, and the peritoneum contained a large amount of fluid. Both pleural cavities were occupied with fluid, and in all these instances the fluid was straw-coloured, and had no particles of lymph. He was not in a position to state exactly the situation of the cardiac *bruit*. There was, however, a feeble *bruit*, but the extremely delicate condition of the patient precluded the possibility of any positive examination, further than that it was a feeble *bruit* situated at the apex of the heart. It was more expressed at one time than another. Whether it was systolic or not he was not prepared to say. His impression was that it was post-diastolic. The stomach and duodenum presented appearances that were most remarkable. At the time of the removal of the stomach the mucous membrane was quite as red as that of the stomach of a person who had died by irritant poison. It was injected with deep scarlet colour over its mucous membrane. The œsophagus was of the same colour, and the duodenum was quite novel when taken in connection with organic disease of the heart. It was greatly contracted and extremely thin in structure. It was purple in colour from congestion. It broke down on making traction, and it appeared to be almost in a gangrenous state. The stomach itself was also very much contracted in size and capacity. What the cause of the intensely congested condition of the stomach and duodenum was, he was not prepared to say, but he might remark that the woman had not partaken of food to any extent for a fortnight before her death, and in recorded cases prolonged abstinence had been followed by a condition of congestion of the mucous membrane not very different from that presented in the case now before the Society. In very many instances the intestinal tube had been found greatly contracted in cases of prolonged abstinence, but no other part of the tube was contracted or altered save only the fourteen or fifteen inches of the duodenum and jejunum, which he now exhibited. The liver was greatly engorged with fluid, and presented a very well-marked example of what was known as the nutmeg liver.

UTERINE FIBROID TUMOUR.

Dr. LOMBE ATTHILL exhibited a remarkable example of a

form of uterine fibroid, or rather what once was uterine fibroid, because there was not, he need scarcely say to those present, the smallest trace of anything fibrous in the structure before them such as the word fibroid would indicate. There was, unfortunately, no history of the patient from whom the specimen was taken—at least so far as her uterine organs were concerned, for she was admitted into the Adelaide Hospital on the 17th of April in an advanced stage of pneumonia, and died the next day. It was only in the course of the post-mortem examination that attention was drawn to the uterus at all. The woman was about sixty years of age, and in all probability had never suffered from any uterine symptom. He judged that from the fact of the situation of the fibroid being sub-peritoneal. She had not apparently suffered from menorrhagia. The uterus was of normal size, considering the age of the woman, and on the anterior surface of it was the now calcareous tumour which he exhibited. On the posterior surface was another small, but true fibroid, but on one end of it was a small calcareous deposit. There was also a third tumour, purely calcareous. The Society was well aware that uterine fibroids were liable to various changes and alterations: they were liable to oedema, to fatty degeneration, to absorption, so that they disappeared entirely, and finally to calcareous deposit. It was not uncommon to meet with cases in which there was a certain amount of calcareous deposit. This is the first instance in which the entire tumour was converted into an entire mass of calcareous matter. If this had taken place inwards instead of outwards, it might have been removed, and then it would be classed as by old writers—a uterine calculus. With respect to this case, in the liver there was a cyst which had undergone calcareous deposit, but there was a central space vacant, so that in that respect it differed from the metamorphosis which had taken place in the uterus. The case was important practically, as showing how nature cures these tumours, and it also showed that they should not be interfered with by operative means unless the symptoms were very urgent indeed.

EXTENSIVE DISEASE OF URINARY ORGANS.

Dr. BARTON showed a specimen which was a contribution to the pathology of the urinary organs of a somewhat unusual nature. The patient was a printer, forty-seven years of age—a very thin, emaciated man—and was admitted to hospital suffering from acute micturition. He suffered a severe burning pain when passing water; it commenced about the middle of the flow, and increased towards the termination, and passed away a few minutes afterwards. He never had a pain in the glans penis. He had not stone, as was proved on examination. He was obliged to relieve himself every quarter of an hour, and on one occasion, having to retain water longer than usual, he found he was passing blood. The urine was albuminous, and after it was allowed to stand for some time it was found to contain layers of ropy mucus and blood. The patient continued to get worse despite the treatment that was used, and he died about three weeks after admission, which was in March last. There was contraction of the bladder, but no stricture; there was no enlarged prostate. The kidneys were in an extensive state of disease. In the right kidney there were numerous small abscesses of a strumous character. The other organ was reduced to a mere number of dilated cysts. The ureters were not merely dilated, but remarkably thickened—so thick, in fact, as to give all the feel of stricture of the urethra. On the right side there was no opening from the ureter into the bladder at all. The coat of the bladder is greatly hypertrophied. On the base of the bladder there was an abscess which had evidently been of a chronic character, and a quantity of strumous matter exuded from it on pressure. The abscess had evidently pressed on the bladder and caused the obstruction which had kept up the micturition. The case was not merely interesting in a pathological point of view, as showing such a state of things as thickening of the ureters, accompanied by abscess in the kidneys and bladder, but might on another occasion point them to the cause of a group of symptoms such as in the case before the Society, though it might arise from some unusual cause.

The Society then adjourned until next session.

The Chicago Medical Examiner advertises a practice at one of the favourite Southern springs for sale. The yearly receipts amount to upwards of \$40,000, and \$20,000, cash or approved paper, is asked for it. The reason given for the retirement of the present occupant is that he has amassed a fortune.

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THE

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MAY 5, 1875.

ARMY MEDICAL DEPARTMENT.

We have received two pamphlets concerning the above-named department, one entitled “The Army Medical Service in the Past and the Future,” published by Messrs. J. and A. Churchill, and the other, “A Contrast, by X.,” A. M. D. The writer of the first of these pamphlets tells us that “after a prolonged trial of the mixed staff and regimental system, it was found unsatisfactory, and the amalgamation of the staff and regimental officers decided on, having mainly for its object the equalisation of duties and foreign service for officers, increased comfort for the sick in hospital, and, lastly, economy to the State.” Under the former system, says the writer, “existed a grievous distribution of labour, the regimental surgeons being greatly benefited by their strict limitation to regimental duties. In the matter of foreign service some officers, who could ill afford to pay for exchanges, were obliged to serve constantly abroad, whilst others were almost continuously at home.” While admitting the advantages which must ultimately accrue to the service should it be finally embodied into a *bona fide* staff corps, our experience up to the present is that the duties have not been equalised, or the foreign service roster put upon a proper footing, results due to the opposition of the military element, who could not believe in the efficacy of a department no longer under their control. We are glad to hear such a good account of the working of the new station hospitals, a result which must depend a great deal upon the character of the senior medical officer. We believe there are two of these institutions in Dublin, one administered under the purely staff system, and the other in charge of regimental officers. The first we much prefer, as we hold a very strong opinion that it is the best, and that no mixed system will ever succeed, or in the end be of advantage to the medical officers or economical to the State. The author touches upon one very important difficulty in the ultimate success of the new amalgamative system—a distrust upon the part of a very intelligent section of the executive ranks of receiving considerate treatment at the hands of their seniors. We quite agree

with the writer that "some of the senior ranks have much to learn in this respect from other branches of the army," and we would further add, from the custom of their brethren in civil life. On matters of duty, an administrative officer should be strict and impartial, but if he is to succeed, he must never forget that one essential in harmonious official intercourse, gentlemanly feeling and respect for the professional ideas of everyone under him. Now that the department is being united, senior medical officers must with their increased responsibilities towards their juniors be a little more hospitable and a little less stand-off than they have hitherto had the credit of being. Their position implies this: it is, in our opinion, a part of their official duty. We are only too well aware of the total non-existence in the department of "prospect, encouragement, or reward," but hope, under new management and its present distinguished head, much of this will disappear. We do not by any means despise uniforms and trappings, as the more there is perfectly similar treatment in such matters with the combatant officer the better, and hence such questions cannot be despised. The amalgamation of the department necessarily implied the removal of officers from their regiments, but we would have thought that with the exception of those who did not like foreign service, they would have benefited in a pecuniary point by being transferred to the staff. The author comments very strongly upon the absurd regulations which prevent medical officers having supreme control over the men of the Army Hospital Corps, a restriction which has marred the "whole effect of the new arrangement." This we can easily understand. The senior medical officer should be supreme over all, as is a commanding officer in his regiment. Our author classes the grievances of the department under several heads—viz., administrative officers having to serve qualifying periods for rank and pension; inadequacy of the pay of the director-general; the presence of commandants in hospitals; want of complete personal authority over hospital subordinates; slowness of promotion; no outlet for older officers; no limiting periods of age; retention of officers in the administrative ranks for unlimited periods, until executive officers are too old for promotion; withdrawal of forage allowance; inequalities regarding leave of absence; restrictions on sick-leave not according with complete relative rank; over-riding of the clauses of the Royal Warrant by after circulars; title of non-combatants; unnecessarily distinctive dress. Much of what the author says on this subject has been already anticipated in our columns and those of our contemporaries. X. points out in his more diminutive attempt that under present regulations an officer is a considerable pecuniary loser, and that the worth of the appointments as means of livelihood for young surgeons have deteriorated, a point upon which there will be little disagreement. We do not agree with the writer in objecting to promotion in batches on the completion of fifteen years' service; the advantages of such a guarantee would outweigh any imaginary benefits in other respects. The very general demand for a time-promotion proves the popularity of the idea. We do not by any means believe that injustice in selection was precluded by a *private* written report to the Commander-in-Chief. If the regulation required a statement of the

grounds of selection in the *Gazette*, as in the case of the "Victoria Cross," we would have much more faith in it, as public opinion would not tolerate any very gross job. We have no very special admiration for any such hole-and-corner proceedings. We hold that, as in the Scientific Corps of the Artillery and Engineers, an officer should be promoted by seniority, unless incompetent. He might be then passed over, which would be a sufficient hint, and no doubt be found to answer its purpose. We agree with the writer of this pamphlet, that the immediate application of the new naval regulations to the Army Medical Service, and the restoration of the rights and privileges originally conferred by the Warrant of 1858, would be a step in advance, and in the absurdity of importing into the whole question the utterly fallacious argument of comparing the pay and rank of combatant and medical officers, the latter possessing no rank, the relative rank being a merely convertible term for allowances; the medical officer carrying away with him on leaving the service no collateral advantages of title or position, while the military officer buys from the State a profession and a name which may be raised to very high honour.

THE INFLUENCE OF ILLEGITIMACY ON MORTALITY.

DR. GUSTAVE LAGNEAU has brought before the Academy of Medicine of Paris a question of great social importance.

To appreciate the influence of illegitimacy on mortality he compares legitimate and illegitimate conceptions in the different aspects of spontaneous abortions, criminal abortions, infanticides, and still-births, or deaths at various ages from birth up to adult life.

Spontaneous abortions appeared to be frequent in the case of illegitimate conceptions, for the majority of women so impregnated fall into a state of moral and physical misery which is unfavourable to gestation; and the majority of debauched women abort, he says, on account of excessive intercourse.

As to criminal abortions in France, they caused, from 1844 to '72, during 29 years, annually 24 accusations, with 60 persons implicated. This differs from America.

As to infanticides during this time, there were annually 186 accusations, implicating 211 persons. This is a very low state of criminality, and contrasts very favourably with England.

To prevent abortions and infanticides, and punish those guilty of them, it has been demanded that it should be made compulsory to register every fetus at whatever time it may be expelled, that the verification of deaths should be made general, and that the foundling turning-tables should be reviewed. But up to the present date, declarations concerning fetuses have been most irregularly made, even in Paris, since out of 10,000 still-births registered there were only 76 of three months old, 6 of two months, and 3 of one month. As to the machinery for verifying deaths, it is very imperfect, especially in country districts. And as to the turning-tables, if they permit the snatching from immediate death some newly-born infants, which would have been the victims of infanticide, we must

recognise that the mortality is so great among abandoned infants, that the result to the population is small indeed.

Whilst from 1846 to '68, of 1,000 products of legitimate or illegitimate conceptions registered, the proportion of illegitimate still-births varied from 31 to 41, that of illegitimate still-births varied from 66 to 79. This proportion, which is gradually becoming more considerable in France, is then approximately double in the case of illegitimate as compared with legitimate infants. The excess of still-births among the illegitimate is to a certain extent due to criminal manoeuvres, but also to a great degree to the state of destitution and misery in which gestation and labour take place among maiden-mothers.

From 1800 to 1810 the newly-born children registered as living in France amounted, says Lagneau, to 46,766; progressing irregularly, they rose to the annual mean number of 75,442 from 1861 to 1870. These remarks of Dr. Lagneau are to be taken with the due notice that the first censuses in France were most imperfectly made at the commencement of this century. At this moment, of 1,000 births, there are in France 75 illegitimate—a proportion which is much surpassed in divers other European states, and notably in Germany. This illegitimate birth-rate appears to depend on the mean age of marriage, which is more or less retarded. The more marriage is put off the more numerous are the unmarried men, and the more do illegitimate births increase. They increase just in proportion to the obstacles in the way of marriage.

Newly-born children, registered as living, have from birth up to one year of age a mortality about twice as great when illegitimate as when legitimate. In the first year of life, from 1857 to 1865, 1,000 legitimate newly-born children show a mortality of 165, whilst 314 is the figure for illegitimate children. This mortality, which is almost double, appears to be owing in great measure to the departure of the infants from their mothers, to the abandonment of these little creatures to mercenary nurses, who are more or less without breast-milk, often careless, and sometimes culpable. To prevent as much as possible this abandonment of infants by their mothers, it would be necessary, thinks Lagneau, that poor mothers should be admissible long before the end of their pregnancy into maternities where they could work—kinds of workshops attached to lying-in dispensaries.

Received into these institutions, where they would find labour proportionate to their physiological state, they would be delivered by chosen midwives, as at present, or in private rooms in the establishment, when they would return, after confinement, into the workshops, as in certain manufactories in Mulhouse; they could, whilst resuming their work, continue to suckle their infants. On leaving these working maternity charities, work and assistance might be procured for those women who kept their infants, for these infants, even when beyond the age of one year, continue to exhibit a considerable mortality, since, at the age of 20, when, out of 1,000 conceptions registered 20 years back, there survives 640 young persons born legitimately, at that very age there are only 238 survivors of those illegitimately born. More than three-fourths of all illegitimate children, then, die before the age of 21.

Such facts are but too clearly comprehensible by all

persons accustomed to reason on social topics. It has long been well known that the children of the poor succumb far more frequently than the children of the rich. At an early age of life poverty is so fatal to children that many poor mothers sometimes lose ten or twelve children where a rich mother would lose only two or three. At all ages, indeed, the mortality of the rich is far lower than that of the poor, and rich countries such as England and France show the lowest death-rate of all countries in Europe.

Notes on Current Topics.

Alleged Death from Ether at Manchester.

THE case of death alleged to arise from the administration of ether, to which we referred the week before last, is reported in fuller detail than we had then possessed in the *British Medical Journal* in the following terms:—

“J. F., a delicate timid boy, aged 16, became an inmate of the Manchester Workhouse Infirmary last autumn. On September 25th last, Dr. Hardie removed the right foot at the ankle-joint, chloroform being administered. He bore the anæsthetic well. On October 29th, the cuboid bone was excised. On this occasion chloroform was again administered. When the operations had been completed, some alarming symptoms showed themselves—viz., fixed dilated pupils, feebleness of pulse, extreme pallor, and absence of respiration. These quickly passed off, on the tongue being forcibly drawn forward, cold water sprinkled over the face, and galvanism applied to the phrenic nerves. On the 3rd of the present month, bare bone having been found, the boy was again placed on the operating table, having previously been given an ounce of brandy. He was asked to have the trifling operation performed without an anæsthetic, but refusing, ether was administered by Dr. Hardie, who poured about four drachms on a piece of lint, which was placed in a folded towel, and held pretty closely over the face. He inhaled the vapour more quickly than usual, there being no coughing, and but little struggling. In about four minutes from the commencement of the inhalation, and before any fresh ether was poured on the lint, he was apparently ready for the operation. Immediately afterwards, before the operation was begun, Dr. Hardie observed the respiration, which he had been closely watching, suddenly cease, and, at the same instant, an extreme pallor came over the face, and the pupils became widely dilated. At the moment when these symptoms appeared, he had not his finger on the pulse, nor did he feel for it before resorting to remedial measures. Every restorative means was resorted to without result. After twenty minutes these were discontinued. The post-mortem examination was made by the Coroner's order. The brain, larynx, liver, kidneys, and intestines were healthy. The stomach was quite empty, and no signs were observed of any attempt to vomit. The cavities of the heart were quite empty, and the lungs were neither gorged with blood nor darker than usual; their posterior portion was somewhat dark, but this was probably owing to the position of the body on its back. The spleen showed commencing amy-

loid degeneration. The larger blood-vessels contained much blood, which was very dark, and showed no tendency to form clots, but seemed loose and fluid. No microscopic examination of the heart was made, but to the naked eye it appeared healthy, only being slightly pale. It appears probable that death resulted from syncope. The ether used was Robbins' ether for local anæsthesia."

If no circumstance has been overlooked in this narrative the case would appear to have resulted from syncope after ether inhalation, and it would go to prove that it is possible in exceptionally unfavourable cases to produce death by the use of that anæsthetic. It is plain that the boy narrowly escaped with his life on the occasion of the former operation, and that he was the victim of that idiosyncrasy which leads to death from syncope after extremely small doses of chloroform. The case reacts against the idea that ether is a heart-stimulant, *not* a depressant; but, of course, no final conclusion can be deduced from this, the only case in which death has appeared to result from syncope following ether inhalation.

Physicians' Fees.

SIR GEO. BURROWS, in his Presidential Address at the Royal College of Physicians, called attention to the fact that the fee which was deemed a sufficient honorarium a century ago by no means adequately compensates the modern physician for the additional time and skill devoted to patients residing in distant parts of this vast town. In former times, Sir George said, it was seldom that a physician's practice extended beyond a circle of which the radius was a mile, the centre being his own home, and if patients resided beyond that circle the physician was almost sure to receive an extra fee. Now it is well known, that from the enormous distance to which the town has extended in all directions, the London physician may be called to patients residing in fashionable regions, at a distance of two miles or more from his home centre, and yet, unless some previous arrangement has been made, no extra fee is offered by patients, and can rarely be asked for, without giving rise to unpleasant explanations. All who have given any attentive thought to this subject, must be aware that it is not only the greater distances which the physician is compelled to traverse, but also the diminished value of money, which renders the long-established conventional fee a much smaller remuneration to physicians of the present day than that always obtained by physicians of one or two generations before our own.

The greatly advanced rent of houses in suitable localities, the increased expense of carriage and horses, the rise in the wages of servants, and the augmentation in the other expenses of living, place the physician of the present day at a great pecuniary disadvantage compared with his predecessors of a past generation. While the price in money of nearly all that is required in the establishment of a metropolitan physician has steadily and greatly advanced, his services are still estimated by the same fee that was offered him when that money was worth far beyond its present value. How is this anomaly and social hardship to be remedied? I have long and

frequently thought over this perplexing question, but I confess have not been able to lay down any principle which can be strictly carried out in the solution of the difficulty.

The long-established customary fee to the physician is an honorarium, and long may it continue to be so. The College have never laid down any fixed regulations as to the amount of honorarium to be expected by the consulting physician; and I would not presume to advise the Fellows to deviate from that principle. But I think I have brought under your consideration many reasons why the senior and leading members of our order should endeavour to impress upon the community the reasonable expectations of physicians to be more liberally treated in the recognition of their professional services, when distance or other circumstances cause an extra demand on their time. It has appeared to me right in the interests of our order that this delicate question should be ventilated, although I cannot presume to indicate the best course to be pursued to remedy this increasing injustice.

Charge of Manslaughter against a Medical Man.

THE magistrates have committed a medical man for trial at the Lincoln Assizes on a charge of manslaughter. From the evidence, as reported in the *Lincolnshire Chronicle*, it appears that Dr. Wood was sent for to attend a woman in labour. He went without delay, and found the patient flooding. He delivered her at once, and soon after left the house. It seems to have been a case of placenta previa, and two women who were present evidently thought that he ought to have waited for pains before delivering, and they were also surprised at the degree of force required. We fancy these circumstances originated the inquiry, for the patient having got worse an hour after Dr. Wood left, he was sent for again, and at once came, but only to find her dead. A post-mortem examination was held by Dr. Lowe and Dr. Spalding, and rupture of the uterus discovered. These and other medical men gave testimony which completely exonerates Dr. Wood, except on one point, that they thought he left the house too soon, and one held that he should have treated the patient for collapse, though it would not have been possible to save her life. It is clear, however, that when he left collapse had not set in, and could not be suspected. The women witnesses said a change took place an hour after Dr. Wood left. It is unusual for collapse to be so long deferred after rupture of the uterus. If the woman appeared doing well when Dr. Wood left, it is a cruel thing to blame him for not suspecting a very uncommon accident had occurred when no symptom of it was present. Again, in the matter of time we all know how easily people are deceived. To the patient's anxious friends the medical man's visit seems much shorter than it does to him who has other cases demanding his care.

So far as we can see from the report of the evidence to which we have referred, Dr. Wood seems to have acted with promptitude and skill in a difficult case, and we cannot believe a jury will convict him of manslaughter because he did not remain longer with a patient when no sign of danger was present.

Guardians and Doctors.

THE medical profession in Cork have felt themselves obliged to take a strong position in reference to an insolent resolution of the board of guardians, which implied that the union medical officers were in the habit of applying for leave of absence on false pretences, and that their application was backed by false certificates of ill-health from their friends. The Cork physicians and surgeons have, with praiseworthy unanimity, sustained their brethren who held union appointments, and have enunciated their great indignation at the insulting insinuations of the board of guardians, which are as false as they are ungentlemanly. It accords with their respect for themselves that the members of the profession should repudiate so insolent an insinuation, and they could not maintain their position if they did less: but we may remind the union medical officers of Cork and elsewhere that it is entirely their own fault if they find themselves called upon to pay substitutes in case of illness, or else the fault of the *locum tenens* if he remains unpaid. If they will consult the Regulations of the Local Government Board they will observe that they place themselves in such a dilemma by a zeal for the public service which is neither expected nor appreciated. If they fall sick and become incapable of discharging their duties, it is not for them to enter into negotiations either with the committee for the appointment of a substitute, nor to treat with the substitute as to his payment. Their legal and moral duty is simply to inform the hon. sec. of their committee of their inability to continue work, and at the same time to *recommend* a substitute. Whether the substitute so nominated will be appointed or will act, or whether he will be paid, is no affair of the invalided officer, and if he abide by the letter of the instructions he has no liability whatever. He refers any inquiries by the substitute in reference to payment to the committee, and if the substitute is fool enough to accept office without making his bargain as to payment, he should be himself the loser. The guardians will probably take advantage of his good nature or his modesty, and do him if he hesitates to make a previous contract; but the invalided officer is as untouched by the negotiation as if he had no connection with the district. This has been so often repeated that we really have no sympathy with Poor-law medical officers who thrust their heads into such a difficulty. As for the impertinence of the Cork guardians, an exhaustive experience of boards has deprived us of the quality of surprise at anything they may say or do.

The Election in the Irish College of Surgeons.

THE appointment of Courts of Examiners for the ensuing year took place yesterday, but too late to enable us to inform our readers of the result in our issue of to-day.

As we have already stated, the Council applied for the authorisation of the Chief Secretary to an alteration in their bye-laws to enable them to appoint eight examiners, instead of seven as heretofore, and the permission to do so was granted the College last week. Accordingly, by this increase in the number of the Court, and by the retirement of Mr. Fleming, there were two vacant seats, for which Mr. Croly, Dr. Stapleton, Dr. Frazer, Dr. P. C. Little, and

Dr. Thomson were candidates. For the two seats in the Council, vacated by Mr. Croly and Dr. Stapleton, we noted last week the candidature of Dr. Jacob, Dr. Mapother, Mr. McDowel, and Dr. Wheeler. Since our last issue Mr. Thornley Stoker and Mr. Corley, surgeons of the Richmond Hospital, Dr. Kilgarriff, of the Catholic University, and Dr. Montgomery Ward, of the Adelaide Hospital, have declared themselves as candidates. The meeting for the presentation of the Annual Report of the Council to the Fellows will be held on the last Monday in May, and we understand that the proposal of the Council for rebuilding the museums and library will be then submitted for the approval of the Fellows.

The Homœopaths in Ontario.

OUR readers will perhaps remember that some months ago the homœopathic members of the Ontario Medical Council, headed by Dr. Campbell of Toronto, retired from it in a body, and intimated their intention of applying to the Ontario Legislature for separate legislation. We now learn that they have reconsidered their determination, and will proceed in June next along with the other bodies to elect representatives.

Purification of Spirit.

WHEN the Committee of the House of Commons on the Adulteration of Food was holding its investigations last year the sophistication of whisky came under their notice. It may be remembered that at that time Dr. Cameron, the City Analyst of Dublin, stated that, in his opinion, the sale and consumption of new whisky containing a large quantity of fusel-oil was quite as injurious to the public as the sale of adulterated spirits, the existence of which in large quantity he doubted. This view of Dr. Cameron's has had practical result in the formation of a company in Dublin for the purpose of putting new whisky through a process which will eliminate fusel-oil and make it as "aged" and as wholesome as long-kept spirit. This purpose is effected by the "Improved Johnston Still," which purports, at a single operation, and at a greatly decreased cost, to produce spirit pure and mellow, free from fusel-oil and all other noxious ingredients, yet retaining in a marked manner the aroma hitherto characteristic only of old whisky. The spirit is said to be fit for immediate consumption so soon as it is distilled, having been purified in the process of manufacture, and the necessity for and cost of storing entirely avoided.

Chronic Catarrhal Laryngitis.

DR. ISAMBERT, in a lecture delivered at the Salpêtrière Hospital (*Le Progrès Méd.*, No. 15, '75), speaking of chronic catarrhal laryngitis, observes that it is more frequent in men than in women, because of the use of alcohol and tobacco in the former sex. Sometimes chronic catarrhal laryngitis is at once chronic, in which case it is derived from some diathetic condition. The inflammation is less generalised than it is in acute cases; it is localised in certain points, beyond which it hardly extends, during the continuance of the disease. These points are, in order of frequency, the posterior part of the epiglottis, on account of the numerous glands which are found in this

point; on the ary-epiglottic folds, and on the arytenoid eminences; on the laryngean infundibulum, and the ventricular bands, which are often reddened, swollen, and hypertrophied. The vocal cords may be attacked, and are of a more or less dark colour, sometimes with vessels as in pustular conjunctivitis.

Sometimes the redness is disposed in the form of fine points, or transversal striæ, perpendicular to the general axis of the vocal cord; then the vocal cords appear dry.

He next asks whether epithelial desquamation of the mucous membrane of the larynx may be followed by true ulceration. Are these simple catarrhal ulcerations? Several authors had thought so, but it appears doubtful. The ulcerations seen after death have always appeared to him to be caused by graver diseases than chronic catarrhal disease—phthisis, scrofula, syphilis, or herpes.

The expectoration in chronic catarrhal laryngitis is composed of thick viscous sputum, appearing usually to come from the ventricles. The cough is less frequent than it is in acute laryngitis. Aponia does not exist, but rather hoarseness, and there are no constitutional symptoms.

The diagnosis of chronic laryngitis from that depending on diathetic influences is sometimes very difficult. It should always be based on the absence of general symptoms of these diseases. As far as the larynx is concerned, we may say generally that laryngitis has more chance if primitive or simple, in proportion as it is more generalised, more diffuse, and the redness more uniform. On the other hand, in cases of laryngitis which are diathetical, the redness is confined to isolated points, according to the different variety of stains, plates, or striæ, or arborisations above mentioned, and the parts of the mucous membrane placed between the points attacked are more or less healthy.

Treatment.—The patient must repose, avoid all speech, and absolutely leave off tobacco, under all forms, or alcoholic fluids. Warm climates act admirably on this complaint. As to local treatment, emollient and astringent gargles have been recommended; but it must be noted that gargles never penetrate into the larynx; they may, however, render some service by modifying the inflammation of the neighbouring parts, and thus facilitate the resolution of the laryngitis itself. The employment of pulverised liquids has sometimes serious inconveniences. All these pulverisers which have come into fashion and which the patient himself uses are useless toys, and perhaps they are dangerous. When we wish to apply a topical remedy to the larynx we must do so directly, and as much as possible on the point diseased. This cannot take place with pulverisers, which throw the liquid not only into the larynx, but over all the neighbouring parts.

Direct local treatment, again, has very great advantages, and it consists in bringing different topical remedies to the diseased parts by means of a sponge. We employ the nitrate of silver, the sulphate of copper, and the chloride of zinc. The nitrate of silver is the most used; and the solution of chloride of zinc in the proportion of one-hundredth or one-fiftieth gives excellent results. The chloride of zinc has no action except on ulcerated or eroded parts, and leaves quite intact those still covered by epithelium. This is a fact easily seen when the neck of the uterus is cauterised with that solution. This remedy has no colour, and leaves no stain on the linen or finger^s, or white eschars

on the mucous membranes like nitrate of silver; its action is a little more energetic, and deeper than that of nitrate of silver.

The Ether Revival.

THE *New York Medical Journal* is glad to see that the English medical journals are taking up in earnest the question of the superior safety of ether to chloroform as an anæsthetic, and thinks the only wonder is that English surgeons have so long ignored American experience in this matter. "We do not like," says the writer, "to imagine that prejudice can have had anything to do with it; yet, with a comparatively safe anæsthetic within reach, the London hospitals go on year after year furnishing victims to chloroform, as if its administration were an absolute necessity. The utmost that can be said in favour of chloroform is, that a few minutes' time may be saved by its use; but with good ether, properly administered, even that small advantage is questionable. Vomiting afterward is perhaps more frequent when ether is used, but it is by no means the rule, and it does occur sometimes in using chloroform. Those who doubt whether profound anæsthesia can be easily induced and maintained by ether, must have had very little personal experience in its use. We can assure our foreign brethren that the various complicated methods proposed—of beginning with nitrous oxide gas, of supplementing the ether with chloroform, of using cumbersome inhalers—are wholly superfluous, and we recommend them to try simply an abundance of ether, and if it is of good quality they will not be disappointed with the result. The hesitating, timid method in which we have seen ether given abroad, when given at all, we suspect to be the reason why it has proved unsatisfactory on occasional trials. There is certainly some art in its proper administration."

Bloodless Surgery.

DR. CHAMPIONNIERE (*Jour. de Méd. et de Chir. Pratique*, March, '75) observes that one of the most characteristic tendencies of modern surgery is in the direction of great efforts to avoid the loss of blood during operations.

For a long time the flow of blood has been considered as a necessary thing, and as a phenomenon inherent to operations. The surgeon, doubtless, was preoccupied with not losing his patient by hæmorrhage immediately after the operation; but he was inclined to think that it was a good thing for the patient to lose blood; and we are not far from the time when, the loss of blood having been insufficient, they used to bleed the patient after the operation.

Professor Verneuil thinks that the invention of operative processes destined to avoid or to diminish the loss of blood will perhaps be the most profitable conquest of modern surgery; thus no one attaches more importance to these kinds of discoveries, no one tries to carry out more thoroughly their application.

We have frequently seen him operate, and we have heard him lecture on this subject, and we are about to try to give a rapid idea of the results he has arrived at. Thus, since we are concerned with manœuvres which are interesting to all kinds of practitioners,

we shall pass in review all the methods more or less novel suggested for some time past, and try to determine their real value.

In France, as abroad, the operation of Esmarch has for some time past made a great deal of noise. We may now say that we have applied and seen applied this method a great number of times, and that it seems fit for every-day practice. It is a good method, which we must take care not to make use of on all occasions. It may be useful to operate without the loss of a drop of blood, as in the case of certain resections; the apparatus may then be completely applied. But the tissues which have been compressed by the elastic band are perhaps apter to become gangrenous, and certainly to bleed greatly further on, or to give out a great deal of serosity, which is peculiarly unfortunate when we desire to put on a cotton apparatus. And then, the economy of blood is not very considerable. In the majority of cases, especially in amputations, there is indeed no indication for this manoeuvre, and we may be content to empty the limb of its blood by raising it up, and then apply at the root the compressing india-rubber ring.

This method, which is only a derivation from that proposed by M. Chassagnac (a large tube of india-rubber used for drainage, which surrounds the limb several times), gives an excellent compression, superior to that of the ordinary tourniquet. We have made use of it quite recently in unfavourable conditions in amputating an arm at its upper part, and the result was excellent, and such that not even an experienced assistant could have equalled.

Almost at the same time has been revived the elastic ligature, a simple procedure for avoiding bleeding, since the tissues are divided slowly by virtue of the elasticity of a loop which surrounds them. It was performed at first with very thin india-rubber tubes, then with the cords of india-rubber covered with silk, much used for ladies' dresses. This method was employed in all kinds of ways, especially by Dittel, of Austria, who is, if not the inventor, at any rate, the ardent propagator of this plan. They went so far as to amputate in this way the arm and leg.

In France this method has been employed. It has appeared slow and very painful, and erysipelatous accidents have given rise to phlegmosis, so that its efficacy is admitted only for small operations, small tumours, fistula in the anus, or for some very exceptional cases. It may, however, in the country, and whenever patients have an unconquerable objection to the knife, be a method to have recourse to. It is easily applied, since it suffices to surround the part to be cut by a loop of india-rubber. This loop is to be tightened more and more every day, according as we desire to cut quickly or slowly.

At the Société de Chirurgie, M. Verneuil has recently presented a work on Uncipressure—a new process for stilling blood, which consists in compressing in the depth of the wound by means of hooks. A short time afterwards, M. Verneuil made a long and important communication to the same society on Forcippresure. The professor thus designates the application of forceps in the wound to produce hæmostasis. Everyone employs forceps in ligaturing arteries, but it has often been proposed to leave the forceps in the wounds on any particular vessel to arrest bleeding; and M. Verneuil, after

reporting a case wherein such a practice had been useful, has given a very complete history of the operation. In this history he has shown that many surgeons had invented and reinvented forceps of more or less complicated character, with the destination of being left in the wound. He has been able in particular to show that numerous apparatus have been made to compress certain arteries which are reached or tied with difficulty, as the middle meningeal, when wounded in the operation of trephining. He showed the *serries fines* which have been invented and reinvented to stop hæmorrhage, and lastly mentioned that for a dozen years or so French or foreign surgeons have been inventing simple and complicated instruments to compress vessels during and after the operation. Within ten years he has employed a pretty great number of times what he calls necessary forcippresure—that is to say, finding difficulties in arresting a bleeding, he has applied a forceps at a point in the wound, and left it there several days. For a short time past he has generalised the employment of forceps, constantly using them during the operation, applying them on all bleeding points, then removing them and applying ligatures, or leaving the forceps in the wound.

In calling the attention of the Surgical Society to this important subject, M. Verneuil has made it his business to show that he did not put forward any pretensions to originality in it.

The Royal College of Surgeons in Ireland and Army Medical Grievances.

We believe the Council of the College will shortly come to some definite conclusion as to what action they will take upon this subject. We cannot too strongly impress upon them how important it is that any decision arrived at may be in the direction of what is for the good of all the officers, and not for the special advantage of any particular section of the department. Promotion at from twelve to fifteen years' service, the allowances and privileges of relative rank, forage, earlier and better retirements, no ambiguity in the wording of warrants, release from all unprofessional duties, complete control in military hospitals and over the men of the Army Hospital Corps, higher relative rank to the seniors of the service, and compulsory retirement at sixty years of age—which last we consider a vital point—with, for the future, a general roster and the limitation of all after appointments to meet this, appear to us the most essential requirements demanded. Pending a fair trial of the staff or unification system, we do not think it should in fairness be touched upon. On this subject we think the medical authorities can fairly claim to be the best judges.

Ashantee Honours.

In the House of Commons on April 23rd, Dr. Lush asked the Secretary of State for War whether, having regard to the fact that in the distribution of honours and rewards after the Ashantee war, combatant officers were rewarded in the proportion of one in three of those engaged, medical officers in the proportion of about one in nine, he would give some assurance to the House that in

any contemplated or fresh distribution of honours to the army such a *grave disproportion* would receive his attention with a view to its remedy.

Mr. Stanley, in the absence of the Secretary at War: Perhaps I may be allowed to answer the question. It is considered that the medical officers engaged in the Ashantee Expedition have received their full proportion of the honours and rewards bestowed on that occasion, and I am unable to hold out any definite assurance with regard to any future proceedings.

Comment upon such a reply is unnecessary. It is well known that were it not for the forethought bestowed upon the hygienic aspect of the expedition by the medical department, and the care and attention of the medical officers with the force employed, it could never have been a success. The return received appears to us something more than ingratitude.

Fearful Outbreak of Cholera.

THE *Times of India*, dated April 11, supplies the following terrible news: "Some cases of cholera among pilgrims in the city of Benares. In Oudh, a cholera panic prevails. Fearful accounts have been received from Cawnpore, Fyzabad, Jounpore, and Benares. The railway train turned out 18 corpses at Lucknow on the 8th. The Benares train, due at Lucknow on the night of the 8th, reached there on the morning of the 9th, having been delayed by frequent stoppages for the removal of the dead and dying. The grand Assoodhia Mela has been prohibited. In Lucknow, cholera cases are few, only eight deaths having taken place last week."

AN "Adulteration Act" has been passed by the Canadian Legislature, which, in its good sense, honesty, and business-like character, favourably compares with Mr. Selater-Booth's Bill for the protection of fraudulent traders. This Act differs chiefly from the corresponding Legislation in Great Britain in being initiated and executed by the Department of Inland Revenue instead of by various municipal and local authorities. This will give a consistency and uniformity of action to the proceedings, which it is expected will overcome the chief difficulties which have been experienced in its operation in Great Britain.

WE understand that Mr. Tufnell, the President of the Irish College of Surgeons, has in the press a second edition of his book on the Treatment of Internal Aneurism by the consolidation of the contents of the sac. The very remarkable case communicated this year by him to the Royal Medical and Chirurgical Society will be in the recollection of our readers.

In a recent issue of the Supplement to the MEDICAL PRESS AND CIRCULAR, which is devoted to Irish Poor-law medical affairs, we quoted *verbatim* from a local newspaper a report of proceedings of the Tralee Board of Guardians, in which it was stated that Mr. Redmond Roche, a guardian of that Union, had expressed his opinion that the medical officers should serve the summonses upon defaulters under the Compulsory Vaccination Act. Of this

proposal we expressed at the time our strong disapproval. We are informed by the solicitor for Mr. Redmond Roche that the observation attributed to him was not made by him; that "the word summonses was not even mentioned in the discussion, which referred only to noticing defaulters under the Vaccination Act to bring in their children to be vaccinated." Without in the least altering our opinion as to the insulting nature of the suggestion attributed to Mr. Roche, and without at all agreeing with him that the service of vaccination notices is a reasonable or appropriate duty for medical officers, we willingly withdraw any censure which we may have passed upon the conduct of Mr. Roche, presuming that he was inaccurately reported; and we should regret if any injustice had been done him by the publication of an incorrect statement.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Members of the College on April 29: Bowles, Robert Leamon, M.D. Brussels, Folkestone. Goodhart, James Frederic, M.D. Aber., 32 Finsbury Square, E.C.

Lees, David Bridge, M.B. Cam., Manchester.

Turner, Francis Charlewood, M.D. Cam., St. Thomas's Hospital, S.W.

Warwick, William Rollinson, M.D. St. And., Lambert Road, S.W.

On April 29th the following were admitted Licentiates:—

Alford, Frederick Stephen, 25 Haverstock Hill, N.W.

Barrou, Thomas Walter, Sunderland.

Boulter, Harold Baxter, St. Bartholomew's Hospital, E.C.

Bradford, Peter, University Hospital, W.C.

Brown, Walter, Tetbury, Gloucestershire.

Bull, William Henry, St. George's Hospital, S.W.

Burgess, Edward John, St. Bartholomew's Hospital, E.C.

Edwards, David, Mold.

Evans, Henry, Bramley Hill, Croydon.

Garlick, George, University Hospital, W.C.

Granger, Farington Marsden, Public Dispensary, Leeds.

Hallett, Henry Arthur, 8 Southwood Terrace, N.

Johnston, Wingate Kidd, 24 Beverley Road, S.E.

Kennedy, William Adam, Newcastle-on-Tyne.

Lathey, Arthur, Willingham, Huntingdonshire.

Morrison, Stammers, 1 Albert Square, S.W.

Smith, Charles Edwin, Royal Infirmary, Manchester.

Watts, Fred., 25 Bartholomew Close, E.C.

University of London.—At the meeting of the Senate held on Wednesday, the following were elected Examiners for 1875-76:—Practice of Medicine: Professor Wilson Fox, M.D., B.A., F.R.S., and Charles Murchison, Esq., M.D., LL.D., F.R.S. Surgery: Professor John Marshall, F.R.S., and W. S. Savory, Esq., M.B., F.R.S. Anatomy: George W. Callender, Esq., F.R.S., and Professor George Viner Ellis, F.R.C.S. Physiology, Comparative Anatomy, and Zoology: George J. Allman, Esq., M.D., LL.D., F.R.S., and Professor William Rutherford, M.D., F.R.S.E. Obstetric Medicine: J. Hall Davis, Esq., M.D., and Professor W. S. Playfair, M.D. Materia Medica and Pharmaceutical Chemistry: T. Lauder Brunton, Esq., M.D., D.Sc., C.M., F.R.S., and Professor Sydney Ringer, M.D. Forensic Medicine: Professor Arthur Gamgee, M.D., F.R.S., and Professor Henry Maudsley, M.D. *Alterations in the Regulations.*—Regulations in Medicine: The restriction on candidature for honours at the first M.B., second M.B., and B.S. examinations to candidates who have been placed in the first division at the several pass examinations has been abolished.

Royal College of Surgeons of Ireland.—The following gentlemen passed the first half of their examination for the letters testimonial at the meeting of the Court of Examiners on April 5th and following days, viz., Charles Anderson, Mathias Butler, Andrew J. Bourke, Francis V. Burton, Abraham W. Browne, Michael Callan, Patrick J. Carmody, John Chrystal, Henry Clarke, John J. Clarke, James B.

Clibborn, Thomas F. Cocran, Michael F. Cox, Thomas Cox, Wallace B. Croskerry, James M'Cumine, Thomas F. Falkiner, John W. Flood, George C. Forsyth, Kendall M. St. John Franks, Charles E. Geoghegan, John Gray, Robert C. Gunnig, Henry W. Hartford, Wm. Hedernan, John Hoey, John B. Jennings, William W. Kenny, Wm. Lee, John M'Clung, Thomas M'Evoy, Daniel Mitchell, Michael Molohan, Laurence Morris, Robert Nessbitt, Cornelius Nolan, John O'Connor, Goodwin S. O'Grady, Wm. F. O'Grady, Patrick O'Hagan, Edward D. O'Neil, Laurence O'Neil, Andrew D. Peyton, G. M. Russell, G. Searancke, R. B. Smith, Wm. B. Smith, Thomas Stanton, Reuben Turner, George D. Twigg, Edmund A. Wall, Hugh T. Warnock, George Whitaker, Charles Woods, and Alexander Going. At a meeting of the Examiners, held on the 4th April, the following gentlemen obtained certificates for proficiency in general education, viz.: First Class—John T. Thomas. Second Class—Arthur P. Harper, John Tiernan, James Barr, Charles H. Ford, and Alfred Inwood. Unclassed, arranged alphabetically—Horatio N. Atkinson, James Bolster, Michael Clery, Patrick F. Coghlan, Albert J. Duffy, John R. Elliott, Hugh Harris, John S. Hawkins, Benjamin W. Horsford, Martin J. Hughes, Thomas Kenny, Frederick W. Lewis, William J. Mackie, Robert Madders, Malcolm H. Moore, and Patrick Smith. The following gentlemen passed their final examination for the Letters Testimonial on the 19th April and following days, and having made the declaration prescribed by the charter, were admitted licentiates of the College, viz.: Andrew A. Abraham, Thomas A. Alexander, Thos. Alexander, James B. Armstrong, Geoffrey J. Bourke, Abraham W. Browne, Joseph Clarke, Alexander S. Deane, Arthur Duff, Henry G. Elliott, Robert A. Elliott, George C. Forsyth, Kendall M. St. John Franks, Patrick Gorman, John S. Hayes, Thomas G. B. Hutton, Samuel Keays, Wm. Lee, Francis J. Lynch, Hugh Mackintosh, Geoffrey M'Carthy, Owen M'Farland, Charles Nevill, George F. Nicholson, Frederick O'Connor, Henry Sampson, Charles Segrave, Edmund Tully, Frederick Tuthill, Patrick B. Walsh, Hugh T. Warnock, Patrick T. Webb, Patrick T. Whitty, and Michael Yourell.

NOTICES TO CORRESPONDENTS.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d., at the offices in London, Dublin, or Edinburgh.

HARVEIAN.—At the meeting of the Harveian Society to-morrow (Thursday) evening, at 8 p.m., Mr. Teevan will read a paper "On Urinary Affections of Children."

OBSTETRICAL.—The adjourned discussion "On the Relation of Puerperal Fever to the Infective Diseases and Pyæmia" will be resumed at the Obstetrical Society of London this evening at 8 o'clock.

DR. J. W. MARTIN shall receive the number of proofs he asks for whenever his communication appears.

DR. G. M. DICKINSON is thanked for his complimentary note.

DR. J. KENT SPENDER's communication is accepted; it will appear in an early number.

DR. COLLINS McELROY, Zanesville.—The communication to which reference is made in your note had not arrived at the time of going to press; probably it is delayed in the post, and we shall receive it before our next, when you may look for reply.

"ON GUARD."—A correspondent in India has forwarded us the last number of an excellent little magazine bearing the foregoing title. The work is devoted to the temperance cause, and contains much interesting information as to its progress amongst the various regiments quartered there. One thing is conclusively proved by reference to its pages, viz. that those who abstain from alcohol in that terrible climate are attacked less often by disease, and when attacked recover more rapidly and surely than those who imbibe. Of course some allowance must be made for the statements of its upholders; but the points to which we attach the most importance are the reports from the medical officers of the regiments, and these are invariably in favour of temperance. In the first article, "Under Canvas," we trace "our own Correspondent's" pen, although unsigned. It is crammed with jottings from every conceivable source, our only wonder being the apparent facility our Correspondent has of procuring so much and such varied information.

SUB HENRY THOMPSON.—According to the last number of the *Swiss Chronicle*, "this eminent English surgeon is promoting a 'Cremation Society,' which will arrange for the incineration of remains in the most approved manner, and will erect at a cost of about £2,500 a suitable building in which to hold religious services."

ARMY MEDICAL EXCHANGES.—In the House of Commons last Monday Mr. Hardy, in answer to Mr. O'Leary, said that in certain instances exchanges had been refused to army medical officers who had been a long time at home, and where the foreign service was disproportionately small. No reasonable application had been or was refused.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Archibald Billing, London. Dr. Lombard, Philadelphia. Dr. J. W. Lane, Bishop's Castle. Mr. Englebach, London. Mr. Starr Whitford, Brighton. Dr. Douglas, Wymondham. Dr. Waring Curran, Mansfield Woodhouse. Dr. Bathurst Woodman, Finsbury. Dr. Habershon, St. London. Dr. Johnstone, Brampton. Dr. Walker, University of St. Andrews. Mr. Teevan, London. Dr. Beale, London. Mr. J. C. Dickinson, London. Dr. Drysdale, Liverpool. Dr. Drysdale, London. Dr. Winslow, London. Dr. Beale, London. Dr. Hall, New York. Dr. Harker, Poplar. Dr. Sedgwick Saunders, London. Mr. Thompson, Liverpool. The Secretary, Medical Society of London. Dr. Carey, Meadows, Westminster. Mr. J. Horne, Scarborough. Dr. Carey, Taunton. Dr. Palfrey, London. Mr. Waren Tay, London Hospital. "Subscriber," London. Mr. Lunn, Edgbaston. Dr. T. Wilson, Silsden. Dr. Duncan, Chicago. Mr. Cuncliffe Owen, Kensington. Mr. W. B. Stott, Disley. Dr. Syson, Hartford. Dr. Martin, Forlath. Dr. Freeman, S'ho. Dr. Bayes, London. Dr. Parkinson, Burnley. Dr. Dickson, Stoke Newington. Mr. Manning, East Bergholt. Dr. Pailton, Pailton. Mr. Parker, Hamner. Mr. J. T. Jones, Corris. The Carpenter, University of London. Mr. Holden, Liverpool. The Registrar of the Royal College of Physicians of London. Dr. Willan, South Shields. Dr. Collins McElroy, Zanesville. Mr. Squire, London. Mr. Goodall, Leeds. Dr. Hooper, Cheltenham. Dr. Eben, Duncan. Mr. Heather Bigg, London. Dr. McGeorge Croft, St. John's Wood. Dr. Cranke, Ulverstone. Mr. G. E. Cockeroff, Hurworth. Dr. Braithwaite, Leeds. Dr. Kirby, London. Dr. J. Kent Spender, Bath. Dr. Francis R. Hogg, India. Dr. Alexander Burness, London. Dr. W. A. Rogers, Great Stanmore. Mr. C. R. C. Tickborne, Dublin. Dr. Ogilvie Will, Aberdeen, &c. &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Nature and Treatment of Asiatic Cholera. By Archibald Billing, M.D. F.R.S. London: Churchill and Daldy.

Clinical Notes and Essays. By Sir James Paget. Edited by Mr. Howard Marsh. London: Longmans, Green, and Co.

Fortieth Annual Report of the British Medical Benevolent Fund.

Report upon the Sale of Food and Drugs Amended Bill. By W. Sedgwick Saunders, M.D.

Widungen: its Baths and Mineral Springs. By Chas. Harker, M.D.

Typhoid Fever: its Cause and Prevention. By Eben. Duncan, M.D.

Glasgow: James Macchese.

Chicago Medical Journal, Psychological Journal, Canada Lancet.

Boston Medical Journal, Le Progrès Médical, La France Médicale.

New York Medical Journal, Journal de Thérapeutique, Le Courrier Médical, Lyon Medical, Monthly Microscopical Journal, Pharmaco-

ceutical Journal, Allgemeine Wiener Medizinische Zeitung.

VACANCIES.

Bradmoor Criminal Lunatic Asylum. Assistant Medical Officer. Commencing salary at £200 per annum, with furnished apartments, &c. (See Advt.)

County of Tipperary Infirmary. Surgeon. Salary, £100 per annum. Applications to be lodged with the Secretary of the Committee. (See Advt.)

Bradford Infirmary. Physician. Diplomas, &c., to be sent to Secretary, 66 Market Street, Bradford.

Barnstaple Union. Medical Officer. Salary, £36, with extra fees. Applications to Mr. W. H. Toller, Barnstaple.

St. George's, Hanover Square. Dispensary Physician. Honorary Testimonials to the Secretary, 73 Park Street, W.

Salop and Montgomery Counties Lunatic Asylum. Assistant Medical Officer. Commencing salary, £100 per annum, with board, residence, &c. Applicants should address the Clerk to the Visitors, Shirehall, Shrewsbury.

Birmingham General Dispensary. Resident Surgeon. Commencing salary, £130, with board, &c. Candidates must address the Secretary.

Scarborough Dispensary. House Surgeon. Salary, £120 per annum, with residence, &c. Applications addressed to the Medical Staff.

Cambridge Sanitary Authority. Medical Officer of Health. Salary, £250. Full particulars of the Town Clerk, 60 St. Andrews Street, Cambridge.

APPOINTMENTS.

CAMPBELL, R. L., M.D., L.R.C.P.L., F.R.C.S.E., Medical Officer of Health for the Stourbridge Urban Sanitary District.

COBY, R., M.B., B.A., Assistant Obstetric Physician to St. Thomas's Hospital, vice Gervis, appointed Obstetric Physician.

GOLDING-BIRD, C. H., F.R.C.S., Assistant Surgeon to Guy's Hospital.

HOWLEY, H. G., M.S., a Surgeon to Guy's Hospital.

KESTEVY, C. R. B., M.R.C.S.E., L.R.C.P., House Surgeon to the Queen's Hospital, Birmingham.

LATIMER, H. A., M.R.C.S.E., a Medical Officer for Out-patients of the Swansea Hospital, vice Thomas, appointed a Surgeon.

LEE, P., M.R.C.S., a Surgeon Superintendent H.M.'s Government New Zealand Emigration.

LLOYD, K. M., M.R.C.S.E., Medical Officer of Health for the Holywell Urban Sanitary District.

LUCAS, R. C., B.S., Assistant Surgeon to Guy's Hospital.

LYON, R. N., L.A.H.D., Resident Medical Officer at the Coleraine Street Dispensary of the North City Sanitary District, Dublin.

MICKLEY, G., M.B., C.M., Resident Medical Superintendent of St. Luke's Hospital for Lunatics.

MILES, P. H., M.D., M.R.C.S., Surgeon to the Royal Manchester Eye Hospital.

PITT, I., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Chilvera Cotton District of the Nuneaton Union.

SPEZBY, C., L.R.C.P.L., a Surgeon to the Northern Hospital, Liverpool.

KERRITT, E. M., B.A., B.S., Physician to the Bristol General Hospital.

THOMAS, J. W., F.C.S., Public Analyst for Pontypidd.

WALKER, J. D., L.R.C.P.Ed., L.R.C.S.Ed., L.M., Medical Officer of Health for the Fyde Rural Sanitary District.
 WATSON-PAUL, E., L.K.Q.C.P.I., M.R.C.S.E., L.M., Medical Officer for the Calde Union and Workhouse, and Medical Officer of Health and Analyst for the Rural and Urban Sanitary Districts, Calde.
 WHITWORTH, E., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the St. Agnes District of the Truro Union.

Marriages.

FALKNER-WILLIAMSON.—On the 29th ult., at the Presbyterian Church, Kingstown, Robert Falkner, M.D., L.R.C.S.I., La Vallie, Bray, to Annie, third daughter of Gerald Williamson, Cortubber House, co. Cavan.
 HILLIARD-HOULDER.—On the 29th ult., at All Saints, Henley, Surrey, Henry C. Hilliard, M.D., to Kate, younger daughter of Alfred Houlder, of the Tower, Henley, Surrey.
 M'COY-O'CALLAGHAN.—On the 24th ult., at the Cathedral, Killarney, Daniel F. M' Coy, M.D., Rathkeale, co. Limerick, to Mary Gertrude, only daughter of the late Daniel O'Callaghan, Killarney.
 WEMYSS-MARTIN.—On the 22nd ult., at Broughty-Ferry, John Wason Wemyss, M.D., to Mary, daughter of the late Andrew Martin.

Deaths.

BRENTON.—On the 25th April, at her residence, 13 Harcourt Street, Dublin, Margaret, widow of the late David Brenton, A.M., M.D.
 EVANS.—On the 20th April, D. P. Evans, M.B., of Belper, aged 53.
 FRYER.—On the 27th March, at Prospect House, Trowbridge, Thomas Fryer, M.R.C.S.E.
 GILES.—On the 17th April, at High Street, Stourbridge, Francis Giles, M.R.C.S.E., aged 55.
 GILL.—On the 24th April, at Belper, Geo. Gill, Surgeon, aged 58.
 OAKLEY.—On the 17th April, at Northampton, Charles Oakley, L.R.C.P.Ed., of Shrewsbury.
 RANKINE.—On the 21st April, at Porchester Terrace, Islington, Robert Rankine, M.R.C.S.E., aged 80.
 STURKEY.—On the 6th April, Henry G. Sturkey, L.R.C.P.Ed., of Highworth, aged 51.
 WHICHER.—On the 18th April, at Landport, Jas. Whicher, M.R.C.S.E., aged 86.
 WILLAN.—On the 17th April, at Westoe, James R. Willan, L.F.P. & S. Gias., aged 33.
 WYMAN.—On the 8th April, Geo. Wyman, M.R.C.S.E., of Alcester, aged 64.

BROADMOOR CRIMINAL LUNATIC ASYLUM.—There is at present a VACANCY at this Asylum for an ASSISTANT MEDICAL OFFICER, who must be registered under the provisions of the Medical Act of 1858, and be unmarried.

The salary commences at £200 per annum, and increases £5 annually up to £225, with furnished apartments, coal, gas, and attendance. Application to be made, in the first instance, by letter, addressed to the Medical Superintendent, Broadmoor Asylum, near Wokingham, Berks.

LECTURES ON HOMŒOPATHY, instituted by the British Homœopathic Society.—Dr. RICHARD HUGHES will deliver the next of his course of Lectures on HOMŒOPATHIC MATERIA MEDICA at the London Homœopathic Hospital to-morrow (Thursday, May 6th), at 6 p.m. Subjects: CAUSTICUM, CHAMOMILLA, CHELIDONIUM LINA, and SANTONIN.

Members of the Medical Profession admitted on presentation of address card. Medical Students can obtain admission on application to Dr. Bayes (Hon. Sec. Lectures Committee), 58 Brook Street, W.

ROYAL MEDICAL BENEVOLENT COLLEGE.—Notice is hereby given that the ANNUAL GENERAL MEETING of the GOVERNORS of the College will be held at the Office of the College, 37 Soho Square, on Wednesday, the 19th of May, at 4 o'clock precisely.

Notice is also given that the ANNUAL ELECTION of PENSIONERS and FOUNDATION SCHOLARS will take place at the Freemasons' Tavern, Great Queen Street, on Wednesday, the 26th of May, when Two Pensioners and Four Foundation Scholars will be elected. The ballot will commence at 12 o'clock and close at 3 o'clock precisely. Notice has been given to the Council that S. S. Larcombe is withdrawn as a candidate for a Foundation Scholarship.

Any Governor who may not have received the balloting-paper to which he is entitled is requested to communicate with the Secretary, at the Office of the College in Soho Square. Annual subscribers whose subscriptions are in arrear are not entitled to vote. Balloting papers are issued immediately on receipt of new subscriptions.

By order of the Council, ROBERT FREEMAN, Secretary.
 37 Soho Square, London, April 28th, 1878.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 12, 1875.

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Original Communications.

ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,
Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER V.

PHYSIOLOGY OF EPILEPSY.

PHYSIOLOGY has to do with the dynamics of the nervous system, with the conditions for and modes of activity (discharge) of arrangements of nerve cells and fibres. It deals with the function of nerve tissue. The function of nerve tissue in health is to store up and to expend force. This twofold definition is true of all organic matter, but it is strikingly true of nerve tissue. Nerve tissue, by continuous nutrition, stores up force, and in healthy operations gives it out ("discharges") on certain definite provocations. This applies to nervous processes of all nervous centres, to those of the spinal cord, ciliary ganglion, and to the highest processes of the cerebral hemisphere.

In every movement, and also in every thought, there is a central nervous discharge. (a)

In this book the word "Physiological" is used for the two abnormalities in this healthy function of nerve tissue—

(a) The movement and thought are not of course the things comparable. In both there is discharge of nervous processes, and in all centres the nervous processes represent impressions and movements. The comparison is betwixt enervising of centres of higher and lower degrees of evolution. It is betwixt active states of nervous processes which form the anatomical substrata of mind, and active states of nervous processes of other and lower centres which (that is, as commonly supposed) have no mental

viz., for loss of its function and for over-function. (a) These are our two classes of functional changes already referred to in Chapter IV. In the first class of functional changes nerve tissue is frequently actually destroyed, as when it is broken up by a clot; but at any rate its function is lost, it cannot discharge at all. In the second class nerve tissue is unstable, it discharges too much; moreover, it discharges on slight provocation. The nerve tissue is of high tension, and also of very unstable equilibrium, or shortly, it is unstable.

There are what I call "destroying lesions" and "discharging lesions." It matters nothing for the definition how the destruction or the instability be brought about—by what abnormal nutritive processes. These are important questions in pathology, not questions in physiology at all. Let us first illustrate the difference betwixt physiology and pathology by a case of loss of function, as this is the simpler of the two classes. Destruction (or more generally speaking, destruction of function) of nerve tissue may be the result of softening from blocking of an artery, of tearing up by blood clot, of slow wasting (as in spinal amaurosis). Then it must not be forgotten that it may be the result of a strong discharge, as in cases of paralysis (b) after convulsion (epileptic hemiplegia, for

(a) The following quotation from Reynolds' (Epilepsy) is important in many ways:—

"Vital processes are necessarily correlated with physical change; neither ever occurs without the other. Hence so-called functional derangements imply the existence of modifications in the interstitial processes of the organs. Coarse lesions are, then, the remote causes of many symptoms, and that which intervenes between the two is minute nutritive change, which may or may not affect textural integrity.

"1. Negative symptoms, or the simple absence of function, may be occasioned directly by solution of continuity in portions of the body.

"2. Positive symptoms, such as excess or perversion of action, always depend directly upon minute interstitial change, which may be all that exists or may be induced by some perceptible lesion."

(b) As implied in the text, one does not mean necessarily either physical destruction of fibres and cells, or permanent loss of function of them; what is essential is loss of function, however caused.

example); here there is loss of function from exhaustion of nerve tissue.

Next as to over-function, or instability. It may, I believe, be produced by hyperæmia consequent on blocking of vessels, by the irritation of tumours, and doubtless in many other ways. I repeat, the mode of production of functional changes is a question in pathology. The most striking case, showing the difference betwixt physiology and pathology, is tumour with convulsion. No one can suppose that a tumour discharges. When we say that a tumour "causes" convulsion, the only meaning the expression can have is that the tumour *leads* to instability of grey matter, which forms part of sensori-motor processes representing movements. The discharge causing the convulsion is of this unstable grey matter.

We shall see in the next chapter that there are good grounds for the belief, that whilst loss and excess of function depend on abnormalities of nerve tissue, the pathological processes by which those abnormalities are caused *begin* in the non-nervous elements of nervous organs.

We have, of course, in a work on Epilepsy, to do more particularly with the second division of functional changes—with instability permitting abnormal nervous discharges. I must, however, say, explicitly as well as implicitly, before I go farther, that I do not use the word "functional" in senses in which it is frequently used.

The word Functional is sometimes used as a name for "minute" changes, or for those the existence of which we can only infer because nervous symptoms are present, but which we do not expect to discover *post mortem*. For instance, it is said that epilepsy and chorea are functional diseases, it being meant that the changes on which the symptoms in these two affections depend are so slight that they do not involve actual alterations of structure. It is thus a term for the neuroses. The neuroses are often spoken of as "functional diseases." This is, I think, an inconvenient way of using the word. The real meaning in this application is little more than that the morbid changes in the nervous organs are as yet undiscovered. In the second class of what I shall call functional changes—instability—the changes are slight, *i.e.*, not easily discoverable *post mortem*, if at all; but their slightness is no essential part of the definition to be given. What is essential is that the changes are of over-function (instability), or in other words, "discharging lesions." Again, it has been pointed out that the first class of changes *may* be minute or undiscoverable, as for example, when temporary hemiplegia results from temporary exhaustion of nerve-fibres by the strong discharge in a convulsion. But the essential matter here also is that there is loss of function, not that there is slightness of change.

The term functional is often used more loosely still. Thus, when a patient has a transient and imperfect paralysis—for instance, slight hemiplegia, lasting a day or two, or a few hours only—the internal changes on which it depends may be declared to be functional, *i.e.*, in the sense of slight change, *simply because the external symptom presented was a slight and transitory one*. There are several reasons why this error should be pointed out, for an error it most decidedly is. The slightness and transientness of a paralytic symptom depend on the slight *extent* of lesions of nervous organs, not on slight *degree* of change. If there be a very limited lesion, even if nerve tissue be actually destroyed, smashed up by clot, for example, the patient will recover quickly; and his recovery does not always follow, if indeed it ever does, because the damage to the motor tract is repaired. It is often irreparable. He recovers simply because he has lost only a *small quantity* of that tract. For it is manifest to those who make post-mortem examinations that recovery from paralysis occurs where a part of the motor tract is *permanently wanting*. They find gaps in the motor tract of those who died free from obvious (a) paralysis. The recognition of this fact is important in many ways for a clear knowledge of epilepsy.

(a) Nor will this be strange to those clinical observers who do not make post-mortem examinations if they consider the facts

Recoverability from paralysis is chiefly a question of the *size* of the lesion—I mean of the quantity of nerve tissue destroyed. As lesions differ in size in all degrees—there are, for example, lesions produced by clots from the size of a pea to that of a hen's egg—there are all degrees of paralysis, and many degrees of recoverability. There is no need to explain a transient paralysis by a slightly altered *state* of nerve tissue. As a mere matter of fact, transientness of paralysis cannot be taken as evidence that nervous *structure* has not been permanently destroyed, and here I mean destroyed physically, broken up. (a)

That parts of the cerebral hemisphere may be destroyed when there are no obvious or striking symptoms has long been well known. But it is so of the motor tract also. I shall have again to insist on this class of facts. They are of very great importance. They are most striking as illustrating what I call the Principle of Compensation. (See Chap. I., Pt. 2, and later on in this chapter.)

The distinction of functional changes in two divisions is at the very bottom of methodical classification of nervous diseases; it is so important that I here give a striking illustration of a way in which confusion results from ignoring it.

The term disorder of co-ordination is frequently used; but it is applied to diseases which are fundamentally different; for example, it is applied to chorea and to locomotor ataxy. Of course, both these *are* disorders of co-ordination; but the term is used without qualification, and this leads to the two different, indeed opposite, states being considered as alike in their physiological or functional causation. Chorea and locomotor ataxy are not only unlike in that different parts of the body are affected, but unlike in the functional affection. In the former there is "over-function;" in the latter there is loss of function. In view of the active motor disorder of the ataxic patient, the statement that there is loss of function of the nervous centres for locomotion seems, at first glance, absurd. But is there not wasting of nerve fibres in the posterior column of the cord? And what could this "cause?" It would "cause" nothing active. It could not "cause" the disorderly gait—in fact, it could "cause" nothing. The disorder of co-ordination in locomotor ataxy and in some other affections is owing to a double difficulty consequent on *loss* of function of nerve tissue; there is really paralysis. There is (1) over-estimate of a movement intended to be executed by the centre diseased, but not accomplished, and (2) by healthy centres, increased action of associated movements in accordance with the over-estimate. But in chorea there are morbid *discharges*; there is the very opposite condition of nerve tissue—*viz.*, that of over-function. So, then, in the one disorder of co-ordination there is a destroying lesion (loss of function), in the other disorder of co-ordination, a discharging lesion (over-function). The explanation given of the disorder of co-ordination in locomotor ataxy applies *mutatis mutandis* to the reel from disease of the cerebellum. (b)

bearing on the plan of structure of nervous organs, and that when recovery follows in a case of paralysis it observes a particular order—it is from that of the more automatic parts to that of the most voluntary.

(a) Paralysis after convulsion is often transitory, and is so because the nerve tissue affected is only exhausted, not broken up. But here, again, mistakes are made. It is sometimes said of such cases, "There can be no organic disease, because the paralysis passed off very rapidly." Now, as a mere matter of fact, these are the very cases in many of which one would really expect to find a tumour. It is true that the tumour acts very indirectly in causing paralysis. The tumour leads to instability of grey matter. There is a violent discharge through the corpus striatum, which causes convulsion. After the convulsion there is hemiplegia as a result of exhaustion of the corpus striatum by the violent discharge.

(b) The following is a quotation from the *Mirror of the Lancet*, January 30, 1875:—

"At first glance it seems absurd to speak of there being loss of power in locomotor ataxy, at any rate in an early stage of this disease. The patient has great power in his legs. Dr. Hughlings Jackson believes that there is paresis, and this only of certain

We must now consider the healthy function of the two elements of nerve tissue in order to have clear ideas of the two abnormalities of function we are speaking about. There are ganglion cells and nerve fibres. The cells store up force and discharge. The nerve fibres carry the current, and provoke discharge. (a) Correspondingly there are such symptoms as palsy and anaesthesia from destruction of fibres, and there are spasm, neuralgia, &c., from instability of cells. (b) We shall see in the chapter on Pathology that there are notable differences in the blood supply of grey and white matter—differences in their vascular condition corresponding to differences in their function. It is obvious enough that this separation of duty is to some extent artificial, for the cell is not only a mass of "explosive" matter, but also a connecting link betwixt nerves. It is not only a generator, but a conductor of nerve force. As Spencer says, the "centres in which molecular motion is liberated are also the centres in which it is co-ordinated." Similarly, as the axis cylinder of the nerve is composed of matter similar to that of the cell, we may suppose that it also stores up and expends force. It must perhaps, therefore, be admitted that instability of the axis cylinders of fibres will produce some over-function, and that destruction of the cells will produce some loss of function. But it is not likely that instability of the axis cylinder would produce such excessive discharges as occur in convulsion, chorea, and neuralgia, and it is not likely that destruction of grey matter, unless very widespread, would produce such paralysis as occurs in hemiplegia. (c)

highly special movements. As a centre (the posterior column of the cord) is affected, there could not be loss of power in single muscles or groups of muscles, but loss or defect in movements, in which several muscles co-operate. Dr. Hughlings Jackson believes that the first movement to fail in cases of locomotor ataxy is that in which the peroneus longus is the muscle chiefly concerned. In other words, there is weakening of that most important locomotor movement which serves in throwing the body over on to the other foot, pivoting on the ball of the great toe. But by this the erratic gait of ataxy is not explained. We can, however, show that from local palsy or paresis we get secondary effects; it is here that we get the explanation. To show this, we must take a simple case from another department of clinical medicine—from ophthalmology.

"In a case of paresis of the external rectus we find more than diplopia. The patient's giddiness and reeling gait are not due, as is commonly supposed, to double vision. There is, from an attempted but not accomplished movement of the eyeball, erroneous estimation of the position of objects. This is because, to use metaphorical language, the mind judges, not by the ocular movement accomplished, but by the effort to move the eyeball—judges, to use an expression of Bain's, by the "outgoing current." We note next that the strong attempt to move the paralysed or weakened external rectus leads to over-movement of an associated muscle—viz., of the internal rectus of the healthy eye; there is "secondary deviation" of that eye. Applying the principle to locomotor ataxy, we should say that there is a double difficulty to be considered in the patient's walk—erroneous estimate of the locomotor movement intended and over-action of associated movements.

"In an early stage of locomotor ataxy these ill-consequences can, whilst the eyes are open, be partly corrected by great voluntary effort, by stiffening the back and certain parts of the legs, by throwing out the arms, &c."

(a) Of course such expressions as "store up force," "carry the current," &c., are used conventionally. I have no theory as to "nerve force," or force of any kind.

(b) Let us give examples from particular motor symptoms. In the first division there is hemiplegia, reeling gait (from disease of the cerebellum causing paresis of the muscles of the spine), locomotor ataxy, loss of consciousness (or defect of consciousness in chronic insanity, for example), &c. In the second division there is hemi-chorea, hemi-spasm, and, as I would call them, hemikinases generally, tetanus (due to discharge of those processes in the cerebellum, which, in the reeling gait, are paralysed or paresed). In every member of each division the condition of nerve tissue is the same.

(c) We have already spoken of certain disorders of co-ordination (the cerebellar reel and the erratic gait of locomotor ataxy), which, being erroneously compared to chorea, may be erroneously supposed to depend on discharging lesions. They are really palsies, and depend on destroying lesions. But such disorders as the agitation in paralysis agitans, the tremor of sclerosis, and the irregular movements of the arms and hands of some ataxic patients, and some cases of chorea-like movements after hemiplegia are really, I think, essentially palsies too.

The distinction we have made, that loss of function is an affection of fibres and over-function of cells, is not absolutely correct; but it represents extreme degrees of difference, and may be taken as sufficiently correct for practical purposes.

I confess that I used to consider the two functional states of nerve tissue to be degrees of but one condition. I now see that this was a great blunder; they are diametrically opposite states. One reason I had for erroneously thinking so was that paralysis is frequently associated with convulsion. This association must have arrested the attention of every clinical observer. I will state some of the facts of it. Hemiplegia is not unfrequently found after convulsions beginning on one side of the body; it is the epileptic hemiplegia of Dr. Todd. (I now explain this remarkable sequence, as I have many times said, by the supposition that the paralysis depends on exhaustion of the corpus striatum by the strong discharge of convolutions in the fit.) But far more remarkable, there is occasionally hemiplegia (usually imperfect hemiplegia) before the first convulsion. When the attack is on, we see that those very parts which have been paralysed are those which are first and most convulsed. This puzzles some students. They think it impossible that paralysed parts should be the very ones which are "picked out" for spasm; and in trying to "remember" on which side a patient was convulsed, a student will occasionally really infer the side convulsed, as is shown by his saying, for example, "It must have been his left side, because his right side was paralysed." Were he to trust inferences, a good clinician would draw the very opposite conclusion.

I used, as above mentioned, to explain the association of palsy and spasm by the notion that the condition of nerve tissue which caused the paralysis was a more extreme degree of the same condition as that which caused the spasm. Now I think the two conditions are opposite. A satisfactory explanation can be given of the co-existence of palsy and spasm—I mean of parts permanently paralysed, being subject to occasional spasm.

Anticipating the chapter on the Principle of Compensation, I will now try to explain how it is that symptoms of loss of function and of over-function of the same external part can co-exist. Some parts of the nervous centre concerned have lost function, whilst other parts of the same centre have over-function. Unfortunately, a further digression is required to make this statement clear. We have to answer the following question: How can loss of function of one part of the corpus striatum cause palsy of muscles of one side of the body, whilst over-function of another part of the same nervous centre is causing a mobile condition of the very same muscles? Putting the question more concretely—How is it that destruction of one part of the centre causes permanent paralysis of the face, arm, and leg, whilst instability of another part of that (a) centre causes occasional convulsion of the paralysed face, arm, and leg? The reply is—1st. That the corpus striatum does not, as the question assumes, represent the muscles of the face, arm, and leg, but movements of these parts in which movements the muscles serve in all degrees and combinations; speaking metaphorically, it represents, not notes, but chords. 2nd. That each part of the corpus striatum contains nervous processes for movements of the whole of the face, arm, and leg. This second remark needs amplification and illustration.

Suppose the corpus striatum be divided into three parts from front to back, A B C. Symbolising the parts of the external region as x y and z , we say that A represents them as $x^2 y^2 z^2$, B as $x^2 y^3 z$, C as $x y^2 z^3$. (b) Each third repre-

(a) I believe the correct statement is that the convulsion results from discharge of convolutions near to the corpus striatum, the current developed passing through the corpus striatum. But for purposes of illustration the statement in the text suffices.

(b) Of course the representation is infinitely more complex; and of course I am not bound by the mere words of an illustration chosen for its simplicity, as, for example, when I speak of destruction of one-third of the corpus striatum causing only weakness of the external parts.

sents the whole region, but represents it differently. So, then, if A be destroyed, the face, arm, and leg are weakened; if B be destroyed, the face, arm, and leg are weakened; if C be destroyed, the face, arm, and leg are weakened. (a) From destruction of a third there is only weakening, because the remaining two-thirds represent the same muscles, although they represent different movements of them. (b)

There is not absolute paralysis of part of the external region from lesion of any one of the three; for example, not paralysis of the face only when A is destroyed, nor of the arm only when B is destroyed, nor of the leg only when C is destroyed. From partial destruction of the centre there is not "paralysis of parts" of the region, but "partial paralysis" throughout the region. We infer, then, that each of the three divisions A B C contains movements for the whole region. Or, leaving this clumsy and yet convenient illustration, we may say that the corpus striatum is a mass of nerve units, a mass of little corpora striata, each one of which represents movements of the whole region, the face, arm, and leg. We thus understand that loss of function of a certain number of these units may be causing partial palsy of the face, arm, and leg, whilst occasional discharge of other unstable units may cause abnormal movements of the very same external parts.

(To be continued.)

CROTON CHLORAL HYDRATE: ITS MODE OF ADMINISTRATION, THERAPEUTIC EFFECTS, AND ACTION.

By J. C. OGILVIE WILL, M.D.,

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HAVING for the past twelve months used croton chloral extensively, having found it extremely beneficial in some forms of disease, and believing that it has not received that attention from the members of the medical profession which the success of chloral hydrate would have naturally been expected to ensure for it, and which it also—standing on its own merits—most certainly deserves, I am anxious to lay before them the particulars of a few of the cases in which I have employed it, in the hope that they may consider them sufficiently successful to warrant their according it a trial.

Before doing so I may explain the composition of the preparation of croton chloral which I now generally prescribe. Messrs. Reid and Son, chemists in this city, made a very nice syrup for me containing two grains of croton chloral to a drachm of a mixture of glycerine and syrup of orange flowers, coloured by adding a very minute quantity of tincture of cochineal. This effectually conceals the taste of the drug, which is certainly to be desired, as it seems to me decidedly unpleasant, and when taken without some flavouring agent it leaves a disagreeable, semi-acid taste in the mouth for a considerable period after swallowing it. This preparation is permanent, a matter of considerable moment, as croton chloral, though rather freely soluble in warm fluids, is only sparingly so in cold, and when first employing it I was disappointed to find that a mixture which was perfectly clear when first made, soon after became clouded, and threw down a copious deposit of crystals on becoming quite cold. It is, as stated by Wallich (a) and Diehl, (b) freely soluble in alcohol, and a strong tincture can thus be prepared;

(a) If a very small part were destroyed, there would be no permanent palsy, because the undamaged remainder of the centre would suffice for the movements which should be represented by the part destroyed. Hence the use of the word Compensation. The Compensation is never absolute.

(b) Here, again, the illustration is not to be taken literally; it is only an illustration. There are, no doubt, all shades of highly compound movements represented in the corpus striatum and thalamus opticus, from such as those in which the arm is much used and the leg scarcely at all, to movements in which the leg is very much used and the arm scarcely at all.

(a) *Lancet*, April 18, 1874.

(b) *American Practitioner*, 1874.

but, unfortunately, on the addition of water separation soon takes place, the liquid first presenting an oily-like appearance, and soon after depositing crystals. Therefore, if a strong spirituous solution is prescribed directions must be given that water in the proportion of at least a drachm to each two grains of the croton chloral should be added before the dose is taken, else the changes I have indicated will ensue, and some of the crystals are pretty sure to adhere to the spoon or glass, or to remain in the patient's mouth, an occurrence certainly not desirable, as the taste of pure croton chloral is far from agreeable.

CASE 1.—Mrs. T., æt. 30, suffering from severe facial neuralgia, occurring every night about ten o'clock, was ordered three grains of croton chloral; half an hour after the pain disappeared, and she slept well, which she had not done for some nights before. On the four following nights the pain recurred at the same hour; three grains again taken, with similar effect. On the sixth night pain not nearly so severe. On the seventh still less so, after which it did not return. On asking the patient if the mixture made her sleepy, she replied, "No, the pain left me, and then I soon went to sleep." At the time when this statement was made to me I had not seen Liebreich's (a) paper on Croton Chloral, but I have since found that it is in accordance with his experience, viz.—"that in some cases of tic douloureux the remarkable phenomenon is exhibited that pain ceases before sleep sets in."

CASE 2.—Mrs. S., æt. 43, a somewhat hysterical female, suffering from supra-orbital neuralgia, appearing every night about eleven o'clock. To take 2½ grains on appearance of pain, to be repeated in two hours if necessary. Soon after the first dose pain abated considerably; after the second it disappeared entirely, and did not return for some nights; when it did, the medicine again acted as on the former occasion.

CASE 3.—Mrs. W., æt. 31, had been for some days attacked by intense pain in her right temple, commencing soon after she arose from bed, and continuing with more or less severity during the greater part of each day. When I was called to her it was more severe than it had ever been before. She was directed to take 3 grains every second hour till relieved. Six grains sufficed, and when I visited her on the forenoon of the following day she was quite free from pain, and said that soon after the second dose she felt so well that she had been able to serve her customers "just as if nothing had ever been the matter." In this case the truth of Liebreich's statement already alluded to was well affirmed.

CASE 4.—S. M., æt. 5. Mrs. M., the mother of this child, stated that about seven o'clock of the evenings of the four preceding days the child complained of great pain in the left side of her head, that from that hour it gradually increased, the child becoming so much excited that she feared a fit would ensue. Ordered 40 drops of the syrup on the appearance of pain, to be repeated every half hour till relieved. Two doses sufficed, and the child went to sleep. Quinine to be given twice a day. The syrup was given for five days, and was not afterwards required.

CASE 5.—Mrs. H., æt. 25, facial neuralgia, pain occurring about eleven a.m., very severe. Ordered a teaspoonful of the syrup every half hour. After three teaspoonfuls pain ceased, but recurred at same time next day, when three doses were taken with a like result. Prescribed 4 grains of quinine twice a day, and syrup if required. During two following days it was required, but a smaller quantity proved sufficient, and after that, as the pain was only slight, the syrup was discontinued.

I might multiply examples of the efficiency of croton chloral in relieving neuralgia of the face and head, but I must content myself with the foregoing typical cases. In many cases it is necessary to administer quinine or phosphorus for the cure of the disease, the croton chloral being given merely to relieve the pain; but this is surely of itself a sufficient reason for its exhibition. The largest

(a) *British Medical Journal*, December 20, 1873.

quantity I have found necessary was 14 grains, taken in two hours; generally a very much smaller quantity has been all sufficient, and I agree with the opinion expressed by Dr. Burney Yeo, (a) that small frequently repeated doses is the best mode of administering it, and with this view I would suggest a teaspoonful of the syrup every half-hour till the pain disappears. Were this not found rapid enough, a larger quantity should be prescribed on the next reappearance of pain.

CASE 6.—A weakly old man was nearly every night tormented for some hours by insufferable pain along the course of the right ulnar nerve, most marked at the elbow. Ordered 3 grains of croton chloral, to be repeated in an hour. Pain somewhat subsided after second dose, but not sufficient to permit of sleep. Dose increased to 5 grains, to be repeated in an hour: pain much less after first, and disappeared completely a short time after second dose. On following nights 5 grains sometimes answered; on others 10 grains were needed. The man stated that after taking the medicine it seemed to him as if "a fight was taking place between the medicine and the pain, but that the medicine always obtained the victory," and that he did not experience any of the disagreeable effects on the following mornings which he had before been subjected to after taking opium.

CASE 7.—Mrs. W., æt. 70, a person whom I had some years before attended when suffering from sciatica, had been attacked between nine and ten o'clock on each of the three previous nights by excruciating pain, commencing on the outer side of her left foot, and extending up her leg and thigh. The pain lasted for three or four hours, and then gradually left; it was so severe that she, though well accustomed to suffering, was unable to repress her feelings, and gave vent to them in loud cries. Ordered 2 grains, to be repeated in two hours; no effect. Next night, 5 grains on appearance of pain; relief soon followed, and the patient slept soundly. On the three following nights the pain was bearable, so the medicine was not taken, but after this the pain again appeared, and a 6-grain dose was taken, and soon after its reception it was quite allayed. Before I saw the patient she had taken a large dose of a mixture of chloral hydrate and bromide of potassium, which I had on a former occasion ordered for her, but without the slightest benefit.

I may here mention that in lumbago I have twice prescribed croton chloral, but it proved useless in both.

CASE 8.—A stout, robust man, suffering great agony during the passage of a renal calculus, received great relief from croton chloral, which was substituted for opium, which he had been taking, and he was rendered comparatively easy by being kept under its influence until the calculus reached the bladder.

CASE 9.—M. B., æt. 4. Whooping-cough. Mother said that she had been obliged to rise and attend to her "nearly every half-hour" during the previous night, on account of the frequency and severity of the fits. Ordered 15 m. of syrup at eleven o'clock: child passed a fair night; fits frequent, but not nearly so much so as on previous night, and much less severe. Cough returned with former severity at six a.m. Next night, 15 m.: child slept for three hours; after that cough exceedingly frequent, but spasm somewhat lessened. Next night, 15 m. three times during night: slept well; little cough. The same treatment was continued, with the addition of 8 m. occasionally during the day, and the cough steadily decreased.

CASE 10.—M. D., æt. 5. Whooping cough. Paroxysms exceedingly frequent and severe, especially during the first hours of night. 20 m. of syrup at bed-time. Attacks reduced to half the number of former night; child slept well, though wakened occasionally by the cough; but she always fell asleep on cessation of fits of coughing, which she had not done before, as the spasms, from their severity, rendered her excited and wakeful. This case went on much as M. B.'s. The diminution of the spasm was well marked from the first night the syrup was given. In

other cases of whooping-cough where I have employed croton chloral I have had results similar to those above narrated.

CASE 11.—Mrs. S., an elderly lady, the subject of a slight attack of pleuritis, took 3 grains every fourth hour, with a double dose at night, and expressed herself as much relieved, the cough being less troublesome, while under the influence of the croton chloral, and after the 6-grain dose at bed-time she slept quietly till five a.m., coughing occasionally, but dropping off to sleep immediately afterwards. The medicine was continued for five days, when it was discontinued during the day, but the nightly draught was still administered, by which a quiet night was insured, though the patient was much troubled by dreams.

In the night-cough of phthisis I have found much benefit from the use of croton chloral. The following is a typical case:—

CASE 12.—S. W., æt. 33, complaining of distressing paroxysms of coughing, generally appearing in the early hours of the morning, and continuing with such severity that he never went to sleep after it fairly commenced. Ordered a teaspoonful of the syrup every morning. He called three days after to tell me that the cough had been much lessened, and that he had slept throughout the morning. This patient has now taken the syrup for several months, sometimes one, sometimes two teaspoonfuls, and he says he always derives benefit from its use. I have another case of the same nature under my care, and he has now taken the syrup for ten weeks with marked effect.

In the description of the foregoing cases I have endeavoured to state as concisely as possible the effects following the administration of croton chloral when given for the relief of pain; I have therefore purposely omitted the other remedial measures adopted. In the cases of whooping-cough no other treatment was employed.

Mode of Action.—Engel (a) states that under the influence of caustic potash croton chloral breaks up into allyl-chloroform and formiate of potassium, but that allyl-chloroform is extremely unstable, and decomposes rapidly into hydrochloric acid and bichlorallylene, and that the hypnotism induced after the ingestion of croton chloral is due to the product last mentioned. Liebreich also expressed his conviction that, unless when very large doses of croton chloral were given, its hypnotic effects were due to the influence of bichlorallylene. The potash necessary for effecting the decomposition of croton chloral after it has entered the system is probably obtained at the expense of the alkali of the albuminous substances of the body. This view was brought forward by Liebreich, and more recently by Personne (b) before the Paris Academy of Sciences, as the source whence the alkali required for the decomposition of ordinary chloral is got, and, though the products of decomposition of chloral hydrate and croton chloral differ, the origin of the material required is in all likelihood the same. Further, regarding the effects observed after the administration of croton chloral, Engel points out the similarity of results in the experiments conducted by Liebreich with bichlorallylene to those seen after the use of croton chloral, and this he brings forward as an additional proof of the correctness of his inferences; and he also states that, comparing the effects of chloroform and chloral on the one hand, and bichloride of ethylene and bichlorallylene on the other, he considers himself justified in asserting that, while the trichlorinated substances act upon the brain, spinal cord, and heart, the bichlorinated substances act only on the brain and spinal cord. Liebreich's statement "that croton chloral rapidly produces slumber similarly to ordinary chloral, but without its use being followed, as in the case of the latter, by lowering of the pulse and respiration," is strong testimony in favour of Engel's views. If these conclusions be correct—and, coming from those

(a) *Journal de Pharmacie et de Chimie*, vol. xx., p. 273.

(b) *Pharmaceutical Journal*, April 18, 1874.

(a) *Lancet*, January 31, 1874.

who have so carefully investigated the action of this drug, one can hardly but accept them—a wide field, in which other hypnotics are inadmissible, is opened up where croton chloral may be with safety and advantage employed. I may add that I can, from my own observations, substantiate the correctness of Liebreich's statement regarding the pulse and respiration.

In conclusion, I may state my decided conviction that, of all hypnotics, croton chloral has the least troublesome sequelæ.

INDIAN MEDICAL NOTES—XXXVI.

(FROM OUR SPECIAL CORRESPONDENT.)

DELHI, *March*, 1875.

AT DELHI AGAIN.

WEDNESDAY, March 17th, 1875, will be noted in the future annals of Delhi, for at eight in the morning the railway brought the Viceroy of India from Calcutta, the royal salute of twenty-one guns thundering from the palace of the great Moguls. As the smoke issued from the red gingerbread battlements, his Excellency, seated in a howdah (apparently of burnished silver, ornamented with gilt coronets and red velvet, placed on a gigantic elephant caparisoned with cloth of gold), commenced to pass through the city in a procession of elephants, with cavalry, artillery, and attended by the Lieutenant-Governor of the Punjab, Government officers, chiefs of the Punjab and Rajpootana. Delhi probably never looked better, what with triumphal arches, paint, green gardens, well-watered streets, superhuman sanitation; but a shower of rain dimmed the gay uniforms, tarnished the harness, perhaps let loose the dogs of war called pestilence. Our camp, nearly three miles distant from the city, not far from the Ridge, includes the Rifle Brigade from Umballa, the little force having the honour of being the personal escort—all very proud of it—though the sun's heat of 98° in tents at the present moment tries Tupman, whilst Croaker maunders about ophthalmia, diarrhoea, boils, and flies, longs for cool clothes, cooling appliances, and fondly yearns for Cashmere or Simla. Delhi has already been alluded to. The procession around the Jumma Musjid, down the silver street, past the clock and institute, then out by the Lahore gate, attracted myriads of natives, including women and children on the house-tops, many gaily dressed, the boys in smartest of tinsel. A hospital for women bore Scriptural devices, certain shops animated with the best intentions displayed looking-glasses, portraits of Moguls, pictures of all sorts, from sacred to profane, from Daniel in the den of lions to beauties in the ballet. In addition to the 33rd Native Infantry, the 55th kept a portion of the ground, besides forming a guard of honour at a point where the elephants marched past the Viceroy. Most of the men looked very healthy, very many wore good conduct badges, all were smart in spite of teetotal principles, and as their band played the National Anthem, the guard of honour presenting arms, the Viceroy took up his position, whilst rajahs, maharajahs, nawabs, sirdars, political agents, commissioners, secretaries, judges, passed by, each on smart elephants, who raise their trunks. Puttiala, Bhawalpore, Iheend, Bhuotpore, Ulwar, Kerowlie, and many other native potentates each stood up respectfully to salute the Viceroy, who wore court dress and a blue riband, probably the Star of India. Some of the European officials were in military or diplomatic uniform, or else in evening dress—claw-hammer tail coat, white gloves, and ties, the civilians taking off their hats at the saluting point. Some elephants go easy, others wabble, involving clinging to the paddle-box; the trumpeting frightens horses. Certain trappings were very gorgeous—the cloth of gold elaborately worked, the shades of light blue, purple, green, and black devices so harmoniously blended; the long pendant earrings, the crupper, a series of bright gold bosses, the howdahs, some resembling sleighs, others more like silver side-dishes,

the silver shields on the elephants' heads, consisting of dazzling bright plates surrounded by filagree work surmounted by gold peacocks, all attracted attention. All princes were great either in the way of wealth, pedigree, or reputation; the Rajahs of Ulwar and Bhawalpore, nice-looking lads, by all accounts, singularly intelligent, are very friendly to the Europeans, so was the Rajah of Puttiala in office of trouble a staunch and firm ally in 1857. Medical officers occasionally hold high positions in native courts, care taken before entering into any engagement to have everything signed, sealed, duly guaranteed, for princes from time immemorial are not to be trusted. The troops vary greatly, according to martial tendencies of rajahs, the cavalry, artillery, zouaves, sometimes smart, oftener not, the uniforms of ancient date, dilapidated coats, damaged epaulettes, wonderful helmets of another generation, flint firelocks, cast-off cavalry or infantry tunics, the effect ludicrous beyond measure. One man wore a red monkey-jacket with pearl buttons and a stove-pipe hat half covered with gold lace, a cocked hat being a pearl beyond price. Some had magnificent gold belts, sashes. The chief difficulty connected with the foot for the native is boots. Some are always playing with their toes, or fidgeting about their thighs, squatting on their hunkers at all hours. In former days drunken servants were punished by blistering their popliteal spaces, which materially interfered with the peculiar sitting posture. So far nothing professional connected with the health or sanitary arrangements of these warriors belonging to native princes has come under notice. Some fearful fascination daily allures one towards the different native encampments—some near the Ridge, others not far from the Cashmere gate—to watch the sentries, to listen to the bugle-calls similar to ours, or to hear the bands or the bag-pipes. Very handsome, doubtless, would these soldiers look in their own native clothes, and from all one hears and sees of the Sepoys serving under British rule, it is very easy to understand how in the old days, as indeed in the present, a wonderful friendship between officers and men sprung up. But as the pen, forgetful of medical subjects, would rather dwell to-day upon battles, upon beautiful women, upon sharp swords, and upon bright armour, I must apologise, for the fact is, with salutes firing, drums beating, and the magnificent band of the Rifle Brigade playing the jewel song, the waltz, the old men's chorus, the soldiers' chorus out of dear old "Faust," how can the earth system, surface drainage, Delhi sores, flies, or boils be calmly discussed? Well, the tents are hot, but day and night, the sides being raised, free perfilation of air is permitted. All the wells have been carefully tested, the best water carefully filtered, for before leaving Meerut the Macnamara filters were charged with fresh sand and charcoal. There are washing tents up for the men; a latrine trench is carried along daily; the sweepers never leave the spot; each evacuation, promptly covered with dry earth, soon becomes disinfected so long as rain keeps off. The men are directed to urinate into receptacles at a little distance from the latrines, or when at certain hours the receptacles are carted off and emptied at a distance, there are piles of dry earth, which, when soaked, are also removed. At night, to prevent men defiling the vicinity of the tents, receptacles surrounded with matting are placed convenient, each constantly coated with coal-tar, and of course emptied in the morning. Then there are separate latrines for natives, also police about to give the stick to those defiling the ground. When encamped at Roorkee it went to one's heart to prescribe a caning for an habitual offender of majestic mien, suggestive of Sennacherib, King of Assyria; it was the only way to keep off sickness. A man ran a thorn into his wrist, close to the radial artery, and beyond extraction, about two months ago: then there's a large bursa with a loud pulsation near; the thumb is oft numbed; there's tingling down the arm; no aneurismal boom; no indications of matter; poulticing, blistering no use; never had such a case before.

LORD LAURENCE has accepted the post of President of Guy's Hospital.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

APRIL 23RD, 1875.

SCALD OF THE GLOTTIS: WITH DEPOSIT OF DIPHThERIC MEMBRANE IN THE PHARYNX, LARYNX, AND BRONCHI.

MR. R. W. PARKER read notes of the case. The patient was a little girl, aged 3, under the care of Mr. Thomas Smith, in the Hospital for Sick Children. She had put her mouth to the spout of a kettle, which was boiling on the hob, and from which steam was actually issuing at the time. She would not swallow anything that same evening; but there was no difficulty with her breathing. Indeed, the immediate effects of the accident seem to have been slight, as she was not seen by a medical man for thirty-six hours. It was not until three days afterwards that the breathing became really affected, and she had a "croupy" cough for the first time. During the next two days her breathing became more laboured and her voice weaker, and on the sixth day from the accident she was admitted into the hospital. She was now exceedingly low and depressed, breathing very rapidly, and with great difficulty, but she did not struggle for breath. Her voice was entirely suppressed. There was great contraction of the hypochondriac regions with each inspiration. The mouth was carefully examined, and the lips, tongue, palate, and tonsils were found free from any visible injury. On the posterior wall of the pharynx a small patch of membrane was seen. An ice-bag was applied to the neck, but at the end of two hours there was no amelioration, so tracheotomy was performed. Two long pieces of membrane were got up with the aid of a feather; one of them was tubular, and about the size of a crow-quill. The child was greatly relieved by the operation. The general condition, however, rapidly became worse; she ceased to take notice of anything or anybody, and died thirty-six hours later of blood-poisoning and exhaustion. The post-mortem examination showed the lips, tongue, and tonsils to be normal. Two small erosions existed on the hard palate at its junction with the soft. The anterior surface of the soft palate was normal; its posterior surface was rather swollen and mammillated in appearance, from swelling of the glands of its mucous membrane. There was a small patch of membrane on the base of the uvula, and another just above the left arch of the palate, another piece on the posterior surface of the posterior pillars of the fauces; these pieces were not perfectly separable from the mucous membrane. The epiglottis was covered with membrane, and was thickened and swollen, as were also the aryteno-epiglottic folds. The tracheal mucous membrane was intensely red and injected, and coarsely granular in appearance; this appearance extended as far as the tertiary bronchi. In some of the bronchi pieces of thin, reddish, well-formed membrane were found. In the lungs there were patches of slight superficial collapse; the margins and bases were slightly emphysematous. No pneumonia was present anywhere. No urine was observable during life, but a little found in the bladder after death contained albumen and hedgehog-crystals of urates. It was argued that the membrane was not directly due to the hot steam, therefore, that it was not a slough: 1. Because those parts with which the steam would first come into contact were not injured, while parts with which the steam could not come into contact were patched with membrane; and further, because membrane was found in the tertiary bronchi, where, even if the steam penetrated at all, it must have been so cooled by admixture with the contained air, and by contact with the bronchial secretion, that it could not then have caused the extensive mischief described. 2. Because the dyspnoea did not commence until three days after the accident, and only became urgent on the sixth day. The insidious onset of the more acute symptoms, on the contrary, suggested the diphtheritic nature of the complication, and the post-mortem evidence favoured this view. Mr. Parker maintained that the fact that false membranes had been found under a variety of circumstances, such as scalds of glottis, foreign bodies in the larynx, and in cut-throat cases, could scarcely be urged as an argument in favour of the non-specific nature of such exudations, any more than that the erysipelas which attacked a hospital patient after operation was non-specific, because the patient, though in exactly the same surroundings,

had resisted the contagious influence for five or six weeks previously to his operation. Finally, the identity of croup and diphtheria was inferred from the fact that the same contagion would produce the two diseases indifferently, and, in illustration, the following cases were read. A little girl was taken into the Children's Hospital with typhoid fever, and when she was in the fourth week of the disease she had laryngeal diphtheria, and had to be tracheotomised. The disease began with a loud croupy cough, and slight hoarseness, which lasted for several days, but there was no dyspnoea. There was no enlargement or tenderness of the submaxillary glands. There was no albumen in the urine; there was no dysphagia; no marked depression; and there was no membrane about the fauces. After an emetic on the fourth day of the disease she vomited freely, and, in the effort of vomiting, she brought up some tough white membrane; other pieces were brought up on the two following days. Being much worse, she was tracheotomised. On the ninth day after the operation the urine became albuminous, and continued so for eight or ten days. She recovered. A few days later another child in this same ward, who was under Mr. Smith for scrofulous disease of the knee-joints, began to be ill, with symptoms of languor and depression; then her temperature rose to 104.4 degs. Fahr., she was flushed, and felt sick, and could not swallow without discomfort. On closer examination it was found that there was swelling and tenderness of the glands below and behind the angles of the lower jaw. The uvula was of a deep red colour and swollen. Both tonsils were enlarged, and deep red in colour, and on the inner surface of each there was a patch of white membrane of the size of a fourpenny-piece. The voice was pharyngeal in quality, otherwise not altered. There was no dyspnoea; no albumen in the urine. In eight days from the commencement the membrane had entirely disappeared, the swelling of the throat was subsiding, and the child's general condition improving. She quite recovered. A fortnight later one of the nurses in the same ward had a sore throat. On examination, the fauces were found red and congested, the tonsils large, and the left one spotted with half-a-dozen small white dots. The submaxillary glands were not enlarged. Now, had the first case not been operated on, she would quickly have died, and the disease in her case would have been found localised in and confined to the larynx, and on post-mortem examination it would have been demonstrated as true croup; while, had the second child died, the case would just as certainly have been called one of diphtheria; and there would be no hesitation in speaking of the third case as follicular tonsillitis. No doubt these three diseases were due to one and the same cause, the difference in manifestation being the result of idiosyncrasies of the individual attacked or of the organ implicated.

DR. DICKINSON could not concur in Mr. Parker's conclusions. The child must have been peculiarly unfortunate to have suffered from the effects of scald one day and on the next to have been attacked with diphtheria. Irritants, as boiling water, acids, &c., were well known to produce membranous inflammation of the larynx. The assertion that croup and diphtheria were identical was one of the most startling manifestations of the present change in the current of thought in medicine. It might, indeed, be impossible to discriminate croup and diphtheria by the occurrence of membranous inflammation of the larynx alone; but how could a case of scarlet fever be distinguished after death from one of simple cyanche pharyngea? or how, as Dr. Moxon had pointed out, could Asiatic be distinguished from English cholera when the anatomical lesion was alone presented? or contagious erysipelas from the same affection following a gumboil or inflamed tooth? Clinically, however, typical cases of croup and diphtheria differed most widely. Croup began with nasal or bronchial catarrh, and the inflammation, spreading to the larynx, led to the formation of membrane. Diphtheria had no antecedent catarrh, but was ushered in by a general febrile condition resulting from a specific poison, and was accompanied by the formation of false membrane primarily on the pharynx, which might spread to the larynx. In the worst cases the exudation was limited to the pharynx, nasal passages, and mouth, and death occurred from asthenia. The laryngeal inflammation in croup had no tendency to spread. Glandular enlargements, the early appearance of albumen in the urine, and the frequent supervention of peculiar nervous sequelae, characterised diphtheria. The etiology was different: croup was frequently traced to cold, diphtheria mostly to exposure to some definite poison—e.g., sewer-gas. The outbreak of diphtheria in the Children's Hospital, quoted by

Mr. Parker, was traced to defective drainage and escape of sewer-air into the ward.

Dr. HILTON FAGGE agreed with Dr. Dickinson, and was partly influenced by the fact that membranes might be found in the larynx under very different circumstances, as in cut-throat. Every few weeks or so a child was brought to a London hospital suffering from croup. If it died, a membrane might or might not be found in the larynx, and it might reach the bronchi. In the pharynx there was usually more or less membrane. In old times the presence of membrane on the pharynx in croup was seldom recognised; but since the introduction from the French of the term "diphtheria," it had been taught that any membrane whatever seated above the aryteno-epiglottic folds was diphtheritic. Moreover, the older physicians, recognising croup from its clinical features, might readily have passed over small patches of exudation on the palate and fauces. Only a small proportion of cases met with in an epidemic of diphtheria presented a marked laryngeal character; and, according to his experience, it was the rarest thing to find diphtheria admitted into a hospital apart from an epidemic. It was, indeed, highly probable that so-called "laryngeal diphtheria" in children was merely croup. He believed that every true case of diphtheria was as contagious as the exanthemata. Croup and diphtheria could not be distinguished by their anatomical characters; but in London a case of membranous laryngitis would probably be croup. Much of the confusion between the two affections arose from the use of the word "diphtheria" by German writers; thus Virchow gave the term "diphtheritic" to that form of inflammation in which the deeper layers of the mucous membrane were infiltrated, the whole altered membrane sloughing off; and Niemeyer, adopting this view, applied it to epidemic diphtheria. This was clearly erroneous, and a more correct interpretation was given by Rindfleisch, who admitted the anatomical identity between laryngeal and pharyngeal croup (diphtheria). But it had led to the view being taken in England that the diphtheritic membranes should be inseparably adherent, and should invariably leave a raw surface when detached.

Dr. DUCKWORTH concurred with Drs. Dickinson and Fagge. He urged that although the presence of membrane on the pharynx could not be held to be distinctive of diphtheria, there was invariably in this disease a peculiar turgidity and redness of the mucous membrane of the pharynx (even in purely laryngeal cases) which was never seen in croup.

Mr. T. SMITH pointed out that Mr. Parker's case refuted the statement that the membrane resulting from local irritation was not the same as that resulting from diphtheria; for here it had no character of a slough, but was precisely the same as a diphtheritic exudation.

Dr. YEO had recently been converted to the view that croup and diphtheria were identical, for he had seen cases presenting the symptoms of croup to which diphtheritic symptoms were added. One such, a child, died from blood-poisoning, although tracheotomy had been performed with great relief. The larynx and trachea were studded with circular patches of exudation. He thought Mr. Parker was quite justified in his opinion that the scalding water did not pass the glottis. One explanation of the escape of the buccal mucous membrane might be found in the fact that this was ordinarily exposed to rough substances without injury.

Mr. BARWELL had seen several cases of scald of the throat produced by children sucking the spouts of tea-kettles. The child, being frightened, made a deep inspiration, and thus drew water into the back of the throat, so that it was quite conceivable that some might enter the larynx. In the only case he had seen after death the trachea was lined by false membrane, while the tongue was abraded from contact with the spout of the kettle. He agreed with Dr. Dickinson that it would be very remarkable had a child been attacked with diphtheria directly after it had scalded its throat.

Dr. CAYLEY pointed out that the theory of non-identity required that more than one cause could produce the same effect; in the opposite view, many effects had the same cause; one of the chief arguments against the identity of croup and diphtheria being that the identity of the membrane was no evidence of the identity of the disease. But it was notorious that the same poison or the same irritant produced very different effects in different individuals. He had had cases which, from their sudden onset and rapid course, would be called croup, proving fatal within forty-eight hours, whether

tracheotomy were performed or not. In all false membrane had occurred in the fauces. Such cases were truly laryngeal diphtheria, so rapidly fatal as not to show any other of the symptoms of that disease. He recognised two distinct forms of diphtheria: one in which the general manifestations predominated, and the other in which the local symptoms were chiefly exhibited. Cases of the latter kind occurred even in epidemics; and he held the two diseases to be identical, and both due to the same poison.

Dr. GREENHOW thought that Mr. Parker's case was one of diphtheria, in which the scald played the part of a determining cause; and he strongly upheld the view that croup and diphtheria were perfectly distinct affections. The marked depression characteristic of diphtheria was absent in croup. He had recently had under his care a case of croup, which was treated by leeching and depressing remedies, emetics, &c., with success; but such treatment could never be adopted in diphtheria. A few weeks ago a child was admitted under his care, in which the diagnosis was at first doubtful; but tracheotomy was performed without relief, and the enlargement of the glands behind the jaw pointed to diphtheria. After death some small patches of exudation were found on the fauces, beyond the reach of observation during life. Four days afterwards the sister of this patient was admitted with diphtheria, and died; while the nurse in charge of the two cases was attacked, and was only now convalescent. The nature of the membrane was of minor importance, for it differed widely in different cases of diphtheria. He had only examined after death one case of croup, in which death resulted from absolute choking by the false membrane; a tube of membrane was found confined to the larynx and trachea, the surface beneath being injected, but in other parts pallid and free from the vascularity correctly described by Dr. Duckworth as occurring in diphtheria.

Mr. PARKER, in reply, pointed out that those parts nearest to the steam were least affected; and he could not accept Mr. Barwell's explanation of the formation of the membrane in the trachea from direct irritation. His case of laryngeal diphtheria following typhoid was acknowledged by all who saw it at the time to be diphtheria, although confined to the larynx, and the membrane being exceedingly tough and white. The early symptoms in this case were those of croup—i.e., of catarrhal character; but he had seen cases of croup in which there was but little primary coryza. Diphtheria might occur without deposition of membrane, with merely coryza and reddened fauces. As to the sequelæ, evidence was wanting that paralysis was a necessary sequela of diphtheria; and it would hardly do to base the diagnosis of a disease upon its sequelæ, as had sometimes been done in diphtheria. Dropsy or perforation of intestine might be held to be distinctive of scarletina or typhoid fever in this way, though very likely these sequelæ could be prevented by timely treatment. Thus no case of scarlet fever treated from its commencement in the Children's Hospital had led to dropsy; while those cases in which dropsy supervened were precisely those in which little or no treatment had been adopted; so also with typhoid fever. With regard to albuminuria, in one of the two undoubted cases of diphtheria he had mentioned there was much albumen; in the other, none. Was croup non-contagious? In the last case in the Children's Hospital for which tracheotomy had been performed with success some of the membrane was expectorated into the eye of the nurse in charge, producing violent inflammation. Nor was the amount of depression any diagnostic feature; and he repeated that he had never seen a case of asthenic croup in an impoverished child. The type, then, varied with the individual. There was no glandular swelling in the case of diphtheria following typhoid which he had related.

University of St. Andrews.—The following gentlemen having passed the required examination, obtained the degree of Doctor of Medicine on April 22nd:—

Bird, William, York.
Devereux, Daniel, Tewkesbury.
Eyton-Jones, Thomas, Wrexham.
Kesteven, William B., London.
McVail, John C., Kilmarnock.
Ryott, Frederic E., Newbury, Berks.
Sedgwick, James, Boroughbridge, Yorks.
Sweeting, Thomas, Basingstoke, Hants.
Wolston, Christopher, Bournemouth.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MAY 12, 1875.

THE POLLUTION OF RIVERS.

NOTWITHSTANDING the many arguments which have been adduced by Dr. Letheby and other able chemists as to the surprising power of rivers becoming pure after a very short course, even when they have passed through dense centres of population, it must, we think, be confessed that foul streams, such as exist in the midst of some of our large manufacturing cities, are no small evils.

The Marquis of Salisbury has recently called attention to these Stygian rivers in a debate before the House of Lords on April 30; and we hope that his witty and incisive remarks may not fall unheeded by the masses of his countrymen. In 1848, Parliament passed the Public Health Act, providing for the drainage of towns, and as there was no other place to put the sewage, it was sent into the rivers. Several commissions have since inquired into this question, and the evidence given before these bodies proves clearly that something must be done. It was shown that the river Clyde, at Glasgow, was so filthy that those persons who live on its banks suffered much in their health, whilst passengers by the river steamers had sometimes been so poisoned by the stench from the river as to require to be led ashore. The Aire and Calder rivers also were so foul in some places that when the water was disturbed the very froth was black instead of white; and the Bradford Beck was so foul that the gases from it could sometimes be burned readily. The River Ware, at Durham, is a most pestilential stream; and there is a river at Chester-le-Street which is occasionally as yellow as ochre, and as thick as glue, and which diffuses a terrible smell around.

The main cause of these pollutions, of course, is that manufactories have greatly increased in number, and the products of such factories are allowed to flow into the streams. It appears that the most filthy of all products from manufactories is that which issues from distilleries. These latter products are calculated, says Lord Salisbury, to be thirty-six times as concentrated as the sewage of London. In the year 1850 the Thames was most offensive; and we know the magnificent result which has followed from the purification of that great and important river.

Lord Salisbury states that on one occasion a man fell into one of these streams which are polluted by distillery products, and swallowed some of the water. He was killed at once, said the speaker, and there was no use rescuing him, for he had been poisoned by the fluid he had drunk. It not unfrequently happens, we hear, that the products of two contiguous factories are of such quality that, when mingled, the result is the elimination of sulphuretted hydrogen gas, which is most dangerous in its effects on the health of persons living on the river banks. All of these facts show how necessary it is that some legislation should take place; for it is quite impossible any longer to trust to the practices of local authorities in such matters. In large manufacturing towns the rich mill-owners usually live at a distance from these fetid streams, and they seem, in many instances, to care nothing at all about the health of their operatives, who are poisoned by their noxious exhalations. Lord Salisbury therefore proposes that Government should appeal to the assistance of an officer who is daily growing in importance—the county court judge—and that all offences in relation to the pollution of rivers should be tried before him.

What the Government proposes to do is simply to forbid the pouring of any filthy or injurious matter into any stream, and to leave it to the good sense of the judge and jury to determine whether any particular stream is noxious or not. At the same time, they must make some distinction in the case of manufactories and mines; and it is proposed to make it incumbent on any manufacturers and miners who have poured noxious matters into towns for twelve years and less to make their products harmless within the next two years; those who have continued to do so for longer than twelve years are, however, to be simply henceforth compelled to use the best means they can to render the impurity harmless.

It is to be hoped that by the introduction of this excellent measure the Government may do a great deal towards improving the health and increasing the amenities of life among a large portion of our humble fellow-countrymen whose occupations compel them to inhabit dwellings so contiguous to such filthy and polluted streams as are to be met with in most of our large and densely populated cities. It would be premature to endeavour to enter into the engineering and chemical difficulties which may be encountered in endeavouring to carry out this important advance in public hygiene. One thing is quite clear, and that is, that the day is past when an excuse can any longer be entertained by the Legislature for the carrying on of large manufactories in our crowded cities in such a way as to lower the health of the poor or operative classes.

We have long held that all noxious trades should be remorselessly put a stop to by the supreme power, unless it be shown that the processes carried out by such manufactories are free from danger to any operative exercising ordinary care and attention to the rules of health demanded by the perils of his craft. Lead-poisoning is even now terribly frequent in some parts of London, and the frequency of the “grinder’s rot” of Sheffield and other cities is a disgrace to the civilisation of England. And what shall we say of the hygienic state of our legislation so long as a rich man or a company of capitalists have the power of polluting the clear streams of any village or city with

perfect impunity, and thereby rendering the locality unbearable to any save those whom sordid poverty or social degradation has rendered ready to put up with any misery so long as they are given the wherewithal to sustain a wretched and unfortunate existence. *Salus populi suprema lex esto.*

AN EXPOSURE OF THE IRISH DRUG CONTRACT SYSTEM.

THROUGH our columns those of the profession who have not already personal experience of the fact have learned from time to time that the system of contracting for drugs for Irish unions has been, and continues to be, inefficient, ill-regulated, and, in many instances, corrupt. The Irish drug contract system has been, in fact, a crying sin for many years, and it was the subject of a weak and ill-considered attempt at reform by the Poor-law Commissioners a couple of years ago. Nevertheless, the atrocious abuses which have fleeced the ratepayers, half-poisoned the paupers, and enriched certain unscrupulous traders still continues, and no effort is made by the Local Government Board to remedy a state of things which the Board recognises publicly as utterly corrupt and indefensible. Much light has been thrown on the matter by a recent and protracted official inquiry into an extraordinary discrepancy between the quantity of medicine consumed respectively in the North and South Dublin Unions.

During the year 1865 the cost for each ticket issued in the North Dublin district was 3½d., but it has gradually increased to 6½d., or nearly double what it was then; whereas the expenditure for the same purpose in the South Dublin dispensary district has been for the most part a uniform charge of 1d., which it is at present, and there must, it would seem, be some cause to account for the very great disproportion that exists. In the south district 38,301 persons were relieved at a cost of £169; at the same time that 32,490 persons were relieved in the north district at a cost of £885. It has been contended, as a means of accounting for this difference, that in the South Union all the medicines required and used were contracted for, but that in the North Union the medical officers have been in the habit of ordering drugs which were not included in the tender, and which were consequently charged for at a high price, and this statement appears to be founded in fact, and will go some way in accounting for the difference, but not to any great extent.

The Local Government Board set forth certain reasons which, they are of opinion, account for the discrepancy, and they deliver their verdict in the following terms:—

“The medical officers in the north district use a larger quantity of medicines, particularly the more expensive medicines, than the officers in the south districts. Some medical men have confidence in one description of drug, others in medicines of the same class, but of higher price; and, whilst caution must be observed in any endeavour to fetter the exercise of professional discretion, the medical officers might be requested to be as economical as possible in prescribing the more expensive drugs. On a review of all the circumstances elicited at the inquiry which has been made, it appears to the Board that the distribution of drugs and surgical appliances is too limited

in the South Dublin district and rather free in the North. It would probably be of advantage to the sick poor if more liberality in prescribing were adopted in the south district, and the expenditure in the north district may admit of considerable curtailment without detriment to the sick poor, and with considerable relief to the ratepayers.”

The foregoing facts are of much interest, and suggest therapeutic considerations somewhat puzzling in their nature. If 32,490 sick persons really do require for the scientific treatment of their illness nearly £900 worth of medicine, how is it possible that the disease of a greater number (38,301) can be done justice to within the same sanitary conditions for about a sixth of the money (£169)? *per contra*, if the 38,000 southern patients are well cared for and effectually treated for £169, how terrible must be the drenching and physicking under which their northern neighbours suffer! The comparison will, no doubt, be availed of by the homœopaths “to point their moral and adorn their tale.”

But in the interest of departmental reform, and indeed, of common honesty, the succeeding portion of the letter of the Local Government Board is more valuable to us:—

“The Inspector who conducted the inquiry observes that he had occasion to examine the contracts which had been accepted by both the North and South Dublin Unions, and that he failed to discover any fixed principle upon which the prices set forth in the accepted tenders had been based. He states that they were not founded upon the fair trading prices of the open market, inasmuch as some drugs were charged for at high prices, some far beneath their commercial value, especially if they were drugs little used, and that in fact the tenders seemed to be framed in such a manner that it would be difficult to suggest any reason for such commercial eccentricities, except on the supposition that they were constructed in accordance with the amount of opposition expected from rival competitors or some other personal considerations. The same firm is the contractor for 1874-5 in both unions, and it might be expected that the prices would be the same in both tenders, which were sent in at precisely the same time in each union; but such is not the case. Of 412 articles tendered for in both unions there is a difference in price in no less than 287 instances. In 149 instances the prices demanded from the North Union exceeds that for which the same article is contracted for in the South, and in 138 instances the price charged in the South exceeds the price contracted for in the North for the same drug, the difference in price being in some cases double, others treble, in others four times, or even six times the amount. Several articles were under contract in the South Union which were not contracted for in the North Union—for example, methylated spirits; and this, while supplied to the South at 3s. 8d. a gallon, was charged 5s. a gallon to the North. Chlorodyne contracted for in the South at 2d. an ounce, was charged 2s. to the North. Several articles contracted for in both, such as compound colocynth pill, hippo wine, and opium, and its several preparations, are given at a price so far below their commercial value that they could not be supplied at the price tendered for except at a serious loss to the contractor. Dr. King observes, as regards the compound colocynth pill, that the principal ingredient

and possibly most important is "scammony," and if it be omitted the pill mass could be sold at a low figure. This pill mass is contracted for at 3s. 6d. per lb., but any respectable trader is aware that the genuine drug could not be sold at the price. It will be seen from the trade lists enclosed that the selling price of this pill mass is 14s. per lb., and there is reason, Dr. King reports, to suspect that the colocynth pill supplied does not act as it should do. Again, as to opium, the genuine article could not be supplied with any profit at double the price charged in the contracts, 15s. per lb. in one and 16s. in the other."

Could any statement of facts afford more conclusive proof than this of the utter stupidity of the present drug contract system—of the total incapacity of guardians to form an opinion on such a matter—of the gross dishonesty of contractors, where unchecked, in the perpetration of such tricks? Can anything be more humiliating to the Local Government Board than the necessity of confessing that such a state of things exists uncontrolled within their own department?

The statement of the Inspector would excite indignation in the profession, were it not that the facts which he narrates have been well known, and the dishonesty of the every-day transactions in the drug contract trade have been fully recognised.

The Local Government Board have for years been aware that the veriest trash of the drug market was habitually put off upon the unions at prices frequently exceeding enormously those of genuine drugs; that tinctures made with methylated spirit were in some instances the invariable rule; that pills without their most potent ingredients, and drugs with 50 per cent. of adulteration were the articles frequently supplied to unions: and yet they have tolerated, almost patronised, these most disgraceful transactions.

It may be said with much truth that a board which has evinced its unwillingness or its incompetency to cope with a little reform of detail is not likely to carry the sanitary legislation of the country into satisfactory effect.

We trust that this elucidation of the system will yield some result in an earnest attempt to stop the fraudulent traffic in drugs for Irish unions.

THE METROPOLITAN HOSPITAL SUNDAY FUND.

At a meeting, convened by a resolution of the Council of the Metropolitan Hospital Sunday Fund, in the Egyptian Hall of the Mansion House, on Friday last, and to which ministers of all denominations were invited, to frame rules and form a constitution for the future guidance of the Distribution Committee, a degree of unanimity prevailed which strikingly contrasted with that of the 8th of March.

Doubtless the factious spirit then displayed would never have broken out had those at the head of the movement earlier seen the necessity for framing a code of rules which should be binding upon all parties interested. But the fact is, that the Fund has taken a firmer hold of the public mind, and grown into greater importance than was anticipated, even by the founders and originators of the movement. This led the prime movers,

those who were labouring hard to attain to an increased success, to act towards those who came with any show of a grievance in a spirit of conciliation, whereas by having rules to fall back upon they would have been curtly and instantly dismissed without a hearing. The Council will, after the proceedings of Friday, never be likely to drift again into the troubled waters of the beginning of the year. The several resolutions of the 7th were either proposed or seconded by the Bishop of London, Cardinal Manning, the Rev. Dr. Kennedy, Professor Marks, Sir Charles Trevelyan, Sir Antonio Brady, Mr. Samuel Morley, the Rev. Mr. Humphrey, the Rev. Canon Nesbit, the Rev. Dr. Allon, the Rev. Canon Harvey, Dr. Glover, &c. The mere enumeration of these names will at once show that every care and consideration was bestowed upon the questions at issue, and from the discussion which followed it will be gathered that nothing was left unsaid that might tell for or against resolutions intended to meet differences of opinion, and which, we may add, were almost unanimously carried, at one of the largest and most influential meetings ever assembled in the Mansion House to consider matters in connection with the Metropolitan Hospital Sunday Fund.

We mention this in order that our readers may know that everything has been done to satisfy the most exacting.

The resolutions carried were as follows:—

"1. That this meeting, summoned by the resolution of the Council of March 16th, 1875, and consisting of representatives of the various congregations which have contributed to the Hospital Sunday Fund, approves the action of the Council in appealing from the decision arrived at by the public meeting of March 8th, and proceeds to lay down the principles upon which the Fund shall be managed and distributed.

"2. That such congregations as have forwarded contributions to the Fund during either of the two preceding years be entitled to a voice in the management of the Fund; and that the minister and two laymen representing every such contributing congregation be summoned to meet the Council in the month of December in each year to receive the annual report of the Council for the year, and to elect the Council for the succeeding year.

"3. That the Council consist of *not more than fifty clerical and fifty lay members*, with whom shall rest the power to arrange for the collection, to appoint the Committee of Distribution, to receive its report, and to frame such rules as may be needful for the proper administration of the Fund.

"4. That the Committee of Distribution, consisting of nine members, and the Lord Mayor as president *ex officio*, be elected at an early meeting of the Council after its appointment.

"5. That awards to hospitals, &c., be primarily based on the total expenditure of each institution after deducting therefrom—(1) the income derived from endowments and realised property; (2) the amount received in legacies exceeding £100 each; (3) the amount of expenses of management. But that in every case the merits and pecuniary needs of the institution concerned be fully inquired into and considered by the Distribution Committee, and that the award made be determined in accordance with the judgment of the Distribution Committee upon such merits and needs, provided that in no case shall the grant be so reduced or withheld until a conference shall have been sought with the Managing Committee of the said hospital, &c.

"6. That *payments made by or on behalf of patients* be left to the discretion of the Distribution Committee, to be dealt with, in each case, as they may see fit.

"7. That no institution, to the benefits of which ad

mission can only be gained by election from the general body of subscribers, be eligible for grants from the Fund.

"8. That hospitals, &c., receiving grants from this Fund, be required to place at the disposal of the Council the same number of letters of recommendation for patients to which an individual contributor would be entitled for an annual subscription equal to the amount of the grant.

"9. That in the event of a congregational collection, *made on Hospital Sunday*, being given to a particular hospital, dispensary, or institution, instead of being sent to the general fund, the amount so sent shall be deducted from the grant made to that hospital, &c.

"10. That, in making their awards, it be an instruction to the Committee of Distribution to take into their favourable consideration the amount of congregational collections received by the several hospitals, &c., during the three years preceding the institution of the Hospital Sunday Fund.

"11. That the Committee of Distribution shall present their report to the Council before the Fund is finally distributed."

Notes on Current Topics.

Domestic Scavenging in Dublin.

THE *Sanitary Record* says:—

"We think the Irish Local Government Board must have fallen into a state of semi-insensibility when it declares that the Corporation of Dublin has made due provision for the cleansing of the ash-pits and privies of the city. In the poorer part of the city there is not such a thing to be found as a properly constructed or properly cleansed ash-pit or privy. The whole city is reeking with filth. The complaint is universal that ash-pits and privies cannot be cleansed except at a ruinous expense. The rate of mortality in the city of Dublin has been on an average at least 30 per 1000 for the last ten years, and it is quite manifest that the filthy condition of the city, and the obstinate refusal of the authorities to cleanse it is the chief cause. This alarming rate of mortality in an English town would at once have produced an inquiry by the English Local Government Board. Negligent as that Board may sometimes be, it certainly shows more signs of vitality than its Irish namesake."

We can corroborate by experience the statement that domestic scavenging by the Corporation in Dublin is a disappointing delusion. If an ash-pit requires to be cleaned, the householder may pursue one of two courses—either he sends for a working cleaner, gets the work done in a day, and pays for it, say 4s.; or else he employs the Corporation, which necessitates his going to the City Hall, filling up certain forms, lodging 10s., waiting as long as may be necessary, then, after the work is done, returning to the abode of the *patres conscripti*, filling up more forms, and waiting for the restitution of the unexpended balance; four journeys back and forward and a fortnight's delay is usually about the inevitable requirement.

Barbarian Obstetrics.

A CORRESPONDENT of the *Lancet* furnishes a description of the obstetric performance as conducted in the North of England colliery districts.

"Two ordinary chairs," he says, "are tied together by the two inner front legs; the chairs are then separated from behind, leaving an aperture on which the patient seats herself, two of her female friends or attendants then sit on the chairs on either side of her, she placing her

arms on the shoulders of the two supporting, and the surgeon plants himself on a low stool behind to assist to support the perinæum, &c., &c. The woman gets on the chairs often long before the surgeon arrives. The child may descend with such force as not only to cause death, but, by pulling suddenly and forcibly an adherent placenta, cause serious accidents to the mother."

We trust that the monopoly of this sort of practice, and, we may add, of the services of such surgeons as occupy the low stool *à posteriori*, may be left to the constituents of Dr. Kenealy at Stoke and to a few other picked centres of ignorance. We are quite sure that such a beastly proceeding would be sought for in vain amongst even the outer barbarians of the west of Ireland deserts.

Society for Relief of Widows and Orphans of Medical Men.

THE annual meeting of the Society was held on Friday, April 30th, by the kind permission of the Royal Medical and Chirurgical Society of London, in their rooms. The chair was taken by the President, Sir George Burrows, Bart., F.R.S.

From a summary read by the Secretary, it was shown that the total receipts available for payments for the year 1874 amounted to £3,065 15s., and the total grants and expenses for the same period to £3,174 14s., exhibiting an excess of expenditure over receipts of £108 19s. The ordinary grants for the year were £2,601 10s., an increase of £71 10s. on those of 1873. The grants had been augmented at Christmas to the amount of £329, caused by a donation of £5 to each widow, £2 to each child, and £5 to each of the recipients from the Copeland Fund, making in all £2,930 10s. granted during the year. The expenses had been £244 4s. The funded property had been increased by the purchase of £500 (Stock) of the Metropolitan Consolidated 3½ per Cent. Fund.

Nine members had died (four leaving their widows to the charge of the society), four had resigned, or ceased to be members, and twelve new members had been elected, leaving the list of members at 396, one less than in 1873. Among the deaths were mentioned those of B. Bond Cabbell, Esq., honorary member and arbitrator, and of John Miles, Esq., V.P., and one of the oldest members of the Society, elected in 1818.

During the year four widows had died, each in receipt of £50 per annum; six widows were added to the list of recipients of grants; seven children had become ineligible, leaving only seventeen chargeable to the fund.

At the annual general meeting of 1874 alterations in the bye-laws had been proposed by the acting treasurer. The alterations were to facilitate the election of members, and to provide for cases where members through ill-health were unable to continue their subscriptions.

The following gentlemen were chosen in place of the six senior directors, who retired by rotation, viz.: Dr. Paregrine, Dr. Halford, Nathaniel Stevenson, Esq., Dr. Peacock, Dr. Sieveking, and John Couper, Esq.

Votes of thanks were passed to the President and Court of Directors for their kind attention to the business of the Society, to the editors of the medical journals, and to the Chairman, and the meeting separated.

The Privilege of Abuse in Courts of Law.

THE Sheffield daily papers afford us an illustration of the method in which an unscrupulous attorney may be permitted, under cover of the law, to defame a medical man. A woman was injured by the break-down of a stand at a circus, and Dr. Mason, of Sheffield, was called to attend. He was obliged to drive seven miles to his patient and back again, and he charged the very moderate fee of a guinea a visit for the journey. The attorney of the patient, finding it impossible to dispute the claim, "pays off the doctor" by stating in open court that he refuses to "place him in the box as a truthful witness and as a man on whom he could rely, but under the circumstances he really could not rely upon his evidence." We don't imagine that the impertinence of a pettifogging attorney can matter much to Dr. Mason, but it seems to be an anomalous state of the law that an insult such as this should be permitted by the presiding judge, there being no shadow of foundation for doubt of Dr. Mason's veracity.

Leprosy.

DR. VANDYKE CARTER has been commissioned by the India Office to visit various places in the East to investigate the habitats of leprosy. At Milan he saw pellagra, but could trace no resemblance in that disease to leprosy. He found no leprosy in Algiers, Tunis, or in Greece proper, but much of the disease in the Archipelago, where asylums for those diseased are occasionally met with.

Death from Chloroform.

ANOTHER death from chloroform in France! The *Gazette Méd. de Bordeaux*, November, 1874, mentions a case of death from this anæsthetic of a man, æt. 42, who had cancer of the penis, on whom Dr. Lande operated by means of galvano-cautery. When 12 to 15 grammes of chloroform had been inhaled, in two minutes, the respiration stopped and the patient died.

Quarantine.

IN 1874, fifty-seven vessels arrived at the port of New York and were put into quarantine. Eight had small-pox on board, and 121 cases of yellow fever occurred in 44 vessels. And yet there are persons who object to quarantine!

Abuse of Poor-law Medical Relief.

THE Committee of the Toomevara Dispensary have resolved that red tickets shall no longer be issued (which entitle the recipients to gratuitous visits from the physician, and medicine) to people whose circumstances enable them to pay something, and that such persons shall be given instead a letter to the medical officer, recommending his attendance, for which a fee of 10s. or 7s. 6d. shall be charged, according to the circumstances of the applicant. The example is one worthy of imitation by other boards, as the medical relief provided by the Poor-law is often availed of by persons not merely above paupers, but comparatively wealthy.

The Closing of Graveyards in Ireland.

THE Irish Court of Queen's Bench granted last week a conditional order on behalf of Mr. Peter Radcliff, who

seeks to have an order of the Local Government Board quashed. This order, it appears, directs that after the 1st June, 1875, no interments shall be made in a certain graveyard situated within the demesne of Lord Talbot de Malahide. From Mr. Heron's statement it appeared that the Local Government Board formerly made a similar order respecting this graveyard, but that order was quashed, as the Board did not hear the parties objecting. The Local Government Board early last year procured the insertion of a section (section 18) in the Public Health (Ireland) Act, 1874, by which permission was given to them to reinvestigate matters upon which orders might have been already made by them. Accordingly, on the 10th of December last Mr. O'Brien, Local Government Board Inspector, held a public inquiry at Malahide, and several witnesses were examined for Lord Talbot de Malahide, and also for the prosecutor and others claiming the right of burial in the graveyard. After receiving the report of Mr. O'Brien, together with the report of the evidence taken by a shorthand writer, the Local Government Board issued a report, stating that the medical evidence was so conflicting that they were unable to come to any determination on the subject. Notwithstanding this, and without any further inquiry, they, on the 31st March last, addressed a letter to the parties concerned, stating that they had submitted the evidence to Dr. J. Emerson Reynolds, an expert in analytical chemistry in the University of Dublin; and, acting on the report which he had made, they did not think further inquiry necessary, and accordingly they made an order for the closing of the graveyard on the 1st June next.

Vivisection.

A BILL to regulate the practice of vivisection has been introduced into the House of Lords by Lord Henniker. It proposes to enact that after the 1st January next vivisection is only to be performed in places duly registered, and upon notice being given to the Secretary of State, or in Ireland to the Chief Secretary. Any inspector of anatomy may at any time visit and inspect a registered place. The penalty for an offence against the act is not to exceed £20. A petition, signed by the majority of the Fellows of Trinity College, Dublin, has been forwarded to Parliament, protesting against the cruelties of vivisection, and praying the House to take measures to prevent the practice. It is stated that the initiation of the memorial is due to Mrs. Lloyd, the wife of the Provost.

Another Fasting Girl.

THE *Manchester Guardian* says that the case of the "sleeping girl" of Turville, in Buckinghamshire, is likely to crop up soon again. It is now about two years since the London daily papers sent "specials" to inquire into and to report upon the phenomenon in question. The girl, it was alleged by her mother, had even then lain asleep or in a state of trance for two years. From that time until the present, it is said that her condition has remained unchanged, and that the child gives no sign of awakening from a slumber of now four years' duration. As imposture on part of the mother is still suspected, the Home Secretary has lately forwarded an authoritative document to the effect that, failing to provide suitable nourishment and proper medical attendance, should the girl die, her parents will be responsible. It is not pretended the sleeper subsists without any food. Two or three times a week a little

milk is poured through an aperture in her clenched teeth, but this is all. The girl is now 16 years of age, and it is said that her lower limbs have recently assumed the appearance of those of a corpse, though her face has still a natural blush upon it.

Small-pox Inoculation.

Two prosecutions of a man named Mullany for small-pox inoculation were heard at Balla, in the county Mayo, last week. The case was perfectly clear, but without exception the whole of the witnesses pretended ignorance, and boldly perjured themselves for the protection of the inoculator, and the cases were necessarily dismissed.

It is melancholy to observe such ignorance and obstinacy amongst the peasantry, especially when it is recollected that forty deaths from small-pox have taken place in the district within a month. The resident magistrate expressed the opinion that it was impossible to expect that the constabulary could suppress or stop inoculation as long as the people were so obstinate in refusing to prosecute the offenders, and was of opinion that, until the present statute was amended, the ends of justice could not be arrived at. He further added that it was to be deplored to see the people so misguided as to believe in such quackery—so dangerous to society, law, and order.

Hampstead Again!

IN consequence of a report of Dr. Frankland's, stating that there was danger through the proximity of the reservoir of the Grand Junction Waterworks to the proposed new site, Dr. Letheby was requested by the opponents of the Board to inspect it, and he reports that the reservoir is situated upon the highest point of ground, and that the general dip of the land is such that all drainage matters must flow from the reservoir to the lower level, where it is proposed to make a drain at a distance of 400 feet from the reservoir, and at a depth of thirty feet below the bed of the reservoir. Dr. Letheby says the soil to the depth of at least forty feet, as shown by the adjoining railway cutting, is composed of stiff, impervious clay. Without therefore considering the question of the substantial structure of the reservoir, as regards the impermeability to water, as its use would indicate, he has no hesitation in saying that from the natural conditions and features of the site there is no possibility of danger from soakage of drainage matters into the reservoir. He adds that the situation appeared to be remarkably well suited for a fever hospital, as it was at a high level, in the open country, at a considerable distance from residential property, and was bounded on three sides by the railway and cemetery, so as to prevent the approach of houses.

Treatment of Cholera.

THE approach of summer may, as has been predicted, again give rise to rumours of cholera; at any rate, the subject has lately occupied attention in various quarters, especially as the disease has again broken out in India.

We may be pretty sure that whenever another epidemic appears the treatment of the disease will be as unsettled as at the last invasion. Yet this is not for want of observa-

tion. We are induced to write thus by the appearance of another edition of Dr. Billing's practical pamphlet on the subject. Those who are familiar with that author's "Principles of Medicine"—and those who are not would do well to peruse forthwith that suggestive work—will remember that he has recommended a simple mode of treating cholera, on which, from great clinical experience, he places great reliance. The pamphlet on cholera is chiefly a reprint from the larger work, and treats of the disease entirely from a clinical point of view. This edition is dedicated to Dr. Gopaul Chunder Roy, who some time since wrote a paper on Papaya, showing that this plant assisted the digestion of certain foods. Dr. Billing, in a note, draws attention to this, and calls the remedy "vegetable pepsine." This seems to indicate a still further use for papaya, for although the plant has been known to botanists for ages, and is used by all Indians for culinary purposes, no one has ever hinted at its being a "vegetable pepsine" until Dr. Billing mentioned it as such in the note to this brochure on cholera.

Snake Poison.

SOME years since one of our clever novelists wrote a satirical account of the "Circumlocution Office," and "The Way not to do It;" and since our late articles, 24th March and 21st April, on the "Cure of Snake-bites by Halford's Method," copied from the *Melbourne Argus*, some person or persons connected with the experiments (a) made in India to "discover the way not to cure snake-bites, in which they succeeded," and consequently disbelieve Halford's success, instead of discussing the question fairly in any medical journal, resort to a paragraph in the *Times* to show "the way not to do it," and even quote a passage in the *Melbourne Argus*, the staunch supporter of Halford, to justify their imbecility—the *Argus* merely quoting the report of the unsatisfactory Indian Commission, who assert to have found that "the bites of Indian snakes are from six to sixteen times more poisonous than those from Australia," when they were most likely half dead, from the unnatural state in which they were after travelling and confinement, though well able to kill men and beasts in their own country, as testified by Australians. But this correspondent of the *Times* goes the whole animal, and says: "In fact, the result of the experiments made by the Commissioners on dogs goes to show that the venous injection of ammonia after snake-bite possesses no antidotal or remedial power, but, on the contrary (probably by promoting the absorption of the poison?), rather expedites than retards the tendency to death." So, then, they did actually succeed in killing some animals, but found out "how not to do it," that is, to cure them, as Halford does.

Statistics of Births in Massachusetts.

AT a recent meeting of the Obstetrical Society of Boston Dr. Draper gave the following account of his investigations about the births in Massachusetts. Most children had been born in the latter half of the year. In the last twenty-

(a) For a detailed account of those unsatisfactory and inconclusive experiments *vide* the elaborate and beautifully illustrated work on the natural history of serpents edited by Dr. Fayer, and "got up (like a lady's dress) totally regardless of expense" by the Indian Government, entitled "*Thunatophidia*," not "*Therapophidia*."

five years the proportion of males to females born had been 104 to 105. The births of children of American parentage have decreased from 63.02 per cent. in 1849 to 39.38 per cent. in 1873; the births of children of foreign parentage have increased from 35.96 per cent. in 1849 to 48.24 per cent. in 1873; while those of mixed parentage, one parent being foreign, the other American, have increased during the same period from 1.02 per cent. to 11.78 per cent. Still-born males have been greatly in excess of the females. Of plural births the proportion is constant, 1 to 100. In 1873 there were three cases of triplets.

The facts brought forward as to the paucity of births from American parents point to very grave evils which at present are occurring in Boston, New York, and elsewhere. The practice of criminal abortion is very prevalent indeed; and we hear of women making large fortunes and living in splendid houses in New York who are maintained by practising abortion on married and unmarried women every day of their lives.

Spinal Irritation.

At a recent meeting of the Clinical Society Mr. Thomas Smith related the following case, which is specially interesting, inasmuch as disordered nerve function is so much rarer in infancy than in adult age.

L. C., a girl 16 months old, the only child of healthy middle-aged parents, was under the care of Dr. Chaldecott of Chertsey. She was healthy up to a year old, when she could walk. At this time she began to cut her teeth rapidly, and suffered from disordered bowels, being for the most part troubled by obstinate constipation, but occasionally suffering from diarrhoea. Her urine became high-coloured and very offensive. She gradually lost strength, became unable to walk, and finally was too feeble even to sit up. She had no convulsions. When first seen by Mr. Smith she had been ill for four months; her expression was anxious; face pallid; she was very irritable; she could neither sit nor stand. The skin was everywhere harsh and dry; on the front of the belly it was shrivelled, and looked as if she had borne children. The pulse, tongue, and respiration were natural; the bowels, though obstinately constipated, were less so than heretofore. There was scarcely any hair on the head. She held her hands to her head like a child suffering from cervical caries. There was tenderness over the spine in the sacral region. There was no paralysis of sensation or motion. The urine and fæces were normally retained. The following phenomena were observed. The child, who was extremely fretful and irritable, could at once be quieted by scratching roughly either the palms of the hands or soles of the feet. If this were done she at once became quiet, the expression of her face completely changed, her muscles relaxed, and in a minute or two the parts scratched lost their dry and horny condition, and became warm and soft. Meantime, perspiration began to flow most profusely, until it dripped from the surface. The parents said that as long as this irritation was continued the same phenomena were observable, and that the child would remain quiet even for hours. The same results could be obtained by scratching the scalp or by plucking out the hair. The present hairless condition of the head was due to the child having torn off her own hair for her own pleasure. She had been treated with

advantage by bromide of potassium and hydrocyanic acid, and her constipation had been relieved by small doses of jalapin with podophyllin. Two months later, under the continuance of the same treatment, all symptoms, with the exception of the constipation, had disappeared. The urine was normal; the skin moist and soft; the palms and soles were no longer dry and horny, and she could not bear to have them touched. The hair was growing well on the head; she had no pain; she could sit up, and even walk. The improvement had been gradual and persistent.

Small-pox in the Co. Sligo.

THE usual annual training of the Co. Sligo Rifle Militia has been postponed till further notice, because of the existence of small-pox in a portion of the county (Tobercurry district), as it was feared that any recruits that would come from that district might help to spread the disease in Sligo amongst the rank and file of the regiment. We understand, however, that this disease as an epidemic is beginning to disappear.

Liverpool and its Health.

DR. FRENCH, the Medical Officer of Health for Liverpool, reports that in 1874 the death-rate of the borough of Liverpool was 31.9 per 1000. Zymotic diseases killed 4,793 persons, or about 30 per cent. of the whole deaths were caused by them. Scarlet fever killed no less than 1,911. The Health Committee ten years ago caused two large disinfecting depôts to be erected at the northern and southern ends of the city, which have disinfected 330,000 pieces of clothing and bedding by dry heat. There were 35,000 visits paid to the 1,091 lodging-houses in the register in Liverpool, resulting in finding 42 cases of over-crowding, 204 of filthy dwellings and other breaches of the law.

Epidemic of Enteric Fever at Chorley.

DR. JAMES RIGBY, Medical Officer of Health for Chorley reports the occurrence of a terrible outbreak of enteric fever in that town. He has attended 18 or 20 cases in one district. The outbreak is attributed to the fact that the neighbouring town of Darwen is now being thoroughly cleansed, and that in the dry weather the dust charged with typhoid poison is blown into Chorley. But, if this be the case, why is one district alone attacked?

New Books in Medicine, Surgery, and Science.

(From the *Bookseller*.)

Parliamentary.

CENSUS (Ireland), 1871. Province of Ulster. Summary, Tables, and Index. 1s. 10d.

Life Assurance. Further Statements and Abstracts of Reports, Oct. to Dec., 1874. 1s. 10d.

Poor (Ireland). Return showing the Area, Population, Pauperism, and Expenditure for the Relief of the Poor. 1s. 2d.

Public Health. Digest of the Statutes relating to Urban Sanitary Authorities. 2nd ed. 8vo. 1s. 6d.

Public Health. Reports of Local Government Board Inspectors on the Working of the Public Health Act, 1872. 1s. 8d.

Public Health. Reports of the Medical Officer. 2. Supplementary Report on some recent Inquiries under the Public Health Act, 1858. 3. Report on Scientific Investigations in aid of Pathology and Medicine. 2 parts. 8vo. 8s. 10d.

Medical and Surgical.

Beard (G. M.) and Rockwell (A. D.), Practical Treatise on the Medical and Surgical Uses of Electricity. 2nd ed. 25s.

Chambers (T. K.), A Manual of Diet in Health and Disease. 10s. 6d.

Flint (Austin), Essays on Conservative Medicine and Kindred Topics. 6s.

Gaskoin (George), On the Psoriasis or Lepra. 5s.

Health. Public Health, Reports and Papers presented at the Meetings of the American Public Health Association in the Year 1873. 38s.

Howe (Joseph W.), The Breath, and the Diseases which give it a Fetid Odour. 4s. 6d.

Mayne (R. G. and J.), A Medical Vocabulary. 4th ed. 10s.

Series (A) of American Clinical Lectures. Edited by Dr. Seguin. Vol. 1. On Diseases of Hip-Joint. By Lewes A. Sayre, M.D. 2s.

Series (A) of American Clinical Lectures. Edited by Dr. Seguin. No. 2. Acute Rheumatism in Infancy and Childhood. By A. Jacobi, M.D. 2s.

Transactions of the Obstetrical Society of London. Vol. 16, 1874. 8vo. 15s.

Science.

Barff (F. S.), Elementary Chemistry. 1s. 6d.

Clodd (Edward), The Childhood of the World: a Simple Record of Man in Early Times. 3s.

Easy (An) Introduction to Chemistry. Edited by Rev. Arthur Rigg and Walter T. Goolden. 2s. 6d.

Gordon (J. E. H.), An Elementary Book on Heat. 2s.

Guyot (Arnold), The Earth and Man; or, Comparative Physical Geography in its Relation to the History of Mankind. 4s. 6d.

Martin (John), Theories of Horizontal Currents in the Ocean and Atmosphere, and of Eastation of Planetary and other Celestial Bodies: being New Theories of Natural Forces not before discovered, demonstrating the Stability of the Solar System, and accounting for many Natural Phenomena hitherto unsolved Problems. 3s.

Porter (J. L.), Science and Revelation: their Distinctive Provinces. With a Review of the Theories of Tyndall, Huxley, Darwin, and Herbert Spencer. 4d.

Ribot (Th.), Heredity: a Psychological Study of its Phenomena, Laws, Causes, and Consequences. From the French. 10s.

Ross (Owen C. D.), Air as Fuel; or, Petroleum and other Mineral Oils utilised by carburetting Air and rendering it Inflammable. 3s. 6d.

Science Record (The) for 1875. A Compendium of Scientific Progress and Discovery during the Past Year. With Illustrations. Edited by Alfred E. Beach. 12s. 6d.

Vogel (Hermann), The Chemistry of Light and Photography in its Application to Art, Science, and Industry. 100 Illustrations. 5s.

de Janeiro, and the deaths amount to some twelve or more daily.

MR. ERASMUS WILSON has most generously given a donation of one hundred guineas to the British Medical Benevolent Fund.

THE *soirées* of the Pharmaceutical Society at the South Kensington Museum is fixed for Wednesday evening, May 19th.

Two maiden ladies, daughters of a Glasgow merchant, have just died, leaving the enormous sum of £100,000 for charitable institutions in that city.

HER MAJESTY THE QUEEN, who was to have inspected the troops at Aldershot on Monday, has deferred that event, in consequence of a case of scarlet fever having broken out in the Royal Pavilion.

HIS GRACE THE DUKE OF PORTLAND has granted a magnificent and extensive site, overlooking Sherwood Forest, for the erection of a new hospital at Mansfield-Woodhouse, Notts, under the superintendency of Dr. Waring Curran.

FIFTY-SIX out of 176 candidates at the physiological examination for the diploma of membership at the College of Surgeons of England were lately sent back. The education of the candidates for examination seems to be carried out in a slovenly manner, which, indeed, we might expect from the poor remuneration of teachers in the metropolis.

ONE of those fearful catastrophes which now and again seem to strike feelings of awe into a people occurred at midnight on Friday, when one of the magnificent steamships, the Schiller, of the German Transatlantic Company's line, ran in a dense fog on to the Scilly Isles ridges, and out of passengers and crew numbering nearly 400 souls, only 43 survived. The captain and surgeon, to the honour of their memory be it recorded, stuck to their posts, refusing to avail themselves of the boats, and both perished in the general catastrophe.

A REMARKABLE discovery of human remains was recently made in a bog in the townland of Drumgallon, near Drumquin, County Tyrone. Some men, cutting turf, accidentally came on the skeleton of a man, seemingly fully dressed, and tied with ropes to some boards, with two handspokes on each side, and two hooped sticks in which the hands apparently rested. The body was enveloped in what had the appearance of a large military cloak, while around the waist was a belt in which had been stuck a knife, a horse-comb, a common comb, and some other articles whose uses are now unknown here. On the legs were tight trousers reaching to the knees, over which stockings seemed to have been drawn and then strapped on and buckled. On the feet were curious

A SEVERE outbreak of yellow fever has occurred at Rio

made shoes and silver buckles, and the hands had gloves, while on the head—the hair of which still remains, and must have reached to the shoulder—was a long cap.

THE election of the Courts of Examiners took place on Tuesday last, at the Irish College of Surgeons. The Council had, as we have reported, obtained permission of the Chief Secretary to alter their bye-laws to enable them to elect eight surgical examiners instead of seven, as heretofore. There were by this enlargement of the Court and by the retirement of Dr. Christopher Fleming two necessary vacancies. In addition to the outgoing examiners who sought re-election, the following gentlemen offered themselves: Mr. Henry Gray Croly, Dr. William Frazer, Dr. Henry J. Gogarty, Dr. Peter C. Little, Mr. M. Harry Stapleton, and Dr. William Thomson.

According to the terms of the Charter, the following seven members of Council were chosen by lot to elect, viz.—Dr. Chaplin, Dr. Morgan, Dr. Ledwich, Dr. Smyly, Dr. Kirkpatrick, Mr. John Hamilton, and the Vice-President, Dr. Edward Hamilton. Mr. Croly and Mr. Thomson were ultimately chosen to join the former Examiners in the new Court.

The following gentlemen were elected unopposed:—

Examiners in Midwifery.—Dr. Henry Croly, Dr. John R. Kirkpatrick, and Dr. William Roe.

Examinership in General Education.—Dr. Henry J. Tweedy, Dr. Stewart Woodhouse, and Dr. Frank J. Davys.

At the Clinical Society of London on April 23rd a case of fibroma was related, under the care of Dr. Gustavus Fritsche, weighing thirty-five pounds, and successfully removed in the surgical clinical establishment at Warsaw by Dr. Kosinski. The growth in all probability was congenital, as directly after birth a little dark spot was observed in the position of the subsequent growth. It increased slowly, and assumed great dimensions, so that the patient could not stand long, could not lie on her back, and could not work. Three years before admission she observed a sore place on the lowest part of the growth, whence escaped an enormous quantity of serous fluid. When admitted, the patient was seen to be of medium stature and weakly constitution. Her skin was pale, rough, and covered with a great number of dark brown spots, especially on the extremities. In the sacro-lumbar region was a large tumour hanging to the knees of the patient when she was in the erect position. The pedicle of the tumour extended from the eleventh dorsal vertebra to the junction of the sacrum to the coccyx, and on the sides to lines drawn perpendicular from the ends of the eleventh ribs. The skin covering the growth was of a brown colour, and was very thick. At its lower part were numerous enormously enlarged lymphatic vessels in and under the skin. The whole mass was very soft, and felt like a bag filled with a gelatinous mass. The tumour was removed by a circular incision made round the pedicle; and afterwards, by a few deep cuts, the mass was separated from the body. A large quantity of blood was lost, and the patient after the operation was very weak and exhausted. The healing of the wound, which was retarded by an attack of erysipelas, occupied six

months. The growth weighed thirty-three pounds, without the fluid and blood which escaped during the operation, and which would have weighed at least two pounds. Microscopic examination of the tumour showed that it consisted of long bundles of cellular tissue, which was in some places very loose. These bundles contained many spindle-cells, and formed a network, the meshes of which contained much fluid, with a great percentage of albumen and many wandering cells.

THE MEDICAL BENEVOLENT COLLEGE AND THE VOTING SYSTEM.

THE following memorial, signed by 1,342 governors and subscribers as a protest against the abuses of the present system of voting and canvassing, was presented to the Council of the Medical Benevolent College by an influential deputation on Wednesday last:—

“To the Council of the Royal Medical Benevolent College.

“We, the undersigned subscribers, beg respectfully to submit our views on the mode of appointment to the benefits of charitable institutions, and on the abuses arising out of canvassing, with the hope of inducing you to take some further step with a view to the relief of the applicants for the benefits of this institution.

“We fully acknowledge that in passing the following resolution you have already taken one step, though but a slight one, in order to mitigate the evils so generally admitted to exist.

“*Resolution already passed.*—‘That the names of such governors as shall signify to the secretary in writing their objection to be canvassed be placed in the catalogue on a separate list.’

“The aim of this resolution is to relieve those subscribers who object to be canvassed from the personal annoyance of receiving applications; it will no doubt, to a certain extent, effect this object, but in so doing, it will only relieve those who are perfectly well able to help themselves; it leaves the candidates exposed to the wear and tear, to the expense, and, as regards a large proportion who never succeed, to the eventual increased disappointment and loss arising out of the system of canvassing. Although, therefore, we recognise with pleasure in this resolution a proof that the Council of the Royal Medical Benevolent College are ready to give consideration to the objections to the system of canvassing, we are of opinion that the arrangement proposed by the resolution cannot be accepted as a material step towards the solution of the real question at issue. The great evils to which we would beg most especially to draw your attention are the expense, the harassing anxieties, and the waste of valuable time inflicted upon the whole of the long lists of candidates by the necessity of canvassing for the benefits to be conferred only on a few. As it is not proposed in the resolution already passed to abolish canvassing, but only to permit particular subscribers to express their desire not to be canvassed, the objections to this part of the existing system are not removed. Another most serious objection to the present system is that it furnishes no criterion of the comparative necessities and qualifications of the candidates (necessities and qualifications which vary widely), but on the contrary, that it enables those who have the wealthiest and most influential friends to succeed, to the detriment of the most helpless and friendless. The only possible remedy for this as it appears to us, is that the cases of all the candidates should be investigated and classified as they already are in several other charities, and that canvassing be no longer permitted. To this, as a solution of this important question, we recommend that the attention of the Council should be directed. We therefore beg respectfully to record our opinion against the existing system, which obliges the applicants to undergo a laborious, uncertain, and expen-

sive canvass in order to obtain votes which, under the existing system, must be necessarily given without due investigation and comparison on the part of either the committee or the voters.

"In conclusion, we beg to assure you of our continued and cordial sympathy with the objects of this charity, at the same time remembering that our aim must ever be the relief of distress in a manner as free as possible from its needless aggravation."

We trust this memorial may exercise its legitimate influence on the Council of the Medical Benevolent College in determining the steps to be taken towards initiating a reform of acknowledged abuses which surround the present scandalous voting system, and whereby the helpless and friendless mostly go to the wall. The hopeless scramble for the few annual vacancies that must take place may be gathered from the present list. There are forty-one candidates to fill *four vacancies*; the applicant whose name heads the list is up for the *sixth* and last time, and wanting 3,000 votes to win an election. What a shameful and hopeless waste of time and money must the mother of this boy have been cruelly subjected to, and for no good purpose whatever! while another poor widow, Mrs. Nind, left with *ten children, without provision even for the most immediate wants of the family*, writes through a friend: "The circumstances of this case are very distressing, and from the expense incurred in canvassing votes, it seems very doubtful if funds for a second canvass can be procured."

Can this mockery of charity be permitted to go on in an institution ostensibly devoted to the relief of the widow and the fatherless?

Literature.

THE ELEMENTS OF EMBRYOLOGY. (a).

THE series of which this book forms the first part will supply a want long felt by many who have either desired to enter upon the investigation of this most fruitful subject, or to obtain a comprehensive and detailed account of the development of the embryo. The literature of any country cannot boast the possession of a work containing a complete history of the subject to the present time. The celebrated work of Kelliker is now five years old, and owing to the rapid strides made by the science during that period the work has become one of many landmarks to indicate the progress made in this field of observation, instead of being, as formerly, a text-book for the embryologist. The necessity for such a work as that now under consideration is evident when we consider that, owing to the huge number of labourers in this field of research, accurate and important observations are scattered through the literature of every civilised country. The collection of these facts becomes to the linguist a work of no small difficulty, and yet it is of the greatest importance for the advancement of the science that embryologists should know what has already been done. The warmest thanks are due to the authors, not only for having weeded out important assertions from this abundant literature, but for having confirmed the observations so collected before presenting them to the student. The work is, therefore, no less especially designed for those who, not content with reading the results obtained by others, wish to verify such observations, or intend to tread the pathless territories of original research, than for the less ambitious, who would trace out *practically* the development of the embryo for themselves. To meet these ends the authors have arranged their matter in such an admirable manner that the various phases from the impreg-

nation of the ovum to the birth of the mature animal may be studied with the greatest facility.

The path of original histological investigation is beset with many, very many, difficulties, not the least being the attainment of a knowledge of the various methods adopted by other investigators. Much discrepancy in recorded observations may certainly be attributed to a want of uniformity in the application of "methods." A great step in the advancement of science would be made if the expounders of original research were to publish with their discoveries *an accurate account* of the methods employed in arriving at them. Such an arrangement was partially carried out by some of the writers in "Stricker's Handbook of Human and Comparative Histology," but then it ended with merely a statement of the reagent employed, no directions being given for their application. Dr. Greene has appended to the last edition of his "Pathological Anatomy" a fairly good description of the simple methods of preparing tissue for examination, and, as was anticipated, it has proved invaluable to students. We are very glad to see the difficulty removed from the work now under consideration by the introduction of an appendix containing practical instructions for studying the development of the chick. Amongst other matter of great interest is found a description of incubators, instructions for hardening, embedding, section cutting, staining, and mounting preparations; at the same time a list is given of the important points to be noticed in the preparations made in accordance with the foregoing instructions, forming a complete guide for the demonstration of every statement contained in the text. The authors are evidently fully alive to the value of teaching by direct observation, for we find it stated in the preface—"The worth of such a book as this will be very small if the student simply contents himself with reading what is written; and to facilitate the only really useful mode of study, that of actual observation, a few practical instructions have been added."

The development of the chick forms the theme of the present volume, "being the animal which has been most studied, and the study of which is easiest and most fruitful for the beginner."

In the second part the authors propose to consider the embryonic histories of other vertebrates, in so far as they differ from that of the bird, the development of the special organs receiving a more detailed consideration.

The third part will be devoted to an exposition of the main facts of invertebrate embryology, and to the discussion of general morphological considerations.

The introduction presents a short but interesting review of the history of the subject from Aristotle to the present time.

The first chapter treats of the structure of the hen's egg, its earlier history, including impregnation, yolk cleavage, formation of blastoderm, and descent of the ovum..

The second chapter presents a brief summary of the whole history of incubation, and forms an introduction to the subsequent six chapters, each of which is devoted to a minute account of the changes occurring on the first day, second day, and so on to the sixth; this latter includes all the subsequent changes to the end of incubation, since by this time all the organs have become differentiated, and have taken up their position.

In the last chapter we find a special account of the development of the skull, which, the authors hope, may serve as an introduction to the study of Professor Kitchen Parker's elaborate Memoirs.

The text is printed in two types, the larger containing the more important facts, whilst debated matters and details of minor importance have been put in small type. The text is illustrated by upwards of seventy figures, many of which are original. Both text and illustrations are alike remarkable for their clearness and freedom from error, indicating the immense amount of labour and care expended in the production of this most valuable addition to scientific literature.

(a) "The Elements of Embryology." Part I. By M. Foster, M.A., M.D., F.R.S., Fellow of Trinity College, Cambridge, and F. M. Balfour, B.A., Fellow of Trinity College, Cambridge. London: Macmillan. 1875.

Correspondence.

BELLADONNA AS A PROPHYLACTIC OF SCARLATINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In reply to some observations made by Dr. Lowe on an article contributed by me to your very valuable journal as to belladonna being a prophylactic of scarlatina, I wish to state that in bringing forward my "solitary instance" I lay no claim whatever to any originality, being aware that Hahnemann introduced the drug as a prophylactic on the ground that it produces effects analogous to those of scarlatina. I thought some time ago that I would administer it as a prophylactic of scarlatina even in solitary instances, without waiting for an epidemic, with the idea that by its aid I would have only a solitary instance, and belladonna has not altogether disappointed me. Dr. Woods, in his "Practice of Medicine," states that Dr. John Gardner has treated thirty cases, some of which were of alarming violence, by means of belladonna, without the loss of a patient; high German authorities have successfully used it as a prophylactic; so I came to a *thinking conclusion* that whatsoever good results may be attributed to the use of belladonna as a prophylactic of scarlatina, no bad results could be. I thought I was bound to use every possible precaution to prevent the "solitary instance" alluded to spreading to an epidemic, so I administered belladonna as a prophylactic, and perhaps it was the means of preventing its spread, as the solitary instance, I am glad to say, was the only one in the district of Delvin.

I am, Sir, your obedient servant,
WILLIAM CARLETON.

Delvin, Killucan, 25th April, 1875.

REPRESENTATION ON THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—The time is now fast approaching for the election of the Council of the Royal College of Surgeons in Ireland, and I wish to direct the attention of the Fellows to the unequal representation on the Council of the College of the Medical Schools.

On consulting the pages of the "Irish Medical Directory" I find that the School of the Royal College of Surgeons, with about 190 students, has four representatives on the Council; the Ledwich School, with nearly the same number, two representatives; Trinity College, with about 170 students, two representatives; Steevens' Hospital School, with about 70 students, two representatives; whilst the Catholic University School, with about 90 students, and the Carmichael School, with about 80 students, are not represented at all.

The College derives its income solely from the fees paid by the pupils of these schools, and it is but fair and reasonable that they should be represented on its Board.

I am, Sir, your obedient servant,
M. J. KILGARRIFF, F.R.C.S.I.

MR. RICHARDSON'S PRESSE ARTERE—THE FRENCH AND DUBLIN SCHOOLS OF SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The *Jour. de Méd. et de Chir. Pratique*, March, 1875, in an article on "Bloodless Surgery," contains the following: "A short time since M. Verneuil made a long and important communication to the Société de Chirurgie on 'Forcippresure.' The professor thus designates the application of forceps in the wound to produce hæmostasis; everyone employs forceps in ligaturing arteries, but it has often been PROPOSED to leave the forceps in the wound on any particular vessel to arrest bleeding, and M. Verneuil, after reporting a case wherein such a practice had been useful, has given a very complete history of the operation. In this history he has shown that many surgeons had invented and reinvented forceps of more or less complicated character," &c., &c.

On reading the above I thought it might not be out of place to remind your readers of the "Presse Artère" invented by Mr. Richardson, of the Adelaide Hospital. In the month of April, 1869, I was present, and assisted at an operation—a modification of Symes' section of the ankle-joint, when

Mr. Richardson employed his "tubular presse artères," one placed on the anterior tibial artery, and a second on a bunch of vessels in the underneath flap, which, after thirty hours, was removed. No hæmorrhage followed. I watched the case daily. Next day the presse artère was removed from the "anterior tibial," when slight bleeding ensued, which ceased spontaneously.

In December, 1870, Mr. Richardson, in amputating at the knee-joint, applied his presse artère to the popliteal artery, and allowed it to remain 121 hours. On its removal not a drop of blood escaped. The results in both cases were perfectly satisfactory. My reasons for making these observations are to show that six years ago forcippresure was successfully practised in Dublin, and also that on reading the remainder of the communication by M. Verneuil, I am convinced that he must not have been acquainted with, or must have overlooked the safe, simple, beautiful, and uncomplicated presse artère invented by Mr. Richardson, a description of which will be found in the *Dublin Quarterly Journal of Medical Science*, November, 1869.

I am, dear Sir,
Yours faithfully,
ALEXANDER PHAYRE.

St. John's Bridge, Kilkenny,
May 6, 1875.

Obituary.

HENRY THOMPSON, M.D., F.R.C.S.I.

Few surgeons have attained a higher rank in their profession than Dr. Thompson, who for 29 years so ably filled the responsible position of Surgeon to the County Tyrone Infirmary, and whose death, on the 8th of last month, it is to-day our melancholy duty to record. Born in the year 1812, of an old Irish family, he at an early age showed an uncommon aptitude for scientific pursuits. Educated at Portora Royal School, he entered Trinity College. Finding that the arts course interfered with his medical studies, he left the University, and attached himself to Dr. Steevens' Hospital, under the late Mr. A. Colles, whose confidential pupil and apprentice he was for upwards of five years. In the year 1833 he obtained the licence in surgery and midwifery, and eleven years after the Fellowship of the Royal College of Surgeons. From Dublin he proceeded to Glasgow, where he obtained his M.D. degree in 1834. He shortly after entered on practice in Dublin, and was rapidly rising to a good position, when his health gave way, and he was most reluctantly obliged to seek employment in the country.

The Richill Dispensary was vacant, and he was appointed to it. Two years afterwards he was elected physician to the Trillick Dispensary, where he remained for seven years; and on the Tyrone Infirmary becoming vacant he was unanimously appointed surgeon to it, and the County Gaol. When leaving Trillick he was presented with a handsome silver tea-service as a token of the value entertained of his services by those among whom he laboured, and by whom he was so much esteemed and respected. Dr. Thompson's contributions to medical and surgical literature are many and valuable. It was he who invented and first employed the principle of sudden relaxation in the reduction of dislocations—an invention the immense value of which is well-known; he was the first surgeon in this country who successfully excised the elbow-joint, giving the patient a most admirable and useful arm; as he was also the first in Ireland who successfully excised the knee-joint for a gunshot injury as a primary operation. Among his other writings we may mention three successful cases of lithotomy and one of popliteal aneurism (*Dublin Hosp. Gaz.*), case of typhus, illustrating the effect of large doses of quinine in fever (*Dublin Med. Journal*), a case of amputation of both feet by Chopart's method, showing the advantage of conservative surgery, several cases of amputation of the thigh, and one illustrating the good results and advantages of a peculiar method of forming the anterior and posterior flaps, as suggested by him some time previously (MED. PRESS AND CIRCULAR). A few years ago he published in the *Dublin Medical Journal* a second paper on popliteal aneurism, with a drawing of an instrument devised by him for the application of continuous pressure, and with which he treated a patient and was able to effect a cure when all other methods had failed. Dr.

Thompson was a brilliant and most successful operator, as the cases from time to time published in this and other journals fully testify; he was also a well-educated and accomplished physician, a thorough gentleman, kind, humane, and tender with his patients; he was beloved by them, looked up to by all creeds and classes, and universally respected for his ability, his high reputation, his unsullied honour—he was, in truth, an ornament to his profession and to the country in which he lived. No higher tribute could be paid to any man, and certainly none deserved it better. Among the leading members of his own profession he held the very highest place, and under his able management the Tyrone Infirmary attained a name second to that of no other hospital in Ireland or in any other country for the successful treatment of medical and surgical cases.

The grave has now closed over all that was mortal of our dear departed brother, and it remains but for us to express our deep sympathy with his widow and family in their great sorrow. We sincerely hope that the mantle worn by a worthy father may descend upon the son, who, we are glad to see, has been so fortunate as to succeed to all his father's appointments, so that he may follow his bright example and be an honour, like him, to the profession which he follows.

Medical Affairs in Parliament.

HOUSE OF LORDS.—*Friday, April 30th.*

THE POLLUTION OF RIVERS.

The Marquis of Salisbury, after directing attention to the state of the law regarding the pollution of rivers, laid a Bill on the table to provide a remedy for the present objectionable state of things. With this object, he proposed to refer all cases of alleged pollution to the County Court, to prohibit the pouring of noxious matters into rivers hereafter, and to compel those who now exercised the right of doing so to render the matter as innocuous as possible. Power was also given to the Local Government Board to sue the local sanitary authority, where it neglected to enforce the law in such cases.

The Artisans' Dwellings Bill was read a third time.

HOUSE OF COMMONS.—*Monday, May 3rd.*

THE VACCINATION ACT.

Mr. Sclater-Booth, in reply to Mr. B. Denison, who asked whether his attention had been formally called to the systematic evasion of the Vaccination Act by the Skipton and Keighley Boards of Guardians, and the consequent greatly increased death-rate from small-pox, said that he had received no report of the systematic evasion of the vaccination laws at Skipton, where only one death from small-pox had occurred during the last quarter; but they stated in their last report that the guardians had stated it to be their intention to proceed against defaulters. At Keighley there had been thirty-seven deaths during the last quarter from small-pox, and the guardians had distinctly refused to instruct their officers to enforce the provisions of the Vaccination Act. The Local Government Board had, therefore, given directions that measures should be taken for an application to the Court of Queen's Bench to enforce the provisions of the law.

Monday, May 10th.

VIVISECTION.

Dr. Lyon Playfair gave notice to introduce a bill to prevent cruelty and abuse in experiments made upon living animals for the purpose of promoting scientific studies.

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed their primary examination in Anatomy and Physiology at a meeting of the Court of Examiners on March 30:—

Barker, Frederick R., St. Thomas's Hospital.
Bennett, Henry James Lee, St. George's Hospital.
Birdwood, Roger Alan, Guy's Hospital.

Broster, Arthur Erdswick, University College.
Collington, Arthur G., Guy's Hospital.
Culhane, Frederick William Slater, University College.
Davies, Morgan, London Hospital.
Diamorr, Henry, Guy's Hospital.
Goodridge, E. W. G., St. Thomas's Hospital.
Heald, Robert, University College.
Hearnnden, William Frank, Guy's Hospital.
Jakins, Percy Septimus, St. Mary's Hospital.
Lewis, Charles Blake, King's College.
Loader, Edward James, St. Thomas's Hospital.
Nicholson, William Rumney, University College.
Pain, Alfred, Guy's Hospital.
Pendleton, Henry Nathaniel, St. Mary's Hospital.
Rigby, William Bradshaw, St. Bartholomew's Hospital.
Salter, John Reynolds, University College.
Shaw, Charles Thomas Knox, Guy's Hospital.
Stamp, William Dunn, Guy's Hospital.
Tritton, William Parsons, King's College.
Young, Archibald Pringle, St. George's Hospital.

The following gentlemen passed on May 3rd, viz. :—

Battams, James Scott, St. Mary's Hospital.
Bradley, Charles Augustus, Manchester School.
Burt, Alfred, Guy's Hospital.
Buxton, Alfred St. Clair, Guy's Hospital.
Campbell, Robert Huntly, St. Thomas's Hospital.
Chubb, William Lindsay, Guy's Hospital.
Coffin, Thomas Walker, King's College.
Collington, John William, Guy's Hospital.
Crallan, G. E., B.A. Cantab., St. Bartholomew's Hosp.
Creagh, Stephen Henry, St. George's Hospital.
Evans, Edward Pritchard, Middlesex Hospital.
Foster, Nelson Spersholt, King's College.
Gabb, James Percy Alwyne, University College.
Hall, Robert Dunsterville Grant, St. Thomas's Hospital.
McCrea, John Frederick, Guy's Hospital.
Manby, Herbert Lynsey, Guy's Hospital.
Mortimer, John, University College.
Sayer, Tom, University College.
Steventon, Walter Thomas, University College.
Strover, Walter, Guy's Hospital.
Thomas, John Raglan, St. Bartholomew's Hospital.
Watts, Edward Corrigham, King's College.
Webster, John, University College.
Wright, Christopher St. John, Guy's Hospital.
Young, Williams Henry Frome, St. George's Hospital.

The following gentlemen passed on May 4th, viz. :—

Bucky, Robert Greville, University College.
Cooper, Peter, University College.
Corbyn, Frederic Henry, King's College.
Corder, Sheppard Ransome, University College.
Cross, Horace Edward Firmin, King's College.
Ensor, Theodore Francis, King's College.
Fabien, Lewis, University College.
Goulder, Frank Samuel, University College.
Hamilton, Henry T., Charing-cross Hospital.
Harris, Arthur Byam, King's College.
Hinton, James Thomas, Guy's Hospital.
Hudson, James, University College.
Lee, Roger, Guy's Hospital.
Lynn, Edward, Guy's Hospital.
Marsh, Frank, King's College.
Risk, Reginald Rodd Tudor, King's College.
Shepherd, Henry John, Guy's Hospital.

Fifty-five candidates out of the 176 examined having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months.

Complimentary Dinner to Dr. D. Campbell Black.—Many of our readers will doubtless remember some of the various contributions to this journal by Dr. Black. It appears that this gentleman, who is one of the Physicians to the Glasgow Royal Infirmary, has resolved to quit Scotland for the more extended field of practice in London. This resolve being known, a considerable number of professional and lay friends resolved to invite him to a farewell dinner, and to present him with some token of their esteem and good wishes. Accordingly a dinner was arranged last week, presided over by Professors Buchanan and Macleod, to which about sixty sat down. After the usual loyal toasts, the Chairman proposed the toast of the evening, "Health and prosperity to Dr. Black," in the course of which he paid a high compliment

to Dr. Black for his energy and professional skill, and expressed what he was sure was the sincere wish of all present, that success might attend Dr. Black in the field of enterprise to which he was about to transfer his energy and ability. Dr. Black acknowledged the honour which had been done him, bearing testimony to the kindly feelings which since his entrance on active life had characterised his relations with his professional brethren. Mr. Raphael then, in the name of the subscribers, presented Dr. Black with a handsome microscope, which was suitably acknowledged, and the meeting separated.

The Hospital for Sick Children, London.—The twenty-third annual meeting of the governors of this hospital was held on Thursday last, under the presidency of the Hon. Arthur Kinnaird, M.P. According to the report of the committee of management, during the year ending December 31st, 1874, above 15,000 children were under treatment. The handsome new building which is being completed close to the hospital is the chief feature of the society's work in the past twelve months. It is expected that it will be publicly opened at the close of this summer. The additional number of inmates which can be received when it is finished, and the increased facilities for the development of the general objects of the institution, will be of immense benefit to many of the poor of the metropolis, and it will also afford wider scope for the scientific and professional aims of the staff. Dr. West was elected a vice-president, and the names of several gentlemen were added to the committee. The chairman appealed through the press to the public, that in order to complete and furnish the new building, which would be worthy of the metropolis, 10,000*l.* would not only be acceptable, but very necessary. The proceedings concluded with a vote of thanks to the chairman.

NOTICES TO CORRESPONDENTS.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—*£12s. 6d.*, at the offices in London, Dublin, or Edinburgh.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—At the annual meeting of the Society, held last Friday, the following resolution was carried unanimously:—
"That a vote of thanks be given to the editors of the medical journals for their great kindness in giving publicity to the proceedings of the Society in every possible way."

DR. COLLINS McELROY, Zanesville.—Communication received, and will be considered.

DR. W. H. D.—The addition has been made.

ANALYST.—A paper will be read this evening upon the subject of your note at the Society of Arts by Mr. Jabez Hogg at 8 p.m. The Secretary will doubtless furnish you with a ticket on application.

DR. POWERS.—A correspondent has forwarded us a circular which is being freely distributed through the post and otherwise, wherein the individual bearing this name, and laying claim to various diplomas and degrees, offers to cure all manner of diseases of the eye, including certain forms of blindness. Our correspondent is much annoyed in the neighbourhood of this man, and wants to know what he is to do. If he chooses to put the law in force we think he will have no difficulty in proving him to be practising illegally. We have before expressed our opinion that he is an arrant quack.

DR. HY. B.—*Hall's Journal of Health* is an American publication. We do not know if it is kept in this country by any of the American houses.

CLINICAL SOCIETY OF LONDON.—On Friday evening, at 8½ p.m., Mr. Jonathan Hutchinson will exhibit a Patient with a rare form of Malformation of the Head, with Protosis. Dr. T. Henry Green, "On a Case of Acute Fatty Degeneration of the Heart." Dr. Broadbent, "Absence of Pulsation in both Radial Arteries, the Vessels being full of Blood." Dr. Geo. H. Evans, "On a Case of Dilated Heart from Valvular Disease; Right Ventricle tapped by error, not only without harm, but with relief of symptoms."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me to inform those of your readers who may still be in doubt as to my views upon medical subjects that the system which I practise differs widely from that of Hahnemann, and that I altogether object *stare sub nomine umbra*. I have written to the same effect to the *Lancet* and the *Medical Times and Gazette*.

I am, Sir, your obedient servant,

Upper Norwood, London, S.E., EDWARD HAUGHTON, A.B., M.D.
4th May, 1875.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Routh, London. Dr. Campbell Black, Glasgow. Dr. Boyd Muesett, New Brighton. Dr. Bathazar Foster, Birmingham. Dr. Billing, London. Dr. T. Parkinson, Burnley. Mr. J. Parkinson, Prestwich. Dr. Morgan, Dublin. Mr. Rivington, London. Dr. J. W. Martin, Portlaur. Dr. Davy, Terenure. Mr. Tichborne, Dublin. Dr. Drysdale, London. Dr. Bathurst Woodman, London. Dr. Macnamara, Torquay. Dr. Ogilvie Will, Aberdeen. Dr. Griffiths, Dublin. Dr. Waring Curran, Mansfield. Dr. Davidson, Chester. Mr. Blackett, Society for Relief of Widows of Medical Men. Dr. Robert Pringle, Edinburgh. Dr. Cornish, Modbury. Dr. Kely, Walsall. Mr. Baker, London. Mr. Higgs, London. Mr. Jabez Hogg, London. Dr. Collins McElroy, Zanesville. Dr. Gillespie, Clonsa. Dr. Blakely, Dublin. Dr. Townsend, Miltown-Malbay. Dr. Lynch, Williamstown. Dr. Fulton, Saint field. Dr. Rowan, Moneylane. Dr. Moore, Rockcorry. Dr. Donovan, Killynane. Dr. Stoney, Durrrow. Dr. Robinson, Ballintra. Dr. Letheby, London. Dr. Hamilton, Dublin. Dr. Anderson, Newry. Dr. White, Londonderry. Dr. Burgess, Fethard. Dr. Murdoch, Dublin. Dr. Bridge, Wellington. Dr. Kirkpatrick, Dublin. Dr. Petar, Longford. Dr. Blackett, Southwold, Notts, &c.

VACANCIES.

Abbeyleix Union, Ballinakill Dispensary District. Medical Officer. Salary, *£100*, exclusive of fees. An emolument is also attached of *£20* as Sanitary Officer. (See Advt.)

Royal Free Hospital. Honorary Surgeon. Application to Mr. Blyth, at the Hospital. (See Advt.)

Central London Sick Asylum District. Assistant Medical Officer for the Infirmary at Highgate. Salary, *£100*, with board and residence. Also a second Assistant and Dispenser. Salary, *£110*, with dinner. Non-resident. Printed forms of application supplied on application to the Clerk at the Infirmary, N.

Worcester Union. District Medical Officer. Salary, *£45*, with fees extra. Applications to Mr. Knott, 14 Foregate Street, Worcester.

Leighton Buzzard Union. Medical Officer of the Union and Medical Officer of Health. Combined salaries, *£203* per annum. Applications, testimonials, &c., to the Clerk to the Guardians, Leighton Buzzard.

Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 65 Market Street, Bradford.

Salop and Montgomery Counties Lunatic Asylum. Assistant Medical Officer. Commencing salary, *£100* per annum, with board, residence, &c. Applicants should address the Clerk to the Visitors, Shirshall, Shrewsbury.

Birmingham General Dispensary. Resident Surgeon. Commencing salary, *£130*, with board, &c. Candidates must address the Secretary.

APPOINTMENTS.

AVELING, E. B., B.Sc., Lecturer on Comparative Anatomy at the London Hospital Medical College.

BLAKISTON, Mr. A. A., Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton.

BRAZORS, A. E., M.D., a Physician to the Mineral Water Hospital, Bath.

CARTER, R., M.B., a Surgeon to the Mineral Water Hospital, Bath. HEMMING, C., M.D., M.R.C.S.E., Medical Officer for the Workhouse and for No. 2 District of the Abingdon Union.

JACKSON, J., L.R.C.P.Ed., L.R.C.S.Ed., L.M., Medical Officer for the North Bierley Union Workhouse.

KITCHENER, T., M.D., M.B.C.S.E., Medical Officer for the Etwell District of the Burton-on-Trent Union.

M'CORMACK, M. P. C., L.R.C.P. Government Medical Officer, Jamaica Mill, C. J., L.R.C.S.Ed., Medical Officer and Public Vaccinator for the Parish of Kerrisuir, Forfarshire.

MOLONY, J. L.K.Q.C.F.I., L.R.C.S.I., Medical Officer and Sanitary Officer, &c., for the Dromahaire Dispensary District of the Manorhamilton Union, co. Leitrim.

ORB, J. W., L.R.C.P.Ed., Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton.

PALMER, M. H. C., M.R.C.S.E., Medical Officer for No. 2 District of the Newbury Union.

PATTERSON, T. A.B., M.D., Medical Officer to the Oldham Workhouse.

POWELL, R. D., M.D., F.R.C.P.L., a Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

SANDELL, H. W. A., L.R.C.P.Ed., Medical Officer for the Milton District and of the Workhouse of the Gravesend and Milton Union.

STEWART, Dr. E. S., Junior Resident House Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

Marriage.

LEVER—WOODS.—At St. George's Church, Dublin, John Lever, M.D., Gowran, co. Kilkenny, to Helena Maria, eldest daughter of Thos. Woods, M.D., Parsonstown, King's County.

Deaths.

CROTTY.—On the 29th April, Richard S. Crotty, L.R.C.P.Ed., of Liverpool, aged 38.

HAMMOND.—On the 27th April, at Pitt Street, Edinburgh, William Hammond, M.D.

KAVANAUGH.—On the 30th April, Michael T. Kavanaugh, L.R.C.P.Ed., L.S.A., of Jamaica Road, Berrynosey, in his 27th year.

LANG.—On the 15th April, at Fawcett Street, Sunderland, John Lang, Surgeon, aged 78.

MACSWINNEY.—On the 1st May, James MacSwinney, L.A.H.D., of Galway, aged 64.

NORMAN.—On the 22nd March, at Rio de Janeiro, Hugh Norman, L.K.Q.C.F.I., Medical Officer S.S. *Merrion*, aged 28.

RIDLEY.—On the 3rd May, at his residence, Moore Hall, Tullamore, King's County, John Ridley, M.D., aged 69.

WILKINSON.—On the 25th April, John Wilkinson, M.R.C.S.E., of Charlotte Street, Hull.

Advertisements.

ROYAL MEDICAL BENEVOLENT COLLEGE.—Notice is hereby given that the ANNUAL GENERAL MEETING of the GOVERNORS of the College will be held at the Office of the College, 37 Soho Square, on Wednesday, the 19th of May, at 4 o'clock precisely.

Notice is also given that the ANNUAL ELECTION of PENSIONERS and FOUNDATION SCHOLARS will take place at the Freemasons' Tavern, Great Queen Street, on Wednesday, the 26th of May, when Two Pensioners and Four Foundation Scholars will be elected. The ballot will commence at 12 o'clock and close at 3 o'clock precisely. Notice has been given to the Council that S. S. Larcombe is withdrawn as a candidate for a Foundation Scholarship.

Any Governor who may not have received the balloting-paper to which he is entitled is requested to communicate with the Secretary, at the Office of the College in Soho Square. Annual subscribers whose subscriptions are in arrear are not entitled to vote. Balloting papers are issued immediately on receipt of new subscriptions.

By order of the Council,
ROBERT FREEMAN, Secretary.

37 Soho Square, London, April 28th, 1875.

DUBLIN INFIRMARY for DISEASES of the EYE and EAR, Ely Place.

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Dispensary, Ballinakill,
3rd May, 1875.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 19, 1875.

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ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,
Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER V. (continued). PHYSIOLOGY OF EPILEPSIES.

As I have stated in Chapter II., on Definition, the discharging lesion in every epilepsy is supposed to be a permanent lesion; there is grey matter, which, since it is permanently under conditions of abnormal nutrition, is permanently abnormal in function. This permanent abnormality is, however, varying; the grey matter occasionally reaches high tension, and therefore occasionally discharges (or is discharged). There are waves of stability and instability in the "discharging lesion." (a)

(a) It follows from this that the first fit is supposed to be a discharge of a part which has for some time before been in a state of mal-nutrition; and a still further inference is, that such "causes" of epilepsies as fright are only determining causes of the first explosion. Many of the "premonitory symptoms" of a first attack are probably results of slight discharges. They are miniature fits. I think, too, that very slight discharges are causes of irritability and distress to epileptics. Their general nervous tension is high. I once congratulated a mother on the fact that her son had not had a severe fit. She, however, regretted it, saying that the severe fit "cleared his system," while the slight fits rendered him, from their frequency, unable to go to business. Medically speaking, I think it better that a patient should have many slight fits than that he should have one violent seizure. Indeed, were it possible to frequently discharge the area of epileptic grey matter, it would, I think, be good practice to do so. The object would be to discharge it when its tension was small and its potential energy little. When tension is high and the potential energy great, discharge of the morbid part leads, I think, to discharges of lower and healthy centres, and thus to discharges of respiration and other disastrous effects; slight dis-

It is not difficult to understand that from a permanent abnormality of nutrition of a part, there can result occasional disorderly exhibition of function of that part. The process in epilepsies roughly corresponds to what is supposed to occur normally in the ganglia of the heart. There is here, it seems to me, only a particular application of a certain physiological principle long since put forward by Paget. Thus, I quote from Baker's edition (seventh) of Dr. Kirkes' "Physiology" (p. 141): "Why these nervous centres [nervous ganglia of the heart] should issue impulses for rhythmic rather than for continuous action, is still a debatable point. The most philosophical interpretation yet given of it, and of rhythmic processes in general, is that by Mr. Paget, who regards them as dependent on rhythmic nutrition—i.e., on a method of nutrition in which the acting parts are gradually raised with time-regulated progress to a certain state of instability of composition, which then issues in the discharge of their functions, e.g., of nerve force in the case of the cardiac ganglia, by which force the muscular walls are excited to contraction. . . . All organic processes seem to be regulated with exact observance of time; and rhythmic nutrition and action, as exhibited in the action of the heart, are but well-marked examples of such chronometric arrangements." (No italics in original.)

Schröder van der Kolk writes, as his fourth conclusion on epilepsy, that "the special seat and starting point of these convulsive movements is situated in the ganglionic cells of the medulla oblongata, which, as reflex ganglia, possess the peculiar property that, when once brought into an excited condition, they may more or less suddenly dis-

charges would not, I think, discharge, or would not discharge many, healthy centres. The statement that cases of epilepsy in which mental infirmity follows are the very cases in which there are slight fits is not an argument against such a procedure. For really the fact is that mental infirmity follows in cases where the discharge begins in the highest nervous processes—that is to say, the true relation is with the important seat of the discharge, not so much with the slightness of the discharge and consequent slightness of the fits. In those epilepsies where the discharge begins in the very highest nervous processes mental infirmity follows, because they are the highest.

charge themselves and communicate their influence to different nervous filaments. After their discharge a certain time is required to bring them to their former degree of excitability, and to render them capable of fresh discharges, just as we see to be the case with electric batteries, or in the phenomena of an electrical fish." (a)

I use the word "instability" for the condition of the grey matter in the "discharging lesion;" it includes two things—(1) High tension (much potential energy), and (2) Unstable equilibrium (readiness for discharge, conversion of potential to actual energy). The higher the tension the more unstable the equilibrium. "Speaking generally," says Spencer ("First Principles," p. 293), "stable compounds contain comparatively little molecular motion, and in proportion as the contained molecular motion is great the instability is great."

It may, however, be asked—How is it that with a permanent local lesion of the brain there are not permanent local symptoms—symptoms in the intervals of the discharge? If a discharge of a particular part of the brain produces severe movement—say of the arm—how is it that the patient can move his arm well in the intervals of the paroxysm? For a part of the brain representing movements of that limb continues "diseased" (b) at all times, and when the patient is at his best.

For this amounts to saying that the patient can move his arm apparently well when a part of the brain which represents movements of that arm is "diseased." This is indeed the case. We have so far used the general term "diseased," but we will use a more precise expression.

A part of the brain may be altogether *destroyed* without causing any obvious symptoms; but discharge of that part would cause severe symptoms. Supposing the part of the brain to represent movements of the arm, that part may be lost without causing loss of movement of the limb (palsy); but a strong discharge of it would cause violent movement of the limb (spasm).

The reason why the patient does not suffer paralysis from lack of the part destroyed is that the movements it should represent are also represented in neighbouring parts. Let us consider this point.

We supposed (see p. 399—7c) the corpus striatum to be divided into three parts, each third representing muscles of the face, arm, and leg. Each third, however, represents all these muscles, but each represents them in a different combination; we symbolised the several representations as $x^2 y^2 z$, $x^2 y^3 z$, $x y^2 z^3$. (c) The convolutions near to this centre are evolved out of it—that is, they re-represent in more numerous and more intimate combinations the muscles which are already represented more simply in the corpus striatum. So we may suppose that the muscles of the face, arm, and leg, which are all represented in each of three places in the corpus striatum, are all represented in each of nine places in the next range of evolution—that is, in the convolutions. Thus limited destruction in this higher range will have less effect than an equal quantity of destruction of the corpus striatum. Suppose that a patient should lose from a certain sized lesion of the lower-centre (corpus striatum) one-third of the power he should have over the muscles of the face, arm, and leg, he would on the principle of evolution lose only one-ninth of his power over these muscles if a lesion of the same size occurred in

(a) "Syd. Soc. Trans.," p. 283.

(b) I have several times spoken of paralysis of a part after a convulsion in which that part had been first and most involved. I am, however, correct when using in the text for some cases the expression, "use his arm well in the intervals," because in many cases there is no obvious palsy after the seizure, and when there is it is transitory. Besides, I think when there is palsy that palsy is not due to morbid condition of the area of grey matter, which is unstable. It is owing to exhaustion of nerve fibre of some subordinate centre, consequent on discharge of that unstable grey matter.

(c) The reader must never forget that the "organ of mind," like lower centres, is supposed to represent impressions and movements.

our next stage of evolution—that is, in convolutions evolved out of the corpus striatum.

We have here another illustration of the Principle of Compensation. But next comes the question. Admitting that the patient could do *without* part of a motor nervous centre, how is it that from *discharge* of such part, when it is not destroyed, but unstable, he suffers not only spasm, but *very severe* spasm? If loss of the part causes practically no loss of function at all, why should discharge of the part lead not only to function, but to exceedingly great function?

The paradox is explained by the Principle of Evolution, many times adverted to in these chapters. Let me make a general statement. (a)

The process of Evolution results in such a kind of representation of muscles that the higher the centre the less effect does a given quantity of destruction of part of it produce, and the *more* effect does discharge of an equal quantity of it produce. The reason is that the process of Evolution is such a one that it results in a multiplication both of fibres and of ganglion cells from the lower to the higher centre. Of course the more fibres in a centre there are representing an external region, the less paralysis must result from destruction of a part of that centre; and equally obvious is it that the more ganglion cells there are, the greater external effect (convulsion) must be produced by discharge of a part of that centre. Briefly, the higher the centre the more tolerable is a given quantity of destruction, and the more intolerable a given quantity of instability. The most striking case is that if a part of the *very highest* centres be removed, there may be no obvious symptom; whereas discharge beginning in them will put instantly in action all the muscles of the body.

"The conclusion I have arrived at from the study of cases of disease is, that the higher centres are evolved out of the lower. The higher centre re-represents more specially the impressions and movements already represented generally in the one below it. The co-ordinations are continually being re-coordinated; for example, those of the pons and medulla are re-coordinated in the cerebrum. (b) There are in the lower centres sensori-motor processes for very general purposes, but in *their* higher representatives for the more special. A rude symbolisation would be to suppose the pons Varolii to represent the simpler sensori-motor processes of the cord raised to the 'fifth power,' and the cerebral hemispheres these processes suddenly raised again, let us say, to the 'fiftieth power.'"

The following quotations from Spencer's "Psychology," vol. i., bear closely on the increase of "explosive" material during increasing complexity of nervous centres (no italics in original):—

"Meanwhile these centres in which molecular motion is liberated are also the centres in which it is co-ordinated; and the successively higher and larger centres which evolve successively larger quantities of molecular motion, are also centres in which successively more complex co-ordinations are effected, whence follows the general result that along with each further development of the nervous system, enabling it to make all parts of the body work together more efficiently in simultaneous and successive actions, there goes an increased power of evolving the energy required for such larger aggregates of actions."—*Op cit.*, p. 67.

(a) In an Appendix to this chapter I give quotations from former papers, which show that I have long held the views here stated as to Compensation in nervous organs. I am anxious to show that they are not opinions hastily formed.

(b) "This progress (see 'Principles of Psychology,' vol. i., p. 67) from co-ordinations that are small and simple to those that are larger and compound, and to those that are still larger and doubly compound, is one of the best instances of that progressive integration of motions, simultaneously becoming more heterogeneous and more definite, which characterises evolution under all its forms."—*Herbert Spencer*. [This foot-note and the paragraph in the text it refers to are reproduced from "West Riding Asylum Reports," vol. iii., 1873.]

"Each vesicle, or each portion of grey matter that establishes a continuity between the central termini of fibres, is not merely a connecting link; it is also a reservoir of molecular motion, which it gives out when disturbed. Hence, if the composition of nerve is determined as above indicated, it follows that in proportion to the number, extensiveness, and complexity of the relations, simultaneous and successive, that are formed among different parts of the organism, will be the quantity of molecular motion which the nerve centres are capable of disengaging.

"... the quantity of molecular motion evolved in the nervous centres will become great in proportion as the nervous relations increase in integration and heterogeneity."—*Spencer, op. cit.*, p. 35.

I think the statement in the following quotation, although to the same effect as the two above, is better suited for my purpose:—

"— this establishment of more numerous, more involved, and more varied relations among the parts of the organism, implies not simply this grouping of fibres and this arrangement of centres, but also a multiplication of the nerve-corpuscles, or portions of grey matter, occupying their centres. And we found it to follow that where the compound relations formed are among many points, or where the points are to be combined in many orders, or both, great accumulations of grey matter are needed: an important corollary being that the quantity of this matter capable of giving out much motion increases in proportion as the combinations to be formed become large and heterogeneous."—*Spencer, op. cit.*, p. 45.

Hence, in the convolutions there is not only great complexity of representation of movements and impressions, but, as a consequence of this, there is a large quantity of explosive material.

Let us consider the process with some artificial illustrations. Suppose that a nervous centre, which we will name the First centre, represents three (a) different movements of the muscles of the same external part. The next higher centre which is evolved out of the first—we call it the second centre—will, we suppose, represent nine different movements of the external part; the third centre will represent eighty-one different movements, and so on. The higher centre re-represents more elaborately what the lower centre has represented. At length each part of the highest centres of all will fully represent innumerable different movements of just the same muscles represented by very simple movements in the lowest centre. Now, of course, however little the difference may at length become in the movements as they are greatly multiplied, the nervous process for each one of them requires new fibres and requires separate ganglion cells. We have both more conductors and more generators of nerve force. Differentiation of Function implies Differentiation of Structure. Hence, as stated, the higher the centre is in evolution, in other words, the greater the number of different movements the centre represents, the greater the multiplication of both cells and fibres.

Putting this in another way, we say that the number

(a) Of course the numbers given here are quite arbitrary. Moreover, the illustration is inadequate in other ways. It is only to be taken as an illustration for a limited purpose. The higher centre is not simply an evolution out of one lower, but sometimes out of several lower. The highest nervous processes (the anatomical substrata of consciousness) are evolved out of all lower centres. Thus the highest nervous processes represent innumerable and widely-separated movements; hence the discharge of them produces universal symptoms nearly *simultaneously*. Moreover, the highest nervous processes represent movements with innumerable intervals; hence discharge of them produces the universal symptoms nearly *contemporaneously*. It may be said that "*simultaneous*" and "*contemporaneous*" mean the same thing. It is convenient to use the two terms, because the highest centres are evolved out of lower centres which represent movements which are not simultaneous, and which occur at different times. The process by which it finally results that the highest nervous processes represent (1) the whole organism and represent its parts (2) simultaneously and (3) contemporaneously is a gradual one.

of cells and fibres in a centre does not vary simply with the size and power of the muscles themselves, but also with the number of different movements of the muscles.

Spencer has pointed out that the size of an animal's nervous system varies not only with the size of the animal, but with the complexity of its movements. He writes:—

"But after all modifying causes have been allowed for, there remain substantially intact the fundamental relations set forth—namely, that wherever much motion is evolved, a relatively large nervous system exists; that wherever the motion evolved, though not great in quantity, is *heterogeneous in kind*, a relatively large nervous system exists, and that wherever the evolved motion is both great in quantity and heterogeneous in kind, the largest nervous systems exist."—*Herbert Spencer, "Principles of Psychology,"* p. 13.

A similar idea is expressed by Schöler van der Kolk in the following quotation. He speaks of the spinal cord, but the principle is the same:—

"The want of proportion between the thickness of the spinal cord, which was about equal to that of a frog, and the extraordinary size of the muscles, seems to show that no relation exists between the thickness of the cord and the muscular power of an animal, as I should have supposed. But the small number of ganglionic cells, and the small, scarcely distinguishable, quantity of grey matter present in the spinal cord of this fish, surprised me very much. If, however, we reflect on the mode of life and motions of the animal, this peculiarity is immediately explained. The movements of the sturgeon, in fact, present but very little variety; it strikes to and fro with its tail as well as with its fins, it curves its body to one side or to the other, but the numerous combinations of the muscles of the extremities of the higher animals, and especially of man, where extensors and flexors are at the same time or alternately in action, do not here occur. The animal does not therefore need many groups of ganglionic cells and their several combinations for harmonised movements; while, moreover, in consequence of the considerable length of the spinal cord in these fishes, the cells appear to be very much separated in the longitudinal axis of the cord, so that often on a transverse section no ganglionic cells can be found.

"If we compare, in this respect, the spinal cord of a frog, we shall find that the latter scarcely differs in thickness from the same organ in a sturgeon of 120 lb. weight. The grey matter with its four horns is here distinctly present, in which numerous, although small ganglionic cells are found; but in the spring of this animal we meet a much more complicated play of muscular action, as many different muscles contribute to accomplish the jump.

"Hence we see that in animals likewise the statement is confirmed, that the more complicated their movements, the more numerous will be the ganglionic cells with their several groups, and thicker will be the anterior horns and the mass of grey substance in the spinal cord."—*Van der Kolk on "The Spinal Cord and Medulla Oblongata and on Epilepsy,"* p. 64.

(To be continued.)

INDIAN MEDICAL NOTES—XXXVII.

(FROM OUR SPECIAL CORRESPONDENT.)

DELHI, March, 1875.

IN CAMP—THE DELHI DURBAR—THE PREVENTION OF DISEASE—THE GORGEOUS EAST.

ACCORDING to the teachings of experience, the ranges of temperature in many places are not dangerous where the air is dry, say Mooltan, 25° to 120°, the humidity at Lahore represented by 44° as compared to 81° at Greenwich, which may explain the tractability of croup, bronchitis, the arrest of phthisis. Many readers are familiar

with the road between Jack Straw's Castle and the Spaniard, and the ground beyond towards Finchley. In the place just now encamped beyond the Ridge of Delhi there are certain points of resemblance to Hampstead Heath. There are also gardens near, called Rosherville by the facetious, where the pomegranate, either in fruit or in flower, would delight Lance, Miss Mutrie, or any modern painter of specialties. Some tents are pitched under the cool, welcome, delicious shade of green trees, tenanted by singing birds; others, mine, for instance, are out in the open; the temperature this afternoon, March 23rd, is 102°; the westerly wind blows in the dust, blows out the flies. The Delhi fly defies Harper Twelvetees, scoffs at catch-fly papers, apparently lives like the cruel critic, only to cause pain and annoyance—is difficult to catch or kill. What pleasure can it afford the fly to hover about or constantly to settle down on the nose of Bardolph, or to get into the food or down the throat of the undersigned, who in vain attempts to take up the parable, the discussion of the dry earth system. The fact of the matter is, what with the entrance of the Viceroy into Delhi, the visits in state paid by Rajahs, Maharajahs, Nawabs, and folks of that ilk, entitled to salutes ranging from eleven to seventeen guns, the return visits of the Viceroy, accompanied by the personal escort, and involving salutes of twenty-one guns, the gay appearance of Delhi, carriages-and-four, outriders, body-guards at every point constituting the *cortège* of native potentates of various degrees, the entertainments given by the Viceroy in the magnificent canvas palace, all are a little bewildering, requiring mental digestion. The hot weather, too, militates against medical composition. This morning the first English Durbar was held near Delhi, the first, at all events, since the Mutiny. In a splendid saloon, fitted with glass chandeliers, soft carpets, and everything suitable for such occasion, sat the Viceroy of India in a gorgeous chair of silver and gold appearance, the footstool in harmonious keeping. Behind, in uniforms of scarlet and gold, stood retainers, some holding silver maces surmounted by crowns in red velvet and gold, others had those soft silky yaks' tails, whilst the remainder carried fans with exquisite fringes, the centre ornamented with the royal arms. From the entrance into the hall up to the throne a wide clear space separates the European officers, civilians, political agents, clergy, residents, special correspondents from the Rajahs, native princes, and potentates whose turbans, flashing with diamonds and emeralds, and whose arms, encircled by bracelets of rubies, excited enthusiastic admiration—in fact, entirely dazzled the most apathetic spectator. Necklaces of pearls, rubies, emeralds, diamonds, sapphires, the most lovely colours blended in the dresses, whilst the handsome, majestic appearance of certain princes all riveted attention. One splendid old warrior had a dash of the Scotchman, Richard Cœur de Lion, and the King in Hamlet," and by all accounts dearly does he love the bagpipes. The other evening a fierce-looking chieftain, whose blood-and-thunder moustachios were tied in a knot on the top of his head, wore emeralds about the size of half-a-crown, yet they looked more like dull glass than precious stones. That evening, too, the Rajah of Puttiala wore jewels worth thousands of pounds, and his robes of azure blue and white satin well adorned a handsome, manly personage. At the review, in a general's uniform of scarlet and gold, relieved by the blue ribbon of the Star of India, by jewelled epaulettes sparkling in the sun, also wearing buckskin breeches and boots which would have delighted George IV., and mounted on a fine horse with leopard-skin trappings, the Rajah of Puttiala was the observed of all observers. So he was to-day, in another kit worthy of Sardauapalus. At the Durbar the native princes were severally introduced, very many receiving presents, such as shawls, cups, clocks inkstands, photographic albums, tea services, salvers, shields, guns. The most distinguished personages were attended to by the Viceroy, who touched the gifts bestowed on the minor magnates. Then followed the speech, every word clear

and distinct, just a casual allusion to Baroda affairs *sub judice*, to the prosperity, the tranquillity of the land, to a difficulty in Burmah; and after expressing the deep interest taken by her Majesty the Queen, it was announced that the Prince of Wales would probably visit India, the greatest of the jewels in England's Crown. All this was interpreted to the natives, who received attar of roses on the hand sufficient to leave perfume, besides betel-nut preparation wrapped up in tinfoil called pan; then the ceremony ended by the band playing a slow march, whilst the Viceroy, accompanied by the Lieutenant-Governor of Bengal and a brilliant staff, leisurely left the room under the boom of twenty-one guns. A cocked hat and green feathers in the procession suggested the doctor, and the recollection recalls the propriety of returning to professional topics. At dinner last night met Dr. De Rinzi, Sanitary Commissioner of the Punjab, who has worked so hard to improve Indian water supply, and whose writings have so greatly enriched the London medical journals—for instance, a paper in the *Lancet* on fever which clung to Millbank Prison from 1821 until 1854, when the water supply was changed, since which period the general health has been so good that barracks for troops have there been proposed. A firm believer in the contagion of cholera, the communicability of deadly diseases by water or milk, he directs attention in a recent pamphlet to the fact that from 1849 to 1865 Bombay was never free from epidemic cholera. In 1865 the Vehar water was introduced in iron pipes, and the surface wells were closed in numbers. Bombay is not particularly clean, nor the drainage immaculate, and the crowding corresponds to the slums of Glasgow or Liverpool, whilst the sun plays on the rich and poor as usual, the rain falls on the just and the unjust; still cholera has dwindled to a minimum. Colaba, formerly the Peshawur of Bombay, is now very healthy, the fact of the barracks being connected with the Vehar water pipes to be coincidentally remembered. The enormous expense of sanitary improvements, the impossibility to establish quarantine without making the remedy worse than the disease, the impossibility of medical officers in times of deadly epidemics to find calm leisure for scientific research, when their own energies, mental and bodily, are taxed to the utmost, should be considered by those who cavil at the slow progress of sanitary wheels so frequently clogged. After the subsidence of pestilence there may be but scanty sources of information, everything changed, and somehow the parallel is suggested of a visit to the smoking ruins of the Opera House, where, but a few hours before, the same person sat in the stalls in the full enjoyment of "Don Giovanni"—the difference cannot be realised. In this camp the earth system to-day is admirably worked; the urinals are separate; receptacles frequently changed—emptied at a distance; also tarred receptacles for use at night. The good well-water is passed through Macnamara filters—charged with fresh sand and charcoal before leaving Meerut fourteen days ago, the rations good, the duties light, clean straw in the tents, the sides of which are kept open night and day, allowing free perfusion, for bad air of human beings causes most mischief. White clothing worn to-day; each individual wears a belt also, and can have a bath at pleasure. A number of men of excellent character naturally ask leave to see the Fort, the gardens, temples, tombs, streets, the curious sights of Delhi three miles off. One visitor may drink at his own expense, or be treated by a friend and companion in arms, the liquor very variable, always objectionable before the cool of the day. Another, allured by the dark-eyed syrens in red pajamas, may contract a souvenir—a hard chancre. Young blood must have its course, and every dog his day; yet to the end of time will there be found, even in the ranks of medical men, opponents to sanitary endeavours to keep down that frightful pitiable terribly destructive disease termed syphilis, which kills so many innocent, virtuous women, or robs them of their children. Another pilgrim, a total abstainer, may either break the pledge and run

smuck, or else quench burning thirst with dirty water conducive to diarrhoea, dysentery, enteric fever, worms, or boils; so the sanitary arrangements in camp may be rendered futile. The temperance movement in India, involving no expense, is one of the chief stepping-stones towards the preservation of health—the prevention of disease in this thirsty land, where gradually the abstainers, receiving help, encouragement, and assistance, will be very cunning and careful about their water-supply, the safest drink being cold tea. Stopping the issue of beer and rum will only increase the trade in pernicious liquor. A certain number of persons in this exhausting climate cannot fight the battle of life without some small stimulant daily, which they do not exceed; but, unfortunately, too many take too much. In a former letter it should have been stated that the huge elephant which carried the Viceroy the other day also conveyed Lord Lake through the city of Delhi in 1803. This afternoon the jewellers, the ivory-painters, the dealers in lace, in shawls, fans, shoes, in wood-carving, in cunning work in steel and gold, in steatite, soap rock, agates, and mosaics, displayed their treasures in the Institute. These are "Medical Notes," otherwise a paper would be written on the most wonderful exhibition ever witnessed by an inveterate sight-seer whose taste for years has been amply indulged. The ladies lost their heads altogether over the rings, lockets, bracelets, tiaras flashing with pearls, rubies, emeralds, sapphires, diamonds, the embroidered shawls, banner screens, and those wonderful white Skye-terrier-looking opera-cloaks. The exquisite paintings on ivory illustrating the wonders of India, copies of portraits, some gorgeously coloured, others resembling pen-and-ink etching, would have pleased Sir Henry Thompson and Mr. Seymour Haden, both of whom have written on the earth system. There were extraordinary designs for paper weights, candlesticks of steel and gold—in fact, we were struck all of a heap with astonishment; and when such an exhibition occurs again in any part of India may we be there to see.

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. CHARLES R. DRYSDALE.)

Inherited Syphilitic Tongue Disease.

MRS. ELIZABETH R., aged 40, came to this hospital on June 3rd, 1873. She is a Jewess.

She has been married 23 years, and has had thirteen children, of whom only two are alive. The children were born alive, but most of them had eruptions and snuffles. About a fortnight after marriage she became ill, and had eruptions on vulva; about three months after which sore throat and eruptions over the body appeared, which continued for some two years. At present the patient has some slight inflammation and ulceration of the soft palate, evidently syphilitic in character. Tertiary disease of palate.

The first child lived nine months, after her being without children for two years.

The second lived three months.

The third lived fifteen months, looked aged, and snuffled.

The fourth, Hester R., is now aged sixteen years, and was very ill as a baby, having had "terrible sores" on the buttocks, sore mouth, &c., which remained for about three months. She has always been under doctors for the last fourteen years, and is now better than usual.

The child had such peculiar and ugly upper incisors that they were removed by the dentist, the patient now having false teeth. There are the marks of sores about the mouth in infancy. Her intellect is much retarded. The tongue has several nodules in its centre, about the

size of peas, and is glazed all over, as is often the case in syphilitic tongue in adults. No affection of the eyes has occurred as yet.

The fifth child died at six weeks old.

The sixth died with measles at nine months.

The seventh died at twelve months old.

The eighth died at nine months old.

The ninth died a few months old.

The tenth was healthy, but died of scarlatina.

The eleventh child is now alive, and aged thirteen years; is reported to be quite well.

The twelfth died of scarlatina.

The thirteenth died of measles at eighteen months.

Patient ordered to take gr. x. pot. iodid. thrice daily.

This prescription had the effect of causing cicatrization of the sores on the soft palate in a week or two; but on omitting the remedy for a few weeks, two ulcers appeared on the region of hard palate, threatening perforation. These again cicatrised on taking the iodide of potassium in rather larger doses for a month or two.

The tongue of the girl was somewhat benefited by painting it with a solution of nitrate of silver once a week, and the patient's health was benefited by taking drachm doses of the syrup of the iodide of iron in infusion of quassia.

Remark.—This is one of the most remarkable cases of hereditary transmission of syphilis that has come before the notice of Dr. Drysdale for many years. In the first place, the mother was a Jewess—a fact in itself worth noting, since, as Hutchinson remarks, the Jews are not so frequently syphilitic as the rest of the world. This is one of the only cases of inherited syphilitic disease of the tongue Dr. Drysdale has met with, and in many respects it quite resembled the disease of the tongue seen in adults. The great mortality of this woman's children resembles a case published by Dr. Drysdale some twelve years back, and quoted by Professor Gross, of Philadelphia, at a recent lecture, wherein that surgeon alleged that syphilis was one of the chief causes of scrofula and consumption.

Severe Case of Tertiary Syphilis.

John Patterson, st. 47, came to this hospital on Feb. 7, 1873. He is a sea-faring man; has for seven years past suffered from various symptoms of syphilis. About eight years ago he had an eruption all over the body and sore throat; since that time he has had, off and on, pains in both arms. He had it seems a node on the right arm, and formerly on the sternum. He has attended here some time with a large node on the left humerus, which is very painful, especially when he is warm in bed. There is also a node on sternum which is not painful; he has been hoarse for three or four months; whenever he has taken pot. iodid. he gets much better for a time, and the nodes disappear.

Feb. 7th, 1873.—At present there is a painful node on left arm and on sternum, and the patient is hoarse. To take gr. xv. of pot. iodid. thrice daily. He has no children, although his wife is in good health and he has been married eight years.

April 8th, 1873.—The node on the left humerus is almost gone; patient feels much better and is not so hoarse.

April 22nd, 1873.—No more swelling in any of the bones; feels better than he has done for years. He returned to his work able to do a day's work with facility.

Feb. 16th, 1875.—Patient returned to hospital to-day after an absence of nearly two years. Has lost much flesh; is very hoarse; pulse 112; slight dulness under left clavicle; breath sounds very indistinct. There is a large and painful node on left humerus. Posterior wall of pharynx is one large cicatrix. On the left side of the tongue there is a large hard lump. To the touch the epiglottis feels enlarged, as if oedematous. The vocal cords cannot be seen in laryngoscopic examination. Tertiary ulceration on left side of the neck, behind and below the angle of the jaw. To take gr. xv. of pot. iodid. with ʒi. tinct. cinchonæ in two ounces of water thrice daily.

March 24th, 1875.—The patient's health was very greatly improved. He was not nearly so hoarse, and the epiglottis was normal to the touch, although the cords could not be easily seen. The nodes were much smaller; pulse 84; patient has gained half a stone in weight. The uvula is soldered to the posterior wall of the pharynx.

Remarks.—This was a very bad case of tertiary disease, and one that will in all probability eventually prove fatal to the patient. It exhibits one or two points for consideration: Firstly, there is no history of mercurial treatment in the early stages of the disease. The patient seems to have paid but little attention to the eruptions, which were doubtless, as they so often are, slight, and of no great extent. If Fournier and Ricord be right, a long mercurial course of some six to ten months might have completely prevented the terrible tertiary lesions, which were only to be palliated, not cured. Secondly. The patient had no children. Several observers have lately noticed that men who have suffered much from syphilis are apt to be childless. This point is not clearly made out; but my own experience shows that in a good number of cases this does happen. Thirdly. This case illustrates also the magnificent effect of iodide of potassium, for without its aid the patient would certainly have had destruction of the epiglottis and of the larynx, which would have soon rendered the opening of the trachea his only resource. But in this case the iodide of potassium could only palliate, and some terrible catastrophe must sooner or later carry him off.

LONDON HOSPITAL.

(Under the care of Mr. RIVINGTON.)

Irreducible Right Femoral Hernia, with doubtful Symptoms of Strangulation—Consultation—Operation—Sac Opened—Recovery.

SOPHIA SECKER, 45, married, was admitted on the evening of Wednesday, Dec. 17th, 1873, at 10 p.m. She had had a right femoral hernia for twenty-four years, and had worn a truss. She was troubled with a cough, and having taken off her truss the preceding night, the hernia descended during a fit of coughing at 5 a.m. on Wednesday morning. Taxis was tried by a medical man and failed. She stated that at 1 p.m. her bowels had been slightly open. She was not sick, but she seemed confused in her mind, and it was very difficult to obtain a clear consistent account from her, and it was impossible to ascertain whether she had been vomiting or not. She had tried to put the rupture back previously to admission, and had scalded the skin over it with hot water, and removed the cuticle. There were no urgent symptoms, so the house-surgeon gave her a warm bath, and subsequently had ice applied.

Dec. 18th, 2.30 p.m.—The patient was seen by Mr. Rivington; at that time a tumour existed in the right groin. It was as large as a good-sized fist, long, and running parallel to the inguinal canal; it was not in the labium. It had been diagnosed as *inguinal*, but it was clearly *femoral*, as Poupart's ligament could be felt over it and above it. The pulse was 103, and temp. 99.8°. Tongue furred. Both Mr. Rivington and Mr. Tay who also examined the case, thought there was impulse in the tumour. Mr. Hutchinson, who saw it a little later, thought not. It was soft and fluctuating, and there was some gurgling audible occasionally at the upper part. It was rather tender, and the skin over it was dusky. The patient had taken and retained some beef-tea, and it was a question whether an operation was advisable. A consultation was held, and it was considered expedient to explore.

At 4.30 p.m., chloroform having been given, an incision was made by Mr. Rivington on the inner side of the neck of the sac, and all the structures were divided outside the neck—viz., Gimbernat's ligament, bands of transversalis fascia, and subperitoneal fat. Every effort was made to reduce the swelling without opening the sac, but without suc-

cess. Mr. Rivington, finding that there was a considerable quantity of fluid in the sac below the visceral contents, punctured the sac, and evacuated a large amount of serous fluid stained with the colouring matter of the blood. As the tumour was still irreducible the sac was opened, and a knob of inflamed intestine, with adherent omentum, was discovered. It was difficult to reduce, but it was put back. The wound was closed, a pad and bandage adjusted, and the patient sent to bed, a hydropneumocoele being administered.

Dec 19th.—Passed a good night, but coughing had brought down the hernia. Pulse 100 to 108. Temp. 103°, both morning and evening. Tongue furred. No pain in abdomen. A large quantity of sanguineous serum was pressed out of the swelling by Mr. Rivington, who returned the hernia and rebanded the patient. Patient had taken soda-water lemonade only. No peritonitis.

20th.—Good night; tongue less furred. Abdomen not tender. Wound had dusky discolouration round it. Cough, with copious mucous expectoration, continued. Bowels not open. Temp. 101.8° morning, and 100.4° evening.

21st.—Temp. 100° morning, and 101.4° evening. Wound looking well. No motion, but no peritonitis.

22nd.—Still no motion. Temp. 102.4°. Enema ordered.

23rd.—Wound healthy. Free discharge. As no motion had passed, enemata were ordered to be given till they produced an evacuation. The wound healed well, and so far as the hernia was concerned, the patient recovered in less than three weeks, but she was attacked with symptoms of general paralysis, for which she passed under medical treatment. The symptoms passed off in great measure before she left the hospital.

Strangulated Right Femoral Hernia—Reduction by Taxis

Hannah Gale, 31, was admitted into the London Hospital, under Mr. Rivington, on the 21st December, 1873. Whilst lifting a tub she suddenly felt a severe pain in the left groin. This was at 4 p.m. On the 20th, at 5 p.m., she began to vomit, and continued to do so every quarter of an hour through the night. The vomited matters smelt sour, but not fecal.

21st.—11 a.m. She was brought to the hospital in a cab, and taxis having failed, Mr. Rivington was sent for, and reduced the greater part of the swelling, which was small, i.e., about the size of a crab-apple. The reducible portion of the hernia slipped up abruptly, leaving a small swelling behind, resembling a gland or a piece of omentum. The bowels were opened in the evening, proving the efficacy of the taxis. There was no more vomiting, and all the symptoms were relieved.

23rd.—Ordered truss. After obtaining truss she was discharged.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 27TH.

SIR JAMES PAGET in the Chair.

PRACTICAL OBSERVATIONS ON THE PULMONARY AND CARDIAC COMPLICATIONS OF ABDOMINAL TUMOURS: WITH REMARKS ON BLOOD-LETTING AFTER SURGICAL OPERATIONS.

By WILLIAM HENRY DAY, M.D., M.R.C.P.

The author first described some of the effects of solid or cystic abdominal tumours, and of large collections of fluid in the peritoneal cavity, in displacing the thoracic organs, and inducing a long series of constitutional and local symptoms. He showed the importance of ascertaining the condition of the lungs and heart before deciding upon the removal of fluid or of tumours from the abdominal cavity. He examined

the effects of rapid and of gradually increasing pressure upon the thorax, and also the results of the rapid removal of pressure by tapping or by the removal of a tumour, advocating the gradual removal of pressure whenever practicable, and giving several instances to prove the utility of venesection in cases where portions of lung which had been compressed have rapidly expanded, and congestions or hepatisation have followed. He also gave instances in which organic diseases of the lung have been relieved after the pressure which aggravated the symptoms had been removed. He compared the pulmonary symptoms which often follow operation on the abdomen with the more ordinary forms of bronchitis or pneumonia, and gave practical details of treatment in different classes of cases. The author ended his paper by endeavouring to enforce the two following conclusions: 1. The surgeon who treats cases of abdominal distension must not overlook the pulmonary and cardiac complications which are due to compression or displacement. 2. The success of operations for the removal of abdominal tumours may be increased or diminished by careful examination of the state of the chest before operation, and by equally careful attention after the operation, not only to the parts involved in the surgical proceedings, but also to those changes in the blood and in its circulation through the heart and lungs, and to the effects on these organs, which are due to sudden removal of pressure alone, or to other causes of considerable elevation in the temperature of the blood.

Mr. KNOWSLY THORNTON, who had seen the cases referred to, thought they seemed to bear out the author's remarks on blood-letting. As to the two important questions—when should blood-letting be performed? and in what class of cases? he thought that it should be done promptly, when the first symptoms appeared—flushing of the face, with rapid pulse and hot dry skin—even though there was no rise of temperature. If this period were allowed to pass, blood-letting did not seem to act so readily. The application of cold to the head was very useful in many cases, in which there appeared to be a condition of brain which led to a rise of temperature and rapid pulse. For this purpose he recommended the cap (or a modification of it) used by Mr. Lister, by which a constant stream of water was constantly poured over the head. Under the application of cold to the head, symptoms of acute bronchitis sometimes rapidly ceased. The action was too rapid to be accounted for by cooling of the blood; it seemed as if some influence were exerted directly on the brain. This method was preferable to the cold pack in hyperpyrexia, while in septicaemia the latter was especially indicated.

Dr. PROTHEROE SMITH had for many years practised venesection in preparing patients for ovariectomy.

Mr. SPENCE WELLS doubted whether small bleedings before the operation would have much influence on the result. He rather agreed with Mr. Thornton that when it was necessary to bleed after ovariectomy the bleeding should be early and free. Since Dr. Day's paper was written he had had four or five cases in which bleeding was followed by remarkable relief. He could also bear testimony to the usefulness of the ice-cap, which had the advantage over the cold pack that the patient was not disturbed. He had lately given small and repeated doses of acornite—half a drop of the pharmacopoeial tincture every half-hour—with the effect of quickly rendering the pulse slower. The effect on temperature was less marked.

A CASE OF LEFT SUBCLAVIAN ANEURISM TREATED BY TEMPORARY COMPRESSION APPLIED DIRECTLY TO THE ARTERY IN THE FIRST PART OF ITS COURSE.

By ARTHUR FERGUSSON MCGILL, F.R.C.S., Leeds.

(Communicated by JOHN WOOD, F.R.S.)

The patient, a laundress, aged 35, had been suffering from an aneurism of the third part of the left subclavian artery for three years. She had been treated by digital compression, by manipulation, and by repeated galvanopuncture. The first two methods were adopted without result; the last with great, though temporary improvement. In December, 1874, it was found on examination that the pulsation extended upwards from the centre of the clavicle for 1½ inches and downwards and outwards from the same spot for 2½ inches. The patient was suffering much from pain; her rest was impaired, and she was rapidly becoming worse. Under these circumstances it was determined to try the effect of temporary compression applied directly to the artery at the first part of its course. On January 2nd, 1875, the operation was performed. An incision was made from the centre

of the sternum upwards along the anterior border of the sterno-mastoid for two inches, and another of the same length along the clavicle; the sternal and part of the clavicular origin of the sterno-mastoid muscle was then divided, and the anterior scalenus and first rib were reached. After searching with the finger, the artery was found displaced backwards, and an aneurism-needle was passed round it. In passing the needle a small opening was made in the pleura. The artery being isolated from the surrounding structures, a pair of torsion-forceps were applied, and left on for ten hours and a half. The next day there was a return of pulsation in the sac; but this disappeared in twelve hours. She was apparently doing well, when symptoms of pleurisy and bronchitis supervened, and she died at the end of five and a half days. Leave could not be obtained to make a complete *post-mortem* examination, but a partial examination at the seat of the operation was allowed. The forceps had been applied at the point where the vertebral was given off, and at that position the artery was patent and healthy. The aneurism, which commenced a quarter of an inch from the thyroid axis, and extended outwards for 3¼ inches, was filled with a hard clot, and was in fact cured. The operation was only performed after grave consideration. It was thought (1) that no other method of treatment could be adopted with advantage; (2) that the proposed operation was practicable; and (3) that there was a reasonable prospect of success. The second of these opinions was arrived at after making many dissections on the dead body, and after learning that Dr. Rodgers, of New York, had applied a ligature to the subclavian artery in this position. It was thought that the application of a ligature in the ordinary manner was unjustifiable, as experience showed that patients on whom this operation was performed almost invariably died of secondary hæmorrhage. It was hoped that, by applying temporary compression, this accident would be avoided; while the experience of the rapid-pressure treatment of aneurism, introduced by Dr. W. Murray, showed that a cure by this procedure was not improbable. When this method of treatment was adopted, the cure was not effected by the gradual deposition of layers of fibrine, but by the sudden coagulation of the contents of the sac. This would account for the return of the pulsation on the second day after the operation. Though in this case the treatment had not been successful, it seemed probable that it might hereafter prove so in similar cases.

Mr. JOHN WOOD said that the application of direct pressure to an artery was different from pressure from without; it was difficult to regulate the force applied so as to avoid sloughing of the vessel.

Mr. HENRY LEE said that the filling of an aneurismal sac with clot was not the same thing as curing the aneurism. He had had a case of inguinal aneurism which he treated by flexion. A clot formed; but the patient would not keep his limb bent, and the clot disappeared in two or three days. This was followed by intense and long continued pain in the course of the femoral artery, as if portions of the clot had been washed down the vessel.

Mr. HULKE said that Scarpa used a broad ligature for the purpose of occluding arteries without dividing the middle and internal coats.

Sir JAMES PAGET called attention to the method recommended by Mr. John Dix of Hull, of using wire, bringing out the ends through the skin apart from the wound, and twisting them over cork, so that the ligature could be tightened or loosened at pleasure.

Mr. MCGILL replied that the pressure was to be applied as lightly as possible, in order to avoid division of the inner and middle coats of the vessel.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 4TH, 1875.

G. FOLLOCK, Esq., in the Chair.

THE GERM-THEORY OF DISEASE.

THE adjourned discussion on Dr. Bastian's paper on the Germ-Theory of Disease was continued.

Dr. MURCHISON said he could not agree with the view which Mr. Hutchinson expressed, that there is a great distinction between the acute specific inflammations and the so-

called acute specific fevers. He thought that if the germ-theory be applicable to the one, it is applicable to the other; and if it is to be rejected for the one, it ought to be rejected for the other; and, moreover, propagation by means of germs has been claimed for the one as well as for the other. Dr. Burdon Sanderson had said that not much good could be expected to arise from discussing theories on this matter, and that we ought to confine ourselves to the discussion of facts; and the fact on which he specially insisted was this, that during the infective process in the course of the different infective diseases, there was a great development of bacteria, but he refused to commit himself to an opinion as to whether these bacteria were to be looked upon as causal, or whether they were pathological results. Now, this way of viewing the matter is all very well for a man of Dr. Sanderson's scientific caution; but unfortunately these observations, the discovery of bacteria in various infective diseases, and even Dr. Sanderson's own observations, and those made under his immediate superintendence, have been used by other writers as strong arguments in favour of the germ-theory of disease, and also as supporting views having very great practical importance. With regard to bacteria, the following facts appeared to him established. In the first place, bacteria may be injected in large numbers into the blood of the lower animals, and they suffer nothing. In the second place, bacteria exist in large numbers in certain tissues of the living bodies in a state of health. Thirdly, they are said to multiply very greatly after death in persons who have not died of any infectious disease. In the fourth place (this he thought a very important observation), we have been told that bacteria are developed in large numbers in a vesication on the skin produced by a chemical irritant. In the fifth place, it is also said that, in certain contagious fluids, the more the bacteria multiply the less virulent the fluid becomes. Then, lastly, there is the statement, made on good authority, that neither bacteria nor bacterial germs can be found in certain fluids eminently contagious. This last statement was first made a few years ago by Dr. Beale, in one of his contributions to this subject. These facts went a long way to throw doubt upon the causal relation between bacteria and the infective diseases. On the other hand, however, arguments have been brought forward tending in an opposite direction. In the first place, it is argued that, although some bacteria may be perfectly harmless, it does not follow that other bacteria may not be very injurious indeed; but this argument had been very well answered by an experiment of Mr. Lister's, who showed that the same bacteria might produce very different results, according to the circumstances in which they are placed. If this observation be correct, the result depends not so much upon the bacteria as upon the surrounding conditions. Then, in the second place, it is stated that in erysipelas bacteria are found chiefly in what is called the spreading zone, and not in the interior of the diseased part; but this did not tell much one way or the other. He could not see that this fact is incompatible with the notion that the bacteria may be pathological results. And, thirdly, it is stated that in certain diseases, and especially in relapsing fever and in sheep-pox, there are peculiar forms of bacteria—bacteria which are only found in these diseases, specific they may be called. But, although no doubt this is the case, these peculiar forms might be accounted for by that peculiar soil in which what may be called the native bacterium of the individual is made to grow, because we also know this, that with regard to these minute growths the most varied forms are assumed, according to the soil in which they are cultivated. Now, it appears to me, continued Dr. Murchison, that this view of the case is confirmed by what we see and what we know of the so-called spirilla of relapsing fever. These minute bodies which are found in the blood make their appearance in large numbers during the primary paroxysm of fever, but before the crisis they disappear; they are absent entirely during the intermission, and with the relapse of the fever they return, and they again disappear with the second crisis. It appears to me that these appearances of spirilla, and their sudden annihilation twice over, are best accounted for by the reason that the germ-theory is untrue. There was one fact to which Dr. MacLagan attributed great importance as an argument in favour of the germ-theory: he seemed to think that the cutaneous eruptions and the local complications of the various infectious diseases were best explained on the germ-theory, because, as he has argued, the vital germs found in the organs, which became the seat of lesions, the second factor necessary for their multiplication and growth. This is an argument,

however, which to my mind certainly has very little weight, for we find that arsenic exhibits very much the same sort of selection. You find that inflammation of the stomach, and inflammation of the rectum, will be produced by arsenic, whether it is introduced into the intestinal canal or into the vagina, or the nostrils or the skin, and it is to this predilection of certain medicines for certain organs and tissues of the body that we look for some of the greatest discoveries in therapeutics. There is one other argument to which, it appears to me, a great deal too much stress has been given in favour of the germ-theory. It is alleged that the germs of disease show that they are vital by the length of time that they will retain that power, notwithstanding their being subjected to the most destructive chemical and physical influences. Now I must say that I think this argument has been too much strained. There can be no doubt that the germs of small-pox and scarlet fever will retain their vitality for a very long period indeed, under favourable circumstances; but I myself know no facts that will show, even with regard to two such contagious diseases as scarlet-fever and small-pox, that the germs will retain their vitality for any length of time if they be freely exposed to atmospheric air; and I think myself that this is an argument which has too often been overlooked, a strong argument opposed to the omnipresence of vital germs of disease, which is a necessary element, you must remember, of the germ-theory. There can be no doubt, however, that the strong argument in favour of the germ-theory of disease is the multiplication of the poison. It is this which has been aptly compared to the multiplication of living germs. It is contended that in chemistry there is no such process, that there is no existence in chemistry of a body which excites a chemical change, being itself multiplied. Now it does not follow, however, that although no such process in chemistry may have hitherto been discovered, no analogous process to that of contagion may not yet be discovered; and in reference to this, I hold in my hand a letter which I have received from Dr. Lyon Playfair, calling my attention to one process which, at all events, is somewhat similar to what takes place in the multiplication of contagion. The substance he refers to is the substance oxamide. This substance, it is well known, is decomposed when it is boiled with acids or with alkalies into oxalate of ammonia, and if the acid selected be oxalic, as Dr. Playfair says, a small proportion of this oxalic acid will convert an infinite quantity of oxamide into oxalate of ammonia; in other words oxalic acid, the substance which excites the change, will itself be independently multiplied, quite independently of the presence of any vital germs. In speaking of this matter, then, it seems to me that it is not right to speak, as is commonly done, of the poison multiplying itself; this in itself conveys a theory, and it is far more correct to say that the poison is multiplied, which is all in fact that we really know. It may so happen that it may hereafter be discovered that these diseases are propagated neither by germs nor by any chemical process; but that they may be propagated by minute particles acting by contact in producing other similar particles, just as we find in the case of tubercles or pus. This, however, is for the present a conjecture. There are two arguments, however, which have always appeared to me to be of great weight, as opposed to the germ-theory of disease. The first is this: the fact that the great majority of persons attacked with these infectious diseases recover. It seems to me very difficult to account for this on the germ-theory. I know that it is said that they recover, because the germs have exhausted all the material in the body necessary for their production and growth; but it seems to me that what occurs in relapsing fever is opposed to this explanation. In relapsing fever we have, in the first place, a febrile process lasting a week; then there is a complete intermission of another week, and then there is a relapse, similar to, but somewhat shorter than, the first attack. Now if the germs exhausted all the material necessary for their growth in the first attack, whence comes the material necessary for their growth in the second attack, in the relapse? This material cannot be produced by the febrile process, because on the germ-theory the febrile process is itself the result of the germs. And then the last argument is one to which I have already referred, namely, the circumstance that many of these infective diseases arise independently of a pre-existing cause. The germ-theory renders it impossible to admit such a possibility, and, in fact, it may be said that those who uphold the germ-theory practically deny that it is possible for any of these diseases to arise *de novo*; but it

seems to me inconceivable that any one weighing carefully the evidence on this point, in reference to such diseases as pyæmia, erysipelas, diphtheria, cholera, dysentery, and typhoid fever, can come to any other conclusion than that such a thing is possible, as the generation *de novo* of these diseases, unless their minds be already preoccupied by the germ-theory of disease.

Mr. WAGSTAFFE stated the facts he had observed lately. He divided the results into two classes: negative results and positive results. With regard to negative results, during health no organisms of any kind are usually seen in the blood; but under certain conditions, which it is very difficult to understand, organisms of certain kinds, which we are not able to distinguish from those found in disease, are found in what we may look upon as a healthy state. He instanced a man named Marks as a curious example of this kind. He came under my notice while I was examining a number of cases of erysipelas. He was in an erysipelas ward. His blood was full of these organisms, as many as from ten to twelve being in every field of the microscope, actually moving about. I examined his blood under other conditions, when he was quite well; he was still in the same ward—at times he was well, and at times he was ill, and he always showed a large number of these organisms. Taking also a number of other cases indiscriminately, it was found, on examining the whole of the side of a large ward, that none of these patients, suffering from very different diseases, showed any definite signs of these organisms in the blood. Some of these patients were suffering from acute and subacute diseases; in some the temperature was standing at 102 deg., but in the majority the temperature was low. Some had open wounds, some had no wounds at all; and none of these cases, taken indiscriminately on a certain day, showed any of these organisms whatever. Then, with regard to positive observations, the first point to which I would refer as the result of these observations is, that pus from an open wound always contained these microzymes, these small actively moving particles. Then, with regard to the blood of patients suffering from suppurative fever, it always showed these microzymes. (I use that term as a general term, including chiefly small actively moving particles, and also dumb-bells and chains apparently of the same bodies running together.) Then a third class of cases, in which I nearly always found these particles, was the class of strumous diseases particularly affecting the bone. Here the particles varied apparently in number, according to the intensity of the constitutional disease and the inflammatory process. In cellulitis also the same results were seen. Out of twenty-four cases examined, as many as twenty showed in the blood the same moving particles, the number varying with the intensity of the disease. Then, in all cases of pyæmia examined, the blood contained these particles, chiefly dumb-bells and chains; and, in addition to these, usually a number of bodies not actively moving, apparently small plastic bodies, some actively moving, but the majority of them quiet. This observation particularly differs from that which Dr. Bastian has mentioned in his address. But I have recently had the opportunity of comparing the microzymes present in the pus of a pyæmic abscess and those present in the blood of the same patient, and these bodies were apparently identical. Another class of cases in which they were nearly always found were cases of acute syphilis; and in those cases another appearance presented itself, which is rather curious. Large plates of plastic matter, extremely granular, were seen in the field of the microscope, and the number of these particles varied with the intensity of the constitutional disease. In cases of another kind, not surgical, cases where there was no wound at all, cases of general fever, particularly of acute pneumonia, the same particles were also found in the blood, but in much smaller numbers. Lastly, I may refer to the progress of an ordinary case of a large wound of amputation. In some instances I have been enabled to follow the appearance of the blood from day to day. In one case, that of a boy whose thigh was amputated, five hours after the amputation, the temperature being 102, there were as many as from twelve to twenty microzymes actively moving in each field of the microscope; and when it is remembered to each field represents only a very small portion of a drop of blood, and that each drop represents not more than a hundred thousandth part of the body, we may assume that these particles are extremely numerous in the body in such a case. On the second day, the temperature being 101.2 deg., there were as many as twenty or thirty in every field of the microscope. On the third day,

when the temperature was 101.6 deg., they were reduced to three or four in each field. On the fourth day, the temperature being the same, they were reduced to one or two, gradually diminishing in number until three weeks after the operation, when they increased in number, with the appearance of an abscess in the thigh; after this they diminished and disappeared entirely. These facts seem to show a very close relation, as no one will hesitate to allow, between the appearance of these bodies and the active changes which are going on in the body—between the bacteria (using the term as a general one) and the inflammatory process.

Dr. GOODHART said he and Dr. Moxon during the last few years had been particularly engaged in examining in the same direction as Mr. Wagstaffe, but with results that seem to clash with his. We have taken all classes of fevers, including cases of erysipelas, one or two cases of typhus, cases of measles, scarlatina, and one case of variola. The conclusion to which we came was this: first of all, that it did not apparently seem to matter very much as to what the condition was that produced the fever; whether it was a specific fever or a case of pyæmia, or surgical fever, or what not, all the cases seemed to have very much the same appearance. As contrasted with healthy blood, the appearance we noticed was, that there was a very large amount of granular matter in the blood. In no case have we found any moving particles in the blood when the patient was living; that has been our great objection to calling what we found "bacteria." We found a large number of granules which had very much the appearance of refracting granules seen in degenerating blood-corpuscles; they had a tendency to aggregate into masses; sometimes there were large masses which corresponded almost precisely to what has been called zoogloea, and in a large number of cases there were beaded chains. In no case during life did we find anything like a rod-like particle; they were only these rounded spheroids, as they have been called, or the compound aperiods, chains, or aggregated masses; we never saw them moving. Those were very much like the granules one sees in the blood, and we were hardly disposed to call them bacteria at all, more especially as, on applying the caustic potash test, they nearly always disappeared. These experiments appeared to us to coincide exactly with the observations made by Dr. Bastian, and which were laid before this Society in 1869; they only differ in this, that he at the time found rod-like particles in the blood, and so far, I suppose, these particles which Dr. Bastian found might have been called bacteria. We found nothing of the kind. I thought very likely that the difference between his results and ours might depend upon the fact that, while we examined the blood immediately it was removed from the body, he, as far as I understood, waited some five or six hours, which I thought was sufficient to develop bacteria. To ascertain if there was any relation between the spreading conditions of erysipelas and bacteria, we removed blood from the spreading edges in cases of erysipelas, and in those cases we could come to no conclusion whatever that there were any bacteria—that is to say, in the juices we removed we could not find bacteria. We found in the blood of fever-patients the same beaded chains, dumb-bells, and spheroids, but no rods, no moving particles. Lastly, we examined cases of closed abscesses, and also discharges from wounds, sores, stumps, and so on; and there we can coincide with Mr. Wagstaffe that in all cases in discharge examined from stumps and sores, moving bacteria in chains and rods, and also in spheroids and dumb-bells, were present in large quantities. In closed abscesses, also in pyæmic cases, we did certainly in five or six cases find bacteria present.

Dr. PAYNE thought, after all, it is true that, meaning by the inside of the body the blood or the solid tissues, ordinary putrefactive bacteria are not found in the body during life, unless exceptionally and rarely; but they are, as Dr. Bastian justly pointed out, there present within a certain time, within a variable time after death. Now, I will just recall to the memory of all those who have made a great many post-mortem examinations, that there are some conditions in which these particular forms of bacteria are present in enormous numbers, and so shortly after death as to suggest at once that they must have been present immediately before. There are those cases which are known as post-mortem emphysema, where the body sometimes, as I have seen it even during a hard frost, when decomposition of the ordinary kind must have been quite arrested, swells up in a very few hours—less than six after death—to a considera-

ble size, many parts of it being filled with small cavities containing gas, and this not only in the subcutaneous tissue, but more especially in the liver, spleen, and kidneys. Now, if we examine that part of the organ which is in this condition of post-mortem emphysema, we see at once that the gaseous cavities are merely developed out of pale softening spots, that the gas is produced in these pale softening spots; and, if we examine the spots, they are really nothing in the world but tissue possessed of the commonest ordinary rod-like bacteria—the ordinary bacteria of putrefaction. There is no doubt, I suppose, that the same changes are taking place in such a body as that shortly after death, as not unfrequently take place after a considerable time. Well, what conditions give rise to this post-mortem emphysema? I think, in the great majority of cases—I am not prepared to say in all, but very nearly, if not quite, in all that I have seen—there has been before death some part of the body in a state of positive death; either there has been a gangrenous limb, or some considerable extent of bruised tissue, or, as in more than one case I have seen, there has been urinary infiltration either from rupture of the urethra, or as a consequence of some operation. Well, in such a matter, of course positive proof is not to be had, but surely what is immediately suggested by such a relation of things is this: that this portion of the body, any gangrenous portion, any portion which has been severely bruised, is, we know, filled with common bacteria, such as we find in putrefaction; and also when a part of the body, such as the scrotum or subcutaneous tissue, is infiltrated with urine from rupture, and is at the same time in communication with the air, we there find that the ordinary bacteria of this kind swarm. Therefore it appears very reasonable to suppose that from that part of the body they have passed into the blood. Why then, it may be said, did they not produce during life the same changes which they produce after death? Well, to explain that I simply accept the fact which has been insisted upon against the germ-theory, namely, that a particular kind of soil is necessary for the development of a particular species of bacterium, and possibly to some extent to determine the specific character. I suppose that these putrefactive bacteria in the healthy body cannot or do not germinate or live, and that, nevertheless, when a part of the body is in a gangrenous condition, they are liable, although not certain, to be circulated through the body, and to be waiting there till death causes the change in their tissue, which permits their more perfect germination, this germination and development causing the evolution of gas, and producing the condition I have mentioned. Now, if this be at all true, it would be confirmed by an observation which Dr. Bastian also brought forward, that the bacteria of ordinary putrefactive fluid may be injected into the body without causing any very striking symptoms. Dr. Payne added that when we examine a pyæmic case after death, we do not find the evolution of gas and other signs of active putrefaction in the place where the pyæmic lesions occur, although we do find certain organisms; therefore, this is a physiological proof of the truth that these things, whatever they are called, are not the same as putrefactive bacteria, and physiological proof, in addition to the morphological difference adduced by several observers. Therefore one can, to a certain extent, trace particular forms associated with particular disease in those parts of the body where the disease has occurred, and it is not the same as common putrefaction.

Mr. Jabez Hogg.—It has always appeared to me that pus and the lymph-cells occupy a very important share in the production of those granules of which Mr. Wagstaffe has spoken. There is one experiment that I have often repeated, and it has been repeated for me by Mr. Bell, the eminent chemist of the Inland Revenue Department, in regard to the action of pus upon the fermentable materials. I have often added (as Mr. Bell has done for me) laudable pus to sweet wort, preparations of grain, and also sugar preparations, and we have obtained very active fermentation in the ordinary space of time. On all occasions the pus-cell has broken up, and produced the bodies represented in the drawing before us. Of course the result is similar to the action of yeast. There is a considerable quantity of alcohol, but only half the quantity that would be formed by yeast. We always get a certain quantity, from 7 to 9 per cent., and we have had 12 per cent. of alcohol from the action of the pus itself. I only mention this in order to hear from Dr. Bastian whether he has made these experiments, and what action he supposes the pus or lymph-cell of that kind would

have upon those granular bodies, which I have myself observed repeatedly.

Dr. BASTIAN, in his reply, said: With reference to Mr. Wagstaffe's observations on blood in various diseases, in all my examinations, made in cases of typhus fever, erysipelas, and all sorts of affections, I never once saw a single object which I could put down as a bacterium, or which I, in my own experiments, could have ventured to cite as a bacterium. I saw, of course, many times, a number of granules in the blood, more especially in cases of fever, where granular matter is extremely abundant, and in many cases the granules would possess a much more active motion than the granules of the blood usually do. I do not pretend to understand what is the cause of that active motion of these granules, but I would not venture to say that these were independent organisms at all, and I have never yet seen in the blood of any living animal independent organisms. I have examined the blood from pyæmic patients, patients dying of pyæmia, with the greatest care, over and over again. Last year, I renewed the examinations, and never was able to find a trace of anything like a bacterium in the blood of a living person suffering from pyæmia. A very great number of observations have been put upon record with regard to the presence in the blood of these micrococci. I have a distinct objection to that word "micrococci," because it means a mere granule, a thing with no specific or definite form at all; and I have the same objection to the word "microzyme," because that has been used in precisely the same sense, and means nothing. I would never venture to say in any given case that the blood contained organisms, unless I saw that it did contain organisms having a definite shape. We get granules everywhere. Let anyone boil a little albuminous urine, and look at the granules there—you get it swarming with micrococci. You may say that these are organisms. I know no means of distinguishing between these mere granules of precipitated albumen, and the mere granules which often pass as micrococci; and, therefore, unless the things do possess a definite form, I should be very reluctant to say that they were organisms at all. Then, Mr. Wagstaffe mentions acute syphilis. I have many observations recorded of syphilis, acute and chronic, and have never been able to trace anything in that disease which had the least appearance of bacteria in the blood. Dr. Goodhart mentioned that I brought some observations to the notice of the Society in 1869, in which bacteria were found present in the blood, but I really do not recollect that myself. I know I have mentioned elsewhere the fact that bacteria are found abundantly in the blood in cases of persons dying with a very high temperature, say 109 deg. or 110 deg.; that bacteria then occur in all the vessels in different parts of the body in the greatest abundance; and this leads me to remark upon a certain statement made by Dr. Payne. Dr. Payne says that he placed no significance upon the occurrence of bacteria in the alimentary canal. He says, truly enough, we are hollow animals, and bacteria may well get in from without. But it is not only in the alimentary canal that these rod-like or ordinary septic bacteria are met with; they are found just as abundantly within the epithelium and the ducts of the skin, and in other places, and they are invariably found in all parts of the body after death. It is only a question of time, and that question of time again is a question of temperature. If the temperature be high, organisms are formed very rapidly indeed, within a few hours even in the different organs of the body. If the temperature be low, organisms are formed more slowly. There is again, it is true, another disturbing condition, and that is the state of health of the patient. If the patient die in full health, these fluids and tissues of the body may be less prone to undergo this change, the bacteria are not found anything like so frequently; but if a patient die who has been half-starved and subjected to a very high febrile temperature, or in whom gangrene has occurred in a certain portion of the body, and whose blood may therefore have been poisoned, then the fluids of that person's body are devitalised, as it were, made more akin to organic fluids existing outside, and they are proportionately prone to pass over into putrefactive changes in which, as I maintain, bacteria are bred as a mere natural consequence. Dr. Sanderson commenced by reiterating, as it were, certain facts which are not at all denied, and he rather repudiated anything like belief in the germ-theory of disease as a theory. Still, I am compelled to say that this theory is his theory practically, because in all his writings, from 1870 onwards, to those which have been published even within a few months, he speaks in this manner. He says that the phenomena of the multiplication of contagia within the body are of such a kind that they seem only explicable on the

notion of organic multiplication and reproduction. Well, if they be produced by organic multiplication and reproduction, it must either be the organic multiplication of fragments of living matter which have come from the persons suffering from the disease, or they must be independent particles, independent organisms, bacteria in fact. The members of this Society heard the curt way in which Dr. Sanderson dismissed it as a matter that could not for a moment be entertained. The supposition has been advanced by Dr. Beale that these are particles which have been thrown off from the living body subject to disease; therefore what remains for Dr. Sanderson, if the phenomena of contagions could only be explained on that supposition? There is only one conclusion which remains for him, that they are independent organisms, and I may say that the tenour of all his writings, from 1870 onwards, has been to promulgate that opinion. In support of this Dr. Bastian quoted Dr. Sanderson's papers in Mr. Simon's Reports, and then offered some remarks on the other speeches made in the discussion.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 19, 1875.

POLLUTION OF RIVERS BILL.

On the motion for the second reading of the Pollution of Rivers Bill in the House of Lords on Thursday last, "a cloud no bigger than a man's hand" appeared above the horizon that seemed to portend the gathering storm which may yet shipwreck the hopes of the Government in their present attempt to deal with this most important question. Lord Morley, while admitting that the time had passed when the necessity for legislation on this subject was disputed, dwelt upon the manufacturing and commercial interests likely to be imperilled by the Bill, and thought more consideration should be given to it, or any other Bill, before it became the law of the land. While he thought it scarcely wise to abolish the tests proposed by chemists and the Rivers Pollution Commission, he was afraid that it would be rushing into the other extreme by leaving it to the common sense of the County Court judge, and for him to put what construction he might think proper on certain clauses of the Act, or should become the sole judge of what was "filthy, noxious, or polluting."

Lord Salisbury confessed his reason for leaving the matter in such hands was, if possible, to get rid of experts, as chemists are called, who, having carefully investigated the pollution of rivers, and furnished materials for protecting the public health, are no longer wanted, because "their

opinions were tainted with the accuracy and minuteness of their scientific knowledge."

This is rather too bad on the part of the Marquis, who professed himself much indebted to Professor Frankland and others for valuable aid he has rendered in this matter, but who had declared that without some scale of tests the Bill would most likely break down. It does not admit of a doubt that it is quite possible to adopt a scale which will be satisfactory without imposing any hardship upon manufacturers; but it is not improbable that the Government desire to afford as much latitude as possible to those who wish to drive the proverbial coach-and-four through the Bill, or Lord Salisbury would never have found a reason for the prescriptive advantage proposed to be given to those who had been old offenders, that is, polluting rivers for twelve years. If such a clause is retained the work of purification will not only be impeded but indefinitely postponed.

We are inclined to favour the views expressed by the Duke of Somerset, who said, "it is ten years since the agitation began, and the conclusion at which he had arrived, after reading much of the evidence, was, that our rivers were hopelessly polluted, and that we never could make their water potable. The foul matters encumbering streams might be got rid of, but the notion of their supplying water fit to drink must be altogether put aside. Towns must be supplied with pure water for drinking purposes in some other way."

In an admirable and exhaustive lecture delivered before the Society of Arts, on "River Pollution," on Wednesday last, the lecturer concluded his discourse in the following words:—

"The great evils of the present water supply will not be abated by any half measures, or by a Royal Commission. Nothing short of having recourse to subterranean stores, artesian wells sunk into the chalk or sandstone far out of the reach of sewage contamination, will, in my opinion, afford the shadow of a remedy. The large supplies of water stored up in the deepest recesses of the earth, as pointed out by Mr. Homersham in a valuable and interesting lecture delivered in this room twenty years ago, will alone remove the evils under which we labour. Such water stores are absolutely pure and brilliant. They are entirely free from all suspended matters, and from decaying organic substances, and fæcal refuse. Neither spores, seeds, fungi, ova, or the larvæ of animals can possibly penetrate to the deep recesses of the earth. Deep well water contains probably the inorganic products of the thunderstorm of a century or more ago—a little lime dissolved out of the chalk as it passes through the rock, a little chloride of sodium, washed out of the sea ages gone by and deposited in the soil, but it contains no ammonia in organic combination, and no albuminoid ammonia. It contains what we prefer, since it imparts a sparkling briskness to the water, carbonic acid gas and air. It is, therefore, absolutely safe to drink, it is wholesome, and fit for all purposes of life, domestic and dietetic."

ANÆSTHETICS IN FRANCE.

DR. DUPLAY has been reading a report upon two memoirs of M. Darin, one entitled "Recherches sur les Anæsthetics." Dr. Darin is not of the opinion of those authors who put forward that the protoxide of nitrogen causes insensibility by asphyxia. He has seen plants and animals live in an atmosphere full of it. In practice, its innocence seems proved; out of 67,000 individuals

anæsthetised by an American surgeon, there had not been any case of death, nor had any occurred out of 300,000 cases published in the States. According to the reporter, the difficulty of obtaining a great quantity of laughing-gas, and the short time the anæsthesia lasts, have made it be abandoned.

In the discussion which followed this report, Dr. Trélat said he had read recently in Claude Bernard's treatise on anæsthetics that the protoxide is an anæsthetic of asphyxiating nature. As to the figures 67,000, which, according to the reporter, had been anæsthetised by the gas by the same person, this appeared to him unlikely, and it was an assertion coming from the other side of the Atlantic, so that it might be accepted or not, as we pleased. The anæsthetic had been, he observed, abandoned because the effect was not durable enough. Chloroform and ether are not asphyxiating, but have a tonic action on the nerve centres.

Dr. Perrin said that ether and chloroform have a poisonous effect on the elements of the nerves; this is not capable of being contested; he shared the opinion of Claude Bernard as to protoxide of nitrogen. Its action is prompt as lightning, and the awakening so rapid when the inspiring instrument is withdrawn, that practitioners are obliged to apply their instrument to the tooth beforehand. As to American observations, they must be accepted with a certain reserve. Horace Wells, after the first success obtained on experimenting on himself, was so hissed by the students on making his first public experiment that he gave it up and kept a menagerie. Since that, a statue has been raised to him.

Humphry Davy first tried the laughing-gas at Clifton, in an establishment where patients were treated by the inhalation of gases, and where the protoxide of nitrogen was the most employed. There were several cases of death. The appeal which Dr. Duplay has made (said Dr. Perrin) ought to be understood, and we should all give to the Society the facts of our practice with regard to the employment of any peculiar anæsthetic agent. At Paris very little ether is used, and yet we ought to encourage attempts, according to the advice of Petrequin, and the Lyons School, which has given up chloroform; it is true that if the use of chloroform persists at Paris it is because it scarcely does any harm.

The next speaker, Dr. Magitot, said that the recent experiments of MM. Jolyet and Blanche show that the protoxide of nitrogen is irrespirable, and that the anæsthesia it causes is produced by asphyxia; it is impossible to obtain an anæsthetic state long-continued enough for practising a long operation; and he joined himself to his colleagues in asking for a committee of inquiry on the subject of anæsthetics in general, and on protoxide of nitrogen in particular.

The next speaker, Dr. Giraud Teulon, had, after an accident with chloroform, which occurred some ten years ago, employed ether as an anæsthetic, in the American method, which consists in overwhelming the patient. In children the success is immediate, and the sleep quite calm; the pulse does not slacken, and there is not that anxiety which accompanies the inhalation of chloroform. He covers the face of the patient completely with a napkin folded triangularly, which contains a sponge on which three

or four ounces of ether are poured. In less than a minute sleep appears in children without alteration of the face or pulse, and the surgeon may act fearlessly. This morning he had performed an operation for strabismus on a young girl aged 22 by this process, who fell asleep in two minutes, without presenting any alarming symptoms.

Dr. Blot gave his adhesion to the proposition of M. Trélat as to the asphyxiating property of laughing-gas, as he had latterly been present at the extraction of a tooth in a young girl who had inhaled this gas; she had all the appearance of asphyxia, and the inhalations had to be stopped, when the colour reappeared and all danger soon vanished. As to the observations of Dr. Teulon about ether, they are rather with those he had collected when he was *interne* of M. Velpeau, in 1847. He had never employed ether in large quantities, and did not approve of the English plan. Besides, it is not the quantity of the gas which kills, and, when accidents arrive, it is almost always—and in this respect we may usefully consult a report by Dr. Robert—among the first inhalations. There are some persons who, leaving out affections of the heart and lungs, or nerves, are fatally influenced by chloroform or ether, and yet we cannot certainly predict this before trial. It is in such cases that there is enormous danger in the large doses of ether.

Dr. Perrin remarked that twenty years ago, Bonnet of Lyons, employed the so-called English plan. There had been two or three accidents, and these will be communicated at the fitting time. Chloroform does not produce in children those reflex accidents noticed in adults.

Dr. Trélat said that the word overwhelming had struck him. This is a method that may be called asphyxiating. If we make the patient breathe gently vapours which are anæsthetic, we observe three periods: 1. A period of excitement; 2. A period of tolerance; 3. A period of insensibility, soon followed by complete muscular resolution. Ether may, when given in large quantity, at once produce accidents like those of chloroform.

M. Magitot said that the procedure of overwhelming is employed in anæsthesia by the protoxide of nitrogen, as the gas is contained in a vessel at a pressure of from five to six atmospheres.

Dr. Giraud Teulon said he would bring forward a number of operative facts which had given him a tranquillity he had wished for. The facts he had were new and worthy of being compared. It is certain, he said, that we may compare the anæsthetic effects of ether and chloroform; but as to the protoxide of nitrogen, that is different. Seven or eight years ago he was struck by the asphyxiated look of a patient anæsthetised by M. Preterre, in the service of M. Nélaton. Since he had employed ether for the last ten years; he had only once had any fear, and that passed away. He had just made with M. Thaon, *internes* of M. Trélat, an iridectomy on a child of eight years of age, when all at once, when the operation was finished and the dressing terminated, he was frightened by the pallor of the child's face. A few manœuvres were required to put an end to this condition. And that was the only time where he had seen any comparison between the accidents arising from ether and chloroform.

Dr. Giraldès confessed he had a weakness for chloroform. The action of this agent is far more rapid on chil-

dren than that of ether, which he had been obliged to give up; so that, until his ideas changed, he would prefer chloroform. It had happened to him in certain cases to produce anæsthesia by ether rapidly, but ten days ago he had been obliged, after employing, in the way recommended by Dr. Giraud Teulon, 200 grammes of ether, to have recourse to chloroform to anæsthetise the patient. Many English surgeons prefer chloroform; at St. George's Hospital, in London, much ether is used. There have been no accidents with ether; and if we ask practitioners why ether is such a favourite with them, they reply that they are more sure with this agent than they are with chloroform. The inhalations of ether produce first of all a characteristic drunkenness; and lately he had had to knock down with chloroform a vigorous young man he was about to operate on for phymosis, and who wished to fight with him.

Dr. Duplay said he had limited himself to the part of historian. The memoir of Dr. Darin was not original, but the analysis of many works. He thought that the question of protoxide of nitrogen was not decided; he knew the experiments of MM. Jolyet and Blanche, which were related in the memoir. M. Darin had made experiments contradictory of these. We must strive to elucidate the question, and see whether the asphyxiating property of the gas is sufficiently proved. In America it is given continuously. Marion Sims published a case of ovariectomy which lasted one hour and a half. With regard to ether, there was in the memoir a series of letters addressed to certain English journals, relative to the manner in which the Americans administer it, and ether was shown to be much safer than chloroform.

Dr. Lefort said that in England the surgeon had not the responsibility of the accidents which might arise; there is a physician especially devoted to anæsthetics. In 1845 he had been anæsthetised by laughing-gas. Since then he saw Preterre anæsthetise in the wards of Dr. Saint-Germain, at the Midi, an individual with phymosis. The blue and turgescient visage of the patient had terrified him.

Notes on Current Topics.

Chester County Asylum.

THE Commissioners in Lunacy conclude the report of their visit to this asylum as follows:—"We have to express our opinion that the condition of this asylum reflects much credit upon those to whom its management is confided."

The report of the medical superintendent, Dr. Davidson, gives some interesting points:

The recoveries of the past year, reckoned on the admissions, give a percentage of 31·8; which recovery rate compares unfavourably with that of the preceding year, the percentage being then 42·2. This less favourable result is, of course, due to the intractable or hopeless character of so many of the new cases from which the recoveries are principally drawn. In thirty of the recovered cases the length of residence in the asylum varied from less than one month to six months, and in thirteen

cases for periods from six to twelve months, most of the patients having been admitted before the disorder had been of long standing. Besides the recoveries, 22 patients were discharged as relieved, and 14 as not improved.

The number of deaths which occurred in the course of the year was 32 males and 11 females, or 21 deaths fewer than in the previous twelve months. The difference in the mortality of the sexes is very marked, and may be accounted for by the fact that the mental derangement among the men is more frequently complicated with grave bodily diseases, the women enjoying a comparative immunity from the ravages of general paralysis of the insane. It is gratifying to be able to report that the death-rate for the bygone year has been lower than for several consecutive years, the proportion being 9·8 per cent. on the average number resident, and 7 per cent. on the total number undertreatment. Judging, however, from the number of old and feeble patients who survived the close of the past year, but who had evidently soon to pay the debt of nature, Dr. Davidson fears that the mortality for the year 1875 will be somewhat high. General paralysis claimed as usual the largest number of victims, 17 patients having been carried off by that formidable disease alone, 7 died of epilepsy, 5 of phthisis pulmonalis, and 6 yielded to the decay of old age. At the time of death the average age for both sexes was 50 years, or 46 for the males and 54 for the females.

The Approaching Election of Council of the Irish College of Surgeons.

A MEETING of the Fellows of the Royal College of Surgeons in Ireland will be held on Monday, the 31st inst., at 3 o'clock, to receive the annual report of the Council.

A meeting will also be held on Monday, the 7th June next, at 1 o'clock, pursuant to the provisions of the Supplemental Charter, to elect a president, vice-president, council, and secretary, for the ensuing year.

Fellows who may desire to have their names printed on the lists of candidates for offices, are requested to signify their wish, by letter, to the Registrar of the College, on or before the 19th of May.

For reasons which will be readily understood we refrain from expressing any opinion on the eligibility of the several candidates.

We refer our readers to several letters on the subject which appear in our correspondence columns to-day.

The Coroners (Ireland) Bill.

THIS Bill, after a lengthened and somewhat hot discussion on its second reading, has got through that stage, and is referred to a select committee. The committee has not yet been struck, and it will probably not sit until the first week in June. We earnestly trust that the medical men of Ireland will bestir themselves, and by one united effort put an end to the anomalous state of the law which now exists.

Enteric Fever near London.

IN the week ending April 24, 5 deaths from enteric fever occurred in Croydon, 2 in Willesden, 2 in Tottenham, and two in West Ham.

Dr. Lyon Playfair's Vivisection Bill.

THE Bill introduced by Dr. Lyon Playfair, Mr. Spencer Walpole, and Mr. Evelyn Ashley, "to prevent abuse and cruelty in experiments on animals made for the purpose of scientific discovery," proposes to enact that painful experiments on living animals for scientific purposes shall be permissible on the following conditions:—"That the animal shall first have been made insensible by the administration of anæsthetics or otherwise, and shall continue to be insensible during the whole of such experiment; and that, if the nature of the experiment be such as to seriously injure the animal, so as to cause to it afterwards, the animal shall be killed immediately on the termination of the experiment." Experiments without the use of anæsthetics are also to be permissible, provided they are made for the purpose of new scientific discovery; that insensibility cannot be produced without necessarily frustrating the object of the experiment; that the animal should not be subjected to any unnecessary pain; and that if the nature of the experiment be such as to seriously injure the animal, so as to cause to it afterwards, the animal shall be killed immediately on the termination of the experiment. A register of all such experiments is to be kept. The Secretary of State is to be empowered to grant licences to persons provided with certificates signed by the President of the Royal Society, the Presidents of the Royal College of Surgeons, or the Colleges of Physicians in London, Edinburgh, or Dublin, and other persons specified in the Bill. The licence is to be revocable on cause shown, and any person making painful experiments on living animals, except as provided in the Act, is to be liable, on prosecution before a court of summary jurisdiction, to a penalty not exceeding £50, or imprisonment for a term not exceeding three months.

Jervis Street Hospital, Dublin.

Two vacancies in the medical staff of this hospital have taken place by the appointment of Dr. Corley to the Richmond Hospital, and by the resignation of Dr. Kane, who is going abroad. We understand that Dr. Kilgariffe, of the Catholic University, and Dr. Collins, of the School of Physic, are likely to be appointed.

The Curriculum for an Irish Apothecary.

THE rejections at the recent "primary" of this body, it is stated in the *Students' Journal*, amounted to nearly 75 per cent. Most of the rejected candidates failed in anatomy (which included questions on fresh dissections). The examination of the "Hall" in Ireland is now considered to be a very searching and practical test of a student's knowledge.

This is the corporation which has the assurance to maintain that it has a right to prevent any person from making up a cough bottle unless he has passed this examination. A dozen persons take yearly the qualification as a medical qualification because it enables them both to practise and keep open shop, which the College of Physicians diploma does not; and, meanwhile, Ireland starves for competent dispensers to satisfy the hobby of half-a-dozen governors of the Hall.

Death from Conium.

A DEATH, probably from an over-dose of conium, occurred on the 13th of April in New York. The jury found that the deceased "died from the medical use of the fluid extract of conium." The patient suffered from tic douloureux of the face, and took, first of all, 180 drops of extract of the leaves in four doses of 40, 40, 40, and 60 drops, without any effect. He then took, after an interval of four hours, about 150 minims of the fluid extract of the seeds in three doses of 50 minims each, at intervals of about half an hour. He died suddenly in about an hour and a half after the last dose. It will be remembered that Dr. John Harley has given as much as an ounce for a dose of the succus conii.

Patent Medicines in America.

IT will be recollected that a strong course was taken in America some months ago by the Commissioners of Patents, who refused licence to certain patent medicine which had nothing whatever either novel or useful in its constituents.

It is announced officially that patents are still issued for medicines and chemical compounds, "when they are found to be new and useful, as the law requires." Within the last few months many applications for patents for medicinal mixtures have been rejected, on the ground that the alleged inventions were wanting in novelty and utility. The rejections were made by the examiner, and as no appeal has yet brought any of the applications before the Commissioner for decision, he has had no opportunity to investigate their merits.

Poisoning by Nitrate of Silver.

A CASE of poisoning by nitrate of silver is reported in the *Brighton Guardian*. A man swallowed a piece of lunar caustic in mistake for an antibilious pill. He soon felt a burning sensation in the gullet, but nothing could be felt outside. The man died, and at the post-mortem examination Mr. Eugene Hart found the stomach congested. At the back of the tongue he found a black patch in the fold of the mucous membrane, where the poison had lodged. The passage into the lungs was completely blocked up, and the throat much swollen. The deceased died from suffocation. We believe that Mr. Henry Smith saw a case where a piece of caustic got into the larynx and nearly caused death.

What is in a Name?

ONE would imagine that authors generally, and medical particularly, were anxious to answer this query, if we are to judge by the number of books continually thrown off the press, all bearing a family likeness as regards names, and not infrequently so when their interiors are scanned. In order to illustrate this, let us take as an example the subject of food, foremost in which we should rank Drs. Letheby and Pavy's treatises: thus we have "Food: its Varieties, &c.," by Dr. Letheby; "Food and Dietetics," by Dr. Pavy; "Food and Diet in Health and Disease," by Dr. Cameron; "Food: its Composition, &c.," by Dr. Marcet; "On Diet and Regimen in Health and Disease," by Dr. Dobell, 1867; "On Diet and Regimen," by Dr.

W. H. Robertson ; " On Diet and Regimen in Health and Disease," by Dr. Chambers, 1875 ; and so we might go on *ad infinitum*. Then there are the subjects of Hygiene, Public Health, each having dozens of works bearing the same resemblance ; whilst Dr. Fothergill's last work, " The Maintenance of Health," 1874, had its prototype in name in a treatise by Mr. Lowndes in 1867. Now, far be it from us to discourage any aspirant to literary distinction ; but we ask, Are a tenth of the works written of any practical use ? Do they contain anything new, or what has not already been better said before ? Paste and scissors could best answer these queries. But assuming that writers have some new discoveries, some really useful information to impart, is there any reason why reviewers' and readers' brains should be muddled by such a similarity of titles ? Surely the field is wide enough without so much copying—" a book by another name would read as well."

Mr. Simon's Report.

THE Report of the Medical Officer of the Privy Council and Local Government Board, No. 11, is the fulfilment of a promise made by Mr. Simon in his last annual report, that he would give some account of the three epidemics of typhoid fever which have lately been so much discussed, along with other matters of interest in a sanitary point of view.

This volume contains reports on the outbreak of enteric fever in the town of Sherborne, on that at Caius College, Cambridge, by Dr. Buchanan ; on that at Armley, near Leeds, and at Moseley and Balsall Heath, by Dr. Ballard. There is also a report on the outbreak of enteric fever in Marylebone, by Mr. J. N. Radcliffe and Mr. W. H. Power.

It will be remembered that Dr. Buchanan showed that the fever at Caius College had been caused by the drawing of foul air from the water-closets into the service-mains. Dr. Ballard showed that the fever at Armley had first attacked a dairyman, and then spread to a number of his customers. The well of his yard was found to be much contaminated with sewage.

In the appendix there are a series of illustrations of inspectors' reports, tabulated carefully, respecting the results of inquiries made locally as to the causes of various zymotic diseases. In all, or nearly all of these cases, enteric fever is spoken of in company with other diseases engendered by filth. Diarrhoea and typhus epidemics have also been inquired into, and in some few cases measles and small-pox have been considered. In most of the cases of such epidemics neglect on the part of the local sanitary authorities has been traceable ; there have been no drains at all, or drainage has been most imperfect, or the drains have been disgracefully filthy. The water supply in some cases has been most defective, or polluted by sewage, and foul privies and dunghills have been the causes in many instances. There is a report by Mr. J. N. Radcliffe, " On Certain Means of Preventing Excrement Nuisances in Towns and Villages," which is worth reading.

It is stated that the Cremation Society is likely for the present to be broken up for the want of the necessary guarantee fund.

The Reality of Hæmorrhagic Effusions in Hysterical Cases.

THE *Philadelphia Medical Reporter* gives an interesting abstract of the investigations in reference to Louise Lateau, who was recently made the subject of an address by Professor Virchow, and a commission appointed by the Royal Academy of Medicine, of Belgium, has reported on her case. An article, also, on " stigmatic ecstasy," in the *Gazette Médicale de Paris*, March 6, is prompted by her case. From these sources we glean a pretty full history of it :—

" Louise Lateau was born at Bois d'Haine, in Belgium, where she still lives, on January 30, 1850. She had a miserable childhood, troubled by numerous diseases ; the menses only appeared when she was eighteen years old. In March, 1868, she felt wandering pains of great intensity, completely lost her appetite, and brought up blood on several occasions. She passed a whole month on low diet, and consequently fell into a state of such weakness, that on April 15 the last sacraments were administered to her. However, she soon rallied. On the 19th the periodic function commenced, and lasted three days, when she grew better so rapidly, that on the 21st she was able to go to mass in the parish church, about a mile and a quarter distant from her home. With regard to her mental condition, Louise had always liked solitude and silence ; from her earliest childhood she repeated her morning and evening prayers with the utmost fervour, and had a particular love for prayers relating to the passion of the Saviour."

Not long after the functions were established, she commenced to experience on every Friday severe pains in the forehead, in the left side, and on the dorsal surface of the hands and feet, followed soon by an oozing of blood. These are the *stigmata*, or marks corresponding to those inflicted on Christ during his crucifixion. The oozing disappears after Friday, and does not recur until the next Friday, that being the day, according to tradition, on which the crucifixion took place.

Since March 30th, 1871, Louise asserts she has not tasted any food or drink, and has not had any action of the bowels, nor has she passed any urine. Her menstruation, however, continues regular. Such is her story.

When the Belgian Commission examined her last September, they found a young woman of twenty-five, five feet four inches in height, weighing 117 English pounds, pulse regular, moderately strong and rather quick (80 to 100), lips red, teeth white and sound, complexion rather chlorotic. The respiration was normal, her breath sweet and indicating the normal proportions of vapour of water and carbonic acid.

There was no indication of a hysterical subject, and the epigastric and dorsal pains peculiar to such were entirely absent. But it was on the Friday *stigmata* that the Commission were most intent. On Thursday afternoon Louise presented all the signs of violent arterial excitement, headache, hot and dry skin, quick and full pulse. The next morning the upper part of the forehead was covered with dried blood, which it appeared had flown from midnight until six o'clock in the morning, but had then stopped. When washed with a wet towel, the forehead became perfectly clean and remained in the same condition the rest of the day. The epidermis, when examined with the magnifying glass, showed neither erosions nor scratches. In the backs and palms of both hands there were two bleeding wounds, from three-quarters of an inch to one inch long, wider in the centre than at the ends. Red blood, like the blood of the capillaries, flowed incessantly, drop by drop, and almost continuously, from these four wounds. The *stigmata* of the back of the hand were in the centre of two shining nodes, hard to the touch and painful. Examined by the magnifying glass, the depth of the wound showed red, turgescent, acuminate papillæ of the dermis, in some places resembling true proud flesh. A fragment of the dorsal *stigmata* of one of the hands, taken out by

the scissors, showed under the microscope a papilla of the dermis and some capillaries considerably increased in size. The wounds of the two feet resembled those of the two hands, but were of smaller extent. They had only yielded a little blood. Louise had kept on woollen stockings, which arrested the flow somewhat. The bleeding on the left side followed the level of the space separating the fifth from the sixth rib, outside and a little below the centre of the left breast. The wound was about half an inch in diameter, and had yielded but little blood. There was very marked ecstasy and a cataleptic condition.

It naturally occurred to the Commission that this flow of blood might be produced by voluntary means. To avoid this source of error they devised an apparatus, which consisted of a glass globe about four inches in diameter, having a neck like an ordinary bottle at one of its poles, and at the other pole another neck about three inches in diameter. The first neck was closed by a cork, traversed by a bent glass tube not extending beyond the outside surface of the cork. The inside end of the cork, as well as that of the tube, was covered by a wire gauze, not interfering with the ingress of air, but preventing the introduction of any penetrating instrument. The corks and tubes were fixed by several seals. The second neck was covered with a kind of muff or sleeve of india-rubber cloth, fixed to its outer rim by india-rubber cement and sealed with six seals. This apparatus was put on on Thursday, January 21, at 2 p.m. After the absence of any flux from the *stigmata* had been verified, the patient's right hand was introduced into the bottle through the large opening, then the kind of muff or sleeve was brought down over the arm, which it covered as far up as the sleeve of the chemise; it was cemented to the arm by the same adhesive application, then finally closed up by a bandage, nearly an inch wide, brought twice round the arm and carefully sealed up. This done, all the apparatus was enveloped in a bag of gutta-percha cloth, fixed to the shoulder by two turns of another bandage, sealed with two seals. The india-rubber and gutta-perch cloths would inevitably betray the passage of the finest needle.

On Friday, the 22nd, at half-past ten o'clock in the morning, M. Warlomont, of the Commission, entered Louise Lateau's cell, accompanied by Professor Crocq, of Brussels, who had undertaken to remove the apparatus and declare the result. It was this:

"The right hand was closed up in the apparatus which M. Warlomont had fixed on the previous evening. The apparatus was perfectly intact, as we assured ourselves by the most careful examination of the outer envelopes and the seals, not one of which bore the slightest trace of having been tampered with. The sloping portion of the receiver was filled with a small pool of liquid blood, and the back and palm of the hand were covered with clots of blood firmly adhering to the palms. It therefore appeared that the effusions of blood did really occur spontaneously, and without the intervention of any violent means from without."

There remains no reasonable doubt, therefore, that the *stigmata* are the result of mental action only.

Instances of ecstasy with local cutaneous hæmorrhages are not rare. These are pathological accidents accompanying a low condition of the blood, and a disorder of the nervous system. The blood loses its plasticity, and a sweating of blood (hematidrosis), or an oozing from the capillaries into the adjacent tissue (ecchymosis, sugillatio), or into little "blood blisters" (hæmophilia), is the result. Naturally enough the determined expectation of such an occurrence on a particular part of the body directs the phenomenon to that part or spot, and hence the *stigmata* arise where the mystic, dreaming over the passion on the cross, expects them to. This explanation, easily supported by numerous cases quite outside religious monomania, explains the condition of Louise Lateau without convicting her of imposture in this point.

But that she has passed three years without eating,

drinking, or voiding her natural secretions, is altogether a deceit. The Commission were not allowed to have her watched at night, and hence they very justly reached the conclusion that this was evidence enough that that part of her assertion was a "pious fraud." The case, however, with this drawback, is clinically a most interesting one, and merits the attention it has attracted.

Syphilitic Tumour in the Sterno-Mastoid Muscle.

DR. SIRT (*Le Progrès Méd.*) related recently in the Société Méd. de l'Arrondissement de l'Elysée of Paris the case of a woman, æt. 32, married, and with several children, who had gummy tumour of the sternum and sterno-cleido-mastoid muscles. She was married at the age of seventeen, and had noticed soon after marriage leucorrhœa, and an eruption, without itching, on the breasts and external aspect of the labia majora. She had an infant born dead at eight months, and the second, which was born at full term, lived only six weeks. The third, born healthy, began to be emaciated towards the fortieth day, and died at the age of sixteen months; whilst three succeeding children are well and healthy.

The patient had no illness until last year, when she noticed the skin of the left subclavian region became violet in places and marbled. In eight months the superior third of the sternal region gradually became swollen, and the disease, going on to the muscle, transformed almost the whole of the sterno-cleido-mastoid into hard cords. There was no pain but in the sternal region and the extension of the head on the neck was the only movement she could not make. A year after the commencement of the symptoms a little ulceration appeared on the sterno-mastoid of the right side, and its progressive development determined in fifteen days the patient to have recourse to the physician.

The upper part of the sternal region was prominent for the length of six or seven centimetres, with slightly elastic resistance on pressure, and without change in the colour of the integuments. On the lower part of the left sterno-mastoid muscle the skin was violet in hue, rather thinned, and adhered to the underlying organs in thin points of the superficies of a large pea. The ulceration of the right sterno-mastoid muscle, situated at a centimetre above its inferior attachment, was deep, at least five millimetres, and painful to the touch; it had an oval form, and its greatest diameter was parallel with the direction of the muscle, and measured three centimetres. The edges of this ulcer were hollowed out to the extent of a centimetre around, and its floor, of a firm and whitish colour, secreted a sero-purulent fluid.

These symptoms, joined to the history, made tertiary syphilitic lesion be diagnosed, and the parts were therefore dressed with calomel ointment, and one gramme of iodide of potassium was prescribed at first, and then doubled next week. The calomel ointment was also replaced by iodine ointment. This treatment was commenced on the 3rd December, and on the 17th the wound was no longer painful, and had lost its white colour and furnished a less profuse secretion.

In the month of January the sterno-mastoids regained their normal consistence in the upper third, the violet points of the left side disappeared, and fleshy granulations

of the base of the ulcer, the edges of which had come to the level of the integuments, had disappeared. The dose of the iodides was raised to three grammes (or forty-five grains) daily. In the first fortnight of February the muscles were recovering the integrity of their functions, and the wound was cicatrising. At the end of February the left sterno-mastoid was no longer indurated, except in its lower third, and the ulceration had cicatrised. The treatment was the following: Two grammes of iodide of potassium in solution, twenty-five milligrammes of mercury in pills, and unction on the sternum, with iodide of potassium ointment every day. Cure cannot be long deferred. The interesting part of this observation was that no previous treatment had been used. We then see the most complete evidence of the fact that, in the absence of mercurial treatment or iodine, syphilitic gummy tumours had arisen, and that these accidents disappeared rapidly under the influence of the classic treatment.

Cholera.

WE are sorry to announce that the most gloomy forebodings exist in medical circles in India regarding this pestilence. Our special correspondent, whose amusing letters appear from time to time in this journal, certainly would not lead readers to suppose that he is wont to look upon the dark side of pictures generally; he nevertheless feels on the present occasion compelled to sound "a note of alarm," in order that the authorities may be prepared for any emergency. He says that the deaths have already been far in excess of the usual number at this season, and that, judging by past experience, a terrible visitation seems inevitable during the coming summer.

MR. COOPE's motion for a select committee of the House of Commons to inquire into the action of the Metropolitan District Asylums Board, with regard to the alternative sites of a fever hospital in Hampstead, has been fixed for the 15th June.

THE authorities of the Apothecaries' Society of England have announced a series of six lectures on State Medicine, to be delivered each Saturday at their hall at 3 p.m., by Surgeon-Major de Chaumont, to which all registered medical practitioners are admitted free. The first of the course was delivered on Saturday last, and was well attended.

THE thirty-fourth annual general meeting of the members of the Pharmaceutical Society of Great Britain will be held to-day, at 12 precisely, to receive the report of the Council, and to elect the council and auditors for the ensuing year.

The annual conversazione will be held at the South Kensington Museum, on the same evening, at eight o'clock. Each member of the society is entitled to a card of admission for himself and a lady.

THE Directors of the Great Western Railway Company have forwarded cheques to the value of £400 to the treasurer of the Radcliffe Infirmary, Oxford, in appreciation of the attention shown to the sufferers by the unfortunate accident at Shipton on December 24th, 1874.

Medical Affairs in Parliament.

HOUSE OF COMMONS.—Monday, May 3rd.

ARMY MEDICAL EXCHANGES.

Mr. Hardy, in answer to Mr. O'Leary, said that, in certain instances, exchanges had been refused to army medical officers who had been a long time at home, and where the foreign service was disproportionately small. No reasonable application had been or was refused.

Tuesday, May 4th.

MEDICAL OFFICERS OF THE ARMY.

Mr. George Browne asked the Secretary of State for War whether it was his intention to recommend an increase in the half-pay of medical officers of the Army after twenty years' service, as had been recently done in the Navy; and, if so, when a warrant on the subject was likely to be issued.—Mr. Hardy said that the complaints of the medical officers of the Army were receiving full consideration, but it would be premature to express an opinion upon one part of the case. He was informed that the hon. gentleman had not correctly represented what had been done in the Navy; but, at all events, he was not at present in a position to answer the question.

THE PROPOSED HAMPSTEAD HOSPITAL.

Mr. Coope has given notice that he will call attention to the action of the Metropolitan Asylums Board with reference to the proposed erection of a permanent hospital for contagious diseases near Hampstead Heath, and move for a Select Committee to inquire into and report upon the clauses of the Metropolitan Poor Act (30 Vic., c. 6), giving powers to the managers of asylums to take, hold, and dispose of lands and other property for the purposes of the Act; and Mr. Torrens will propose to add to the amendment that the said Committee shall specially report whether any new general hospital for infectious diseases in the metropolis is desirable or necessary.

Literature.

FREY'S HISTOLOGY. (a)

THE great value of Frey's work is attested by the fact that it is regarded throughout Germany as the best handbook of the subject. It has also been translated into French, and we cannot but congratulate our professional brethren that they have now the opportunity of studying it in English.

Mr. Barker deserves our thanks not only for the care he has taken in its translation, but for having so well accomplished his task that the work scarcely reads like a translation. Those who know the difficulties of rendering German into English will best appreciate Mr. Barker's labours. Bald and imperfect translations are so common, and Germanisms are so frequently met with in our current medical literature, that it is a positive treat to peruse an English version of a valuable German work in which the translator has done his part so well.

The work is arranged in three great divisions—viz., 1. The Elements of Composition and of Structure of the Body; 2. The Tissues of the Body; 3. The Organs of the Body.

The elements of composition are the organic and inorganic bodies with which histo-chemistry has to do, and

(a) "The Histology and Histo-Chemistry of Man: a Treatise on the Elements of Composition and Structure of the Human Body." By Heinrich Frey, Professor of Medicine in Zurich. Translated from the Fourth German Edition by Arthur E. J. Barker, Surgeon to the City of Dublin Hospital; Demonstrator of Anatomy, Royal College of Surgeons, Ireland; Visiting Surgeon, Convalescent Home, Stillorgan; and revised by the Author. With 600 Engravings on wood. London: J. and A. Churchill. 1874.

of which organs and tissues are built up. The albuminoid, or protein, compounds and their derivatives, are here carefully described.

The elements of structure are the cell and the parts formed from cells, and intercellular substance. With this portion of the work we have been particularly pleased. In it is condensed a most readable account of all that is known of the subject. Thus in about forty pages profusely illustrated with engravings the student will find all he wants to know of the elements of structure of the human body.

We now come to the various tissues of the body, and this portion of the subject, of course, requires much greater space. The first division is devoted to the tissues composed of simple cells with fluid intermediate substance: these are—A. The Blood; B. The Lymph and Chyle; and these chapters will be found as interesting as they are exhaustive. In the section on coagulation will be found much that is new to all who have not devoted great attention to the subject.

The third part of the work is devoted to the organs of the body, which are of two kinds—A. Organs of the Vegetative Group; B. Organs of the Animal Group. The organs of the vegetative group are five—viz., The circulatory, respiratory, digestive, urinary, and generative apparatus; while those of the animal group are the bony, muscular, nervous, and sensory apparatus.

In the sections devoted to the circulatory apparatus we have an elaborate account of the organs belonging to the lymphoid series. Here are included the thymus and the spleen, with the account of which we have been particularly pleased. With regard to the physiological significance of the spleen, it is believed to be concerned either in the destruction of the blood cells or in their reproduction. Frey believes that the first view may be defended, but not proved, and that the second theory is more capable of proof. "According to it," he says, "the spleen may be regarded as analogous in function to the lymphatic nodes, producing the colourless cells of the pulp, which, on finding their way into the blood, are known as white blood corpuscles, and which possibly, in part at least, undergo ere they leave the cavernous portions of the tissue of the spleen a transformation into coloured cells."

Pending a more satisfactory classification, which is for the present impossible, our author associates with the lymphoid parts the thyroid, the supra-renal, and the pituitary bodies, of whose functions we know so little, and which he groups together under the old name of blood-vascular glands. He thinks the thyroid is probably at its greatest pitch of development in the new-born infant, and that it becomes very sluggish in growth a few weeks after birth. He acknowledges we are still entirely in the dark as to the physiological significance of the supra-renal bodies, but suggests that the peculiar colouring matter between the medullary and cortical portions may possibly be connected with the obscure phenomena of Addison's disease. With respect to the pituitary body, formerly supposed to be glandular and subsequently classed among nervous organs, still more recent investigators are returning to the notion of its being glandular, and they regard the cells supposed to be endothelium as covering vessels situated in the interior.

In the division devoted to the respiratory apparatus, the description of the lungs, which are compared to race-mose glands, will be read with the greatest interest, and as much may be said for the account of the digestive apparatus.

Among the organs of the animal group we have only space to refer to the sensory apparatus, the description of which is as lucid as it is complete, and in which the concluding chapters on the eye and the ear may be mentioned as particularly excellent.

The work is furnished with an elaborate index, but we are sorry to say the pages are not cut.

WINTER COUGH. (a)

THE second edition of Dr. Dobell's work on "Winter Cough" appeared less than three years ago, and now the third is before us. His views on the subject are therefore pretty well known to the profession. In the form of an appendix we have a considerable quantity of new matter, among which the views of Professor Flower on the climate of Egypt are quoted at great length. There are also a number of other extracts on climatology which will be read with considerable interest. We should, however, have preferred a critical abstract of the papers rather than lengthy extracts. Dr. Dobell also gives us a new introduction on the perivascular system and its relation to diseases of the respiratory organs, which deserves attentive perusal. Ranvier, Stricker, Carter, Rindfleisch, Klein, Robin, and others are extensively quoted on this subject, showing how fully the author keeps up with the medical literature of the time, and applies it to that department of medicine to which he devotes himself. The work is illustrated by four coloured figures.

ST. GEORGE'S HOSPITAL REPORTS. (b)

THIS volume includes the record of the work done in the wards for the years 1872-4. We have, therefore, lengthy statistical tables showing the nature of the diseases and injuries for which patients were admitted during those three years. These are compiled with great care by the registrars for the time being, and of some of the cases a brief account is given. During the year 1873, 2,048 surgical cases were admitted; of these 107 terminated fatally, and 8 were brought in dead or died within twenty-four hours of admission, the rate of mortality being 4.8 per cent., and the mean time of residence within the hospital 29.3 days. There were seventeen amputations, of which five died; twenty-four compound fractures, of which eight died; sixteen cases of hernia, of which five died; and two of stone, in one of which lithotomy was performed, in the other lithotripsy—both recovered. Details of these and other operations are carefully tabulated by Mr. Rowland. In the same year, 1,683 medical cases were admitted, of which 203 died. Nine were brought in dead, or died within twenty-four hours. Fourteen deaths occurred from enteric fever, seven from acute tuberculosis—of these Dr. Laking gives a brief account. There were eight fatal cases of aneurism, all of which were examined after death, and of each of these we have also a short account.

The essays in this volume are twenty in number.

Dr. William Ogle, of Derby, furnishes a method of tabulating symptoms in clinical records under any number of headings without destroying the continuity of the history. He allots to each group of symptoms its own proper margin for the first line of the sentence, but for that line only, all subsequent lines being written across the page. It does not matter what headings are chosen, nor how many may be necessary, and the method is also applicable for indexing diseases. A reference to the schedule and the specimen case given will enable any student to comprehend it.

Dr. Wilson writes on questions connected with vaccination, and Dr. Cavafy on the effect produced on the capillary circulation by the injection of putrid fluids into the lymphatic system of amphibia. He finds that small quantities produce inflammation very rapidly, while larger quantities act as a direct poison to the nervous system,

(a) "On Winter Cough, Catarrh, Bronchitis, Emphysemæ, Asthma." A Course of Lectures delivered at the Royal Hospital for Diseases of the Chest. By Horace Dobell, M.D., Senior Physician to the Hospital, &c. Third and enlarged Edition, with Coloured Plates. London: J. and A. Churchill. 1875.

(b) "St. George's Hospital Reports." Vol. VII. Edited by John W. Ogle, M.D., and Timothy Holmes, F.R.C.S. London: J. and A. Churchill. 1875.

paralysing the heart, and thus giving rise to circulatory stasis.

Dr. J. C. J. Fenwick relates three cases of cerebral disease, to which he adds a table of cases of tubercular meningitis.

Dr. R. J. Lee publishes the notes of his course of lectures at the hospital.

Dr. Handfield Jones gives twelve cases of psoriasis, upon which he makes some valuable remarks.

Dr. Cheadle writes on exophthalmic goitre. He does not consider that the lesions of the cervical sympathetic which have been detected suffice to account for all the symptoms, but seems inclined to adopt the suggestion of Dr. Laycock, that the cilio-spinal region of the cord is affected.

Mr. Brudenell Carter contributes a very important paper on the principles of ophthalmic therapeutics, and Dr. J. W. Ogle publishes illustrations of some of the more unusual forms of disease of the abdomen. This very difficult subject he handles in a masterly manner. We regret that the space we can devote to this notice forbids us entering at length on Dr. Ogle's paper. We must therefore refer our readers to the work, which also contains several other valuable essays besides those we have mentioned.

THE MEDICAL COUNCIL.

THE annual session of the General Medical Council will take place about the 16th of June.

The only new appointment since the last session of the Council has been that of Professor George Rolleston, who now represents the University of Oxford, in the place of Dr. Acland, elected President.

EVASION OF THE MEDICAL ACT.

It would seem from a report of a Manchester inquest that the traditional coach-and-four is being habitually driven through the Acts of Parliament, and that an unqualified person can get—for a consideration—his death certificates, which he is forbidden by the Medical Act to sign himself, written out in blank by a qualified medical practitioner. A druggist in Manchester, practising over the counter, has, of course, occasional deaths in his practice; he must certify them, and the law forbids him doing so in his own name; he therefore writes to a medical man (whose assistant, he says, he formerly was), who signs the essential certificate, that "I (the medical practitioner) hereby certify that I have attended" the person deceased. The *British Medical Journal* reports these facts, but "advisedly omits" the name of the medical practitioner, and deprecates the proceeding in a milk-and-water tone, which is not usual to our contemporary when it feels a virtuous indignation on any such transaction. To our uncultivated view such a proceeding is akin to a forgery, for which the medical practitioner, whom our contemporary is too tender-hearted to name, should stand in the dock. Was there ever a greater piece of rascality? An unqualified (and probably incompetent) shopkeeper sees a patient die, and he obtains the aid of a medical man to enable him to defeat the precautions interposed by the law. The medical man signs a certificate that he has attended a person whom he has never seen in his life, and a public medical journalist comes forward to protect him by

giving him the benefit of secrecy, and administers a homily which is one-half commendation for his sharpness. But perhaps the unnamed practitioner is a member of some medical organisation?

A NEW SCHOLARSHIP AT THE LONDON HOSPITAL.

At their meeting held on Monday last the Medical Council of the London Hospital took the very important step of instituting two new prizes in association with their Medical School in the shape of Natural Science Scholarships, of the value of £60 and £40 respectively, open to students upon entrance. The first competition for these scholarships will take place in September of the present year, the only conditions imposed upon candidates being the obviously fair one that the candidates must be students of the hospital. The subjects will be similar to those now given at the preliminary scientific examination at the London University. The Council appointed a small committee to settle the details of the examination. We think the Council have acted wisely in departing from a strictly professional subject for competition for this new prize at their school, and we earnestly wish them success in this laudable effort to attach to their College students who, previous to commencing the study of their profession, have undergone a more thorough and complete educational training than is usually the case, or at any rate is sufficient to satisfy the present exceedingly moderate demands made by the examiners in general education, &c., at the College of Surgeons and Society of Apothecaries.

Mr. Waren Tay, the Vice-Dean of the College, will doubtless be glad to give intending candidates all the necessary information on the subject of these scholarships.

Correspondence.

BELLADONNA AS A PROPHYLACTIC OF SCARLATINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR—I pray that you will allow me a portion of the very valuable space in your journal to correct the statements of Dr. Carleton in his letter which appeared in your impression of to-day.

In the first place he states—"I lay no claim to originality, &c." I did not state in my observations of the 5th ult. that he pretended originality. I merely stated that he apparently attempted to confirm, or at least strengthen, the previous experience of other physicians, and this, I think, he must admit. As to his waiting for an epidemic, I would not advise him to do so; neither would I advise any man to furnish a contribution to medical literature on a solitary instance of the effect of any drug in a given case, whose effects in such cases had been hitherto doubted by the leading physicians of the day. If he had not administered belladonna in the case referred to, it is more than probable that the same result would have been attained. He had not a second family whereon to test its prophylactic virtues, and can therefore afford no individual proof that the said drug possesses any such virtues. I have before stated that it is not at all unusual for a few children in one family to contract the disease while the others escape, and this no man of any experience in the treatment of scarlatina can deny. Dr. Carleton quotes Dr. Wood, not concerning the preventive treatment of, but

the remedies for scarlatina. Now this is not keeping to the thread of the present argument. If Dr. Carleton had quoted this excellent authority on the preventive treatment of the disease he would have quite disestablished his own argument, as the learned author differs widely from Dr. Carleton in this case; he has stated in the section on preventive treatment of scarlatina, "that different prophylactic remedies have been recommended, among which belladonna is the most conspicuous. But whatever may have been the origin of the practice, its value must be determined by experience. The weight of testimony is, I think, decidedly against its possession of any prophylactic virtues." I will quote from the seventh edition of Dr. Tanner's "Practice of Medicine," by Dr. Broadbent, the following:—"Belladonna in very minute doses has been recommended as a prophylactic against scarlatina. In an epidemic of this disease which occurred on board her Majesty's ships *Agamemnon* and *Odin*, in 1853, the remedy was freely tried without the slightest benefit. Belladonna has also now been used by many practitioners, and found useless." If Dr. Carleton is glad that his case was the only one in his district, he cannot be much interested in putting to the test any preventive remedy, as knowledge of this kind *must* be determined by very careful experiment. It is most absurd to hold that a remedy which produces the desired result in one case, in the hands of a physician, will also produce like results in all such cases.

If Dr. Carleton means to prolong this controversy, it would be more satisfactory if he would put forward some points in his defence, and not *italicise* so often his opinions, nor quote so repeatedly my very appropriate expression, "solitary instance," in my former letter.

Awaiting a reply from your learned correspondent,

I am, Sir, your obedient servant,

J. LOWE,

Assistant-Surgeon Cyfarthfa Iron Works.

Merthyr Tydfil, 12th May, 1875.

THE COMING ELECTION OF COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—My attention has been directed to a paragraph in the last number of your paper relative to the coming election of the Council of the Royal College of Surgeons, Ireland, in which my name is mentioned as a candidate. As I am designated therein "of the Richmond Hospital," it might lead to the belief that I put forward the hospital connection as a recommendation to the electors. The fact is, I seek the honour of election on the ground that I am one of the senior lecturers of the Carmichael School of Medicine, an institution which has not had a representative on the Council for nearly twenty years. By inserting this explanation you will much oblige

Yours very faithfully,

ANTHONY H. CORLEY, M.D., F.R.C.S.I.

30 Lower Baggot Street, Dublin, May 10, 1875.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letter of one of the candidates for a seat on the Council of the College of Surgeons in Ireland which appeared in your last issue, and the lists of competitors for that honour which you have published from week to week, suggest to me that the influences which made themselves felt last June are producing their natural result in the constitution of the Council. Those who have interested themselves in the medical education of Ireland will recollect that this time twelvemonths the "grinding" and lecturing interest amongst the Dublin Fellows came to the front with a war-shout of alarm at the possible reduction in the number of lectures to be paid for by students—reversed the whole educational policy enacted by the Council and endorsed by themselves—cast out summarily or effectually silenced the advocates of a conjoint scheme of

examination, and triumphantly re-established the era of sham lectures and extravagant curricula. Last week we have read in your pages the inevitable result of this success. Of nine declared candidates for seats on next year's Council but one is independent of school interests and personal emoluments derived from school teaching. Three of the nine are "grinders" in active work, and four other candidates are lecturers in rival schools. Nay, more: we find one of the private teachers roundly demanding, through your columns, admission to the Council, not because he considers himself a capable medico-administrative legislator for the College, but because he is a teacher in a particular school.

It is for the Fellows to judge whether a close pecuniary interest in the increasing of the lecture curriculum and in keeping down the stringency of the College examinations ought to be considered a special qualification for any candidate—in other words, whether any Fellow can lay just claim to be admitted to legislate for schools, lectures, fees, examinations, and for the standard of medical education simply because he is personally interested in a certain disposition of these affairs.

If my fellow-voters desire to form a judgment on this question I commend to their perusal the Official Report of the Visitors of the Medical Council upon the Examinations of the College, and the chorus of condemnation of the College which that Report evoked from the lips of the English members of the Medical Council and from the pens of all journalists; and I hope it will be recollected that the system of examination which fell under the stinging censure of, I may say, the entire profession in England was the identical system of examination which was fought for, sustained, and re-enacted by the Dublin School teachers.

On behalf of the Fellows unattached to schools I enter protest against the inference, which seems to be in danger of adoption, that grinders or lecturers have a special claim to College honours, and I assert that men of standing and intelligence may be found amongst the Fellows who can discuss the various questions of medical education and qualification with a sufficient knowledge of the *status quo* and of the requirements of the profession, and without any personal interest against progressive reform in such matters.

I am, Sir, yours, &c.,

ONE OF THE OLD SCHOOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The suggestive letter of Mr. Kilgariff, which appeared in your last number, has given rise to much comment, and an error contained in it in regard to the College School has been pointed out. In the "Irish Medical Directory" for the current year the list of Council contains only the names of three gentlemen who are teachers in the College School, and such is the condition at present. It has been also remarked that the Council should be representative of the Fellows teaching in the schools rather than of the institutions themselves. We find that the numbers of Fellows teaching in the respective schools are as follows:—School of the College, 15; Ledwich School, 9; Stevens' College, 6; Trinity College, 4; Carmichael School, 3; and Catholic University, 2.

The constitution of the Council with regard to the various hospitals is, however, more anomalous, for while the Meath has three representatives, and the House of Industry, Stevens', Mercer's, Dun's and Adelaide two each, the City of Dublin, Jervis Street, St. Vincent's, and Mater Misericordiae have not one. Moreover, not one of the ophthalmic

hospitals are in this way represented. As regards the mid-wifery hospitals, one member of Council is a present officer of the Coombe and two are past masters of the Rotunda.

I entirely deprecate the inference that seats on the Council should be allotted merely according to school or hospital interests, personal and professional considerations being set aside.

For this reason I would desire to see on the Council a larger representation of such men as Mr. Colles, who, while a Schoolman, an Hospital Surgeon, and a University Professor, commands the confidence of every Fellow.

Yours, &c.,
A FELLOW.

NOTICES TO CORRESPONDENTS.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874-£1 2s. 6d., at the offices in London, Dublin, or Edinburgh.

HIS EXCELLENCY the Governor of the Cape Colony, with the advice of the Executive Council, has been pleased to appoint William Alexander Sharpe, Esq., Surgeon to the Frontier Armed and Mounted Police Force, to be Justice of the Peace for the Eastern District of this colony.

T. L. (Hospital Resident).—The cancer cure to which you call our attention is one of those iniquitous swindles which flourish by publicity. It would do more harm than good for us to advertise it.

N. B. B. (Sandy Mount).—The gravity of the disease you name is exaggerated by medical swindlers such as those with whom you had lately to deal, and you may proceed on the assumption that every word they have told you is false. The symptom is not—unless very excessive—a dangerous one, and it requires only moderate care on your own part under proper advice to alleviate it. It is not our province to advise you whom to consult. On no account be induced to have anything to say to an advertising quack, who will infallibly lie without scruple, cheat you without mercy, and ruin your health in the end. Select for consultation a surgeon of any of the leading hospitals. Do what he bids you and do not be frightened.

"GUY'S HOSPITAL GAZETTE."—We have received last Saturday's number of this little journal, and heartily congratulate the members of the Physical Society of the hospital—those who we believe are responsible for its management—upon its improved appearance. For a long time past it has been badly done, and the printer's work of such a slovenly character that it was painful to read. All this is changed, and our modest little contemporary has now as clean a face and as nice an appearance as any journal published.

VARIETIES.—There are two medical journals published in Spain which we receive regularly. They appear to be well conducted, and suggest the existence of more scientific life and research than one would expect to find in a land continually convulsed by civil wars.

DR. PARKES, F.R.S.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—For a number of years it has been the surprise of many that no practical steps have been taken to carry out the wishes of thousands to bring Professor Parkes, F.R.S., into Parliament. How is this? I am, Sir, your obedient servant,
ONE OF THE CROWD.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

- On Diet and Regimen in Sickness and Health. Sixth Edition. By Horace Dobell, M.D. London: H. K. Lewis.
- St. Thomas's Hospital Reports. Vol. V. London: J. and A. Churchill.
- The Province of Psychology. By Mr. Sergeant Cox.
- Transactions of the National Association for the Promotion of Social Science, 1874.
- On the Graphical Representation of the Movements of the Chest Wall in Respiration. By Arthur Rancome, M.D.
- The British Press Guide for 1875. By F. L. May.
- Cyclopaedia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. I. New York: Wood and Co.
- The Indian Army: its Defects and Proposed Remedies. By C. J. McHally, M.D.
- On Noxious and Offensive Trades and Manufactures. By Henry Lethby, M.D.
- Pamphlets on Cholera, Small-pox, and Vaccination. By Robert Pringle, M.D.
- Annual Report of the Chester Lunatic Asylum.
- The Medical Press and Homoeopathy.
- The Practitioner. Pacific Medical Journal. The Obstetrical Journal. New York Medical Journal. Students' Journal. L'Union Médicale. Indian Medical Gazette. Le Progrès Médical. The Clinic. Philadelphia Medical Times.

VACANCIES.

- Mallow Union, Kilshannig District. Medical Officer. Salary, £100 per annum, with fees extra. Applications to the Hon. Sec. (See Advt.)
- Abbeyleix Union, Ballinakil Dispensary District. Medical Officer. Salary, £100, exclusive of fees. An emolument is also attached of £20 as Sanitary Officer. (See Advt.)
- Royal Free Hospital. Honorary Surgeon. Application to Mr. Blyth, at the Hospital. (See Advt.)
- Central London Sick Asylum District. Assistant Medical Officer for the Infirmary at Highgate. Salary, £100, with board and residence. Also a second Assistant and Dispenser. Salary, £110, with dinner. Non-resident. Printed forms of application supplied on application to the Clerk at the Infirmary, N.
- Bradford Infirmary. Physician. Diplomas, &c., to be sent to the Secretary, 65 Market Street, Bradford.
- Cheltenham General Hospital. Medical Officer to the Branch Dispensary. Honorary.
- Charing Cross Hospital. Resident Surgical Officer. Board and residence provided in the Hospital. Applications to the Secretary.
- Whitehaven Infirmary and Fever Hospital. House Surgeon and Dispenser. Salary, £130, with furnished apartments. Address the Secretary.
- Norwich Dispensary. Resident Medical Officer. Salary, £120, with furnished residence. Address the Secretary.
- Frome Union. Public Vaccinator. Payment by case. Particulars of the Town Clerk.

APPOINTMENTS.

- ANDERSON, A. G., Public Analyst for the Parish of Paddington.
- BISCH, P., M.R.C.S.E., House Physician to King's College Hospital.
- BLAKE, J. F., M.B., L.R.C.S.I., Assistant Resident House Surgeon to the North Dispensary, Liverpool.
- DENNING, J. V. C., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer of Health for the Greatland Rural Sanitary District.
- DOVY, H., M.R.C.S.E., Medical Officer for No. 1. District and the Workhouse of the Stow Union, Suffolk.
- FOWLER, J. K., M.R.C.S.E., House Surgeon to King's College Hospital.
- GREW, E. F. S., M.B., a House Physician to the Western Infirmary, Glasgow.
- GREVILLE, F. A., L.R.C.P.Ed., L.R.C.S.Ed., a District Surgeon to the Salford and Pendleton Royal Hospital, Manchester.
- HOLT, G. A., M.F.S., Lecturer on Botany and Materia Medica at the South London School of Pharmacy until the end of the session.
- JOB, J., M.R.C.S.E., House Surgeon to the London Hospital.
- KIRKWOOD, G., L.R.C.P.Ed., L.R.C.S.Ed., Resident House Surgeon to the Cumberland Infirmary, Carlisle.
- M'CALLMAN, D., M.B., a House Surgeon to the Western Infirmary, Glasgow.
- M'COSE, H. N., M.D., Resident Medical Superintendent of the Royal Infirmary, Dundee.
- MICHELL, G., M.R.C.S.E., L.M., Medical Officer for the Gwennap District of the Redruth Union.
- PALFREY, J., M.D., M.R.C.P.L., Senior Obstetric Physician to the London Hospital.
- STEVENSON, J., M.D., M.R.C.S.E., Medical Officer of Health for the Parish of Paddington.
- TAYLOR, G. L., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Wolverhampton and Staffordshire General Hospital.
- WALLACE, Mr. E. J., a House Physician to the Western Infirmary, Glasgow.
- WALSH, T. P., L.K.Q.C.P.I., F.R.C.S.I., Medical Officer, &c., for the Ballyroan Dispensary District of the Abbeyleix Union, Queen's County.
- WEBB, S. H., L.K.Q.C.P.I., L.R.C.S.I., L.M., Resident Medical Officer to the Dover Hospital and Dispensary.
- YOUNG, A., B.A., Resident Accoucheur to King's College Hospital.

Marriages.

- LETT-APPLEFORD—On the 13th inst., at St. John's, East Dulwich, Alfred Lett, B.A., M.B., T.C.D., only son of the late R. Lett, M.D., of Silver-tone, to Bithiab, third daughter of the late Wm. Appleford, of Coggeshall, Essex.
- M'ANDREW-EYRE—On the 12th inst., at the Church of Our Lady, St. John's Wood, James John M'Andrew, M.R.O.S.E., of Limehouse, formerly of co. Mayo, to Teresa Mary Wilhelmina, third daughter of John Joseph Eyre, J.P., of Clifden Castle, co. Galway.
- NALLY-HYNES—On the 27th ult., at the Catholic Church, Kinvarra, Wm. J. Nally of Hollymount, co. Mayo, to Lizzie M., daughter of Denis J. Hynes, M.D., Kinvarra, co. Galway.
- TABUTEAU-WEBB—On the 11th inst., at St. Paul's, Portarlington, J. M. Tabuteau, M.A., M.B., Univ. Dub., to Louisa Maria, second daughter of the late Captain George G. Webb, 6th Royals.

Deaths.

- HARRISON.—On the 6th May, at Woodbine Street, Westoe, Colpitts Harrison, L.S.A.L., aged 64.
- HUSTON.—On the 11th May, at his residence, Tynan, co. Armagh, Chas. Todd Huston, M.D., aged 50.
- M'DERMOTT.—On the 10th May, John M'Dermott, M.D., of Shrewsbury Road, Westbourne Park, aged 78.
- NEWMAN.—On the 4th May, at New John Street West, Birmingham, A. S. Newman, M.R.C.S.E.
- PETER.—On the 7th May, at his residence, Longford, David Chamney Peter, M.D., Surgeon Royal Longford Rifles.
- SHARPE.—On the 3rd May, at Wilton Street, Liverpool, Robert Sharpe, M.D., aged 47.
- WEBBER.—On the 12th May, Wm. Webber, F.R.C.S., formerly of Norfolk (Founder of the Royal Free Hospital for Incurables at Norwich), in his 76th year.

ROYAL FREE HOSPITAL, Gray's-inn-road.—There is a VACANCY for a SURGEON in the HONORARY MEDICAL STAFF of this Hospital, in consequence of the death of Mr. John D. Hill. Candidates must be Fellows of the Royal College of Surgeons of England. The election rests solely with the General Committee of Management.—Applications, with testimonials, to be forwarded to the Secretary, at the Hospital, on or before MONDAY, the 24th May.

JAMES S. BLYTH, Secretary.

THE SOCIETY OF APOTHECARIES OF LONDON give Notice, that the SECOND of a Course of Six Lectures on STATE MEDICINE will be delivered at their HALL in BLACK-FRIARS, by Surgeon-Major F. DE CHAUMONT, Assistant-Professor of Hygiene in the Army Medical School at Netley, on SATURDAY, the 22nd MAY, at Three p.m. These Lectures are open to all registered Practitioners.

Subjects of the Lecture.—General and Special Hygiene.—Division of the subject.—Air Supply and Ventilation.—Legal Enactments, existing or desirable.—Arrangements of Habitations.

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Consulting Physician:

EVORY KENNEDY, M.D. (Hon. Cau.) T.C.D. and Edin., Fellow and Ex-President King and Queen's College of Physicians.

Consulting Surgeon:

GEORGE H. PORTER, F.R.C.S.I.; M.Ch. T.C.D. (Hon. Caus.), Surgeon in Ordinary to Her Majesty the Queen in Ireland; Fellow and Ex-President, R.C.S.I.; Senior Surgeon to the Meath Hospital.

Obstetric Physician:

JOHN CRONYN, M.D., F.R.C.S., Professor of Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

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Number of patients within the Infirmary	163
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Average expenditure per intern patient	

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W. O'NEILL, Secretary.

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BALLINAKILL DISPENSARY DISTRICT.

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Applications, with Testimonials, Diploma, &c., to be lodged with me before 12 o'clock on the 20th instant.

The personal attendance of Candidates on the day of Election will be required

By order,

CHARLES COMERFORD,

Dispensary, Ballinakill,

Honorary Secretary.

3rd May, 1875.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 26, 1875.

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RULES OF HEALTH TO BE OBSERVED IN CONTAGIOUS DISEASES.

By W. J. LITTLE, M.D.,

Formerly Senior Physician to the London Hospital.

IN the MEDICAL PRESS of 21st ult. is a valuable article on the "Rules of Health to be observed in Contagious Diseases," based upon the suggestions made by the Society of Medical Officers of Health, for the guidance of householders and heads of families in cases of fever and other infectious diseases. These suggestions, although not new, are of obvious utility. But I think the writer will agree with me, that measures to be taken for purifying and disinfecting the immediate atmosphere of the sick and that which is breathed by the healthy members of the family, and of the attendants, should not be confined to *above-ground* proceedings, but should extend to thorough investigation of the state of the drainage of the dwelling which is, alas! for the most part underground, lost, unfortunately, to sight, and often too little perceptible to the sense of smell of the inmates. I venture to submit to the Society of Medical Officers of Health that wherever infectious fever exists they should not confine their directions in relation to the management of "every sink, closet, or privy," to pouring daily into these places a quantity of disinfectants, but that an underground proper examination and rectification of all drains on the premises should be made. The habitual condition of half the houses which have been built more than a few years is that the earth around, outside, and along the line of drainage in the basement represents an elongated cesspool, or a series of filth pits, through escape of sulliage, owing to brick drains not having been superseded in every part by glazed pipe drains, to obstruction in some part or another, or from original imperfect connection of sink, privy, or other pipes, with the main drain of the house. Experience has

shown me that even in perfectly new houses it is not uncommon to discover gross nuisances of the kind described, from imperfect or wilfully neglected connection of the sink or w.c. pipes with the main drain. The above assertion of the existence of a faulty state of drainage in half the houses in a town or neighbourhood which have been built more than a few years may appear a hazardous and exaggerated one; but I have good reasons for believing that there is no exaggeration in it. As to houses in which typhoid and other fevers actually exist, I can affirm that I have never been called into consultation in a case of severe fever in London or in the suburbs or in the country, without having been able to point out the existence of drain smells, the existence of drain obstructions being proved to exist by proper investigation afterwards in numerous cases. I venture to suggest that in all printed directions and "rules of conduct to be observed in contagious diseases," the public should be familiarised with the imperative necessity of immediate examination of the drains by the occupier, by the public inspector of nuisances, or other competent disinterested person, and removal of all impediments to discharge outwards from the house of all gaseous fluid and solid detrimental matters, whenever a case of such fevers exists.

These hidden cesspools, or masses of slush escaped beneath the paved floors of London basements, are as dangerous to health as the barbarous custom of the Ashantees, who bury their dead beneath the earth floor of their huts, a fact revealed to us during the Ashantee expedition as one of the potent causes of the habitual mortality of the white and black population of the notorious insanitary Sierra Leone.

The search for underground drain abominations should not be confined to the perfunctory examination of a spot where something disagreeable may have been observed, or where, after search, some flaw in the arrangements for sewage flow has been discovered. Nothing should satisfy the householder but the examination of the drains *throughout* all their ramifications towards and their connections with the rain-water pipes, sinks, and w.c. pipes. This can only be done by uncovering and exposing to view their entire length. How great an evil is it

not that our house architects have not contrived a plan for placing all these necessary rain-water, sink, and sewage currents in closed pipes upon, instead of underneath the basement stone floor. By this suggested improvement any accidental escape of sewer gas or other material could be immediately observed and stopped, at a comparatively trifling expense and trouble.

When the physician is summoned to cases of fever, he often experiences difficulty in persuading the inmates that an adequate cause of production, or of intensification of fever exists in the house, because they are not conscious of the presence of an over-powering filth smell, such as they well know results from animal and human exuvia, and from the early stage of decomposition of animal and vegetable remains. They require to be taught that the materials of decomposition more immediately dangerous to human life and health are those which are evolved during a later stage of decomposition, and which, although they *stink* less, are more subtle, and are known to possess a sickening faint smell, which robs the air of all freshness and purity. Every person instinctively avoids, or exerts himself to the utmost to escape from, gusts of an over-powering odour, or from a spot in which so great a nuisance exists; but many persons, either through habit of exposure to impure air, or through want of susceptibility of the olfactory organs, do not readily perceive the presence of these later materials of decomposition. The difference of character between the smell from early and late decomposition of animal remains may be illustrated by comparing the odour of a knacker's yard with that which rises from some untrapped street sewer-grating, in town or country.

This is more important at the present time, when there appears amongst sanitary medical officers, physicians, and the public in general, a tendency to disproportionate appreciation of the concealed danger of imbibing typhoid from the water supply of the house, or even from the milk supply. Although I do not doubt the wisdom of rigorous watch being kept upon our water and our milk as possible links in the causation of fever in individual cases, and in particular districts, my experience during the observation and treatment of fever cases, and the study of the writings of the best authorities on fevers, have convinced me that the air we breathe, when it is contaminated with filth poison, is more often potent for evil as a link in the causation of fever even than water or milk, or than the original disease germ, whatever this may be proved to be, or by whatever channel it may be conveyed.

Whether or no drain-air poison be a primary or secondary link in the causation of typhoid, its mischievous secondary importance in contagious or infectious diseases, such as small-pox, scarlet fever, malignant cholera, malignant sore-throat, diphtheria, plastic croup, and similar plastic or pseudo-membranous affections of other mucous membranes (chylipoietic), and some other diseases, is not disputed.

It is doubtful whether even a constant stream of water containing disinfecting or deodorising materials passing through the drains of an air-poisoned house would suffice to remove the dangerous influences exerted by imperfect drainage, because in the most common mischief of imperfect drains it is not generally that which remains in the drain pipes, or that which flows imperfectly or sluggishly through them which causes the mischief, but that filth which escapes from the imperfect, incompleter, or damaged drain into the surrounding earth at the bottom of the house, or the gases which, in improperly trapped drains, escape into the house. Having been physician to the largest metropolitan hospital, into the wards of which for many years fever cases were freely admitted from the outside, I was long a witness to the surprising improvement often presented during the first twenty-four hours after reception even into the only comparatively pure air of a London hospital—an improvement fairly attributable in part to removal from the vitiated dens in which the poorest classes were accustomed to congregate. Abundant

evidence of the advantage of removal of individual fever patients and of fever and cholera stricken camps and crews abounds in the literature of fever.

The acknowledged influence of drain effluvia upon the air as a secondary link at least in the causation of these serious diseases, and a belief in the insufficiency of such means recommended by the Society of Health Officers as the daily pouring of disinfectants into "every sink, closet, or privy," induces me to suggest that that society should, in their suggestions for the guidance of the public, explain the legal and practical manner in which instant attention to the drains can be carried out, either by the occupier or the landlord.

The public require to be familiarised with the idea that it is only less immediately dangerous for the sick and those who are still in health to remain in the vitiated air of an ill-drained house than to leave goods and furniture in a house on fire. The parent or child lost from fever cannot be replaced; the fire assurance office can more or less completely compensate for the material loss.

I venture to criticise another recommendation of the society, which is rather palliative as regards removal from drain-evil influences than a radical relief. I allude to the advice given to remove the sufferer to an upper apartment of the house. This is valuable advice as regards the diminution of risk of infection to the rest of the inmates, inasmuch as in houses, especially in the thoroughly contiguous houses of cities, in which openings in the side walls for windows and ventilation rarely exist, the air currents have a tendency to flow upwards, and therefore the spread of contagion downwards by means of the air is impeded. But this upward tendency of the air currents favours the rise into the upper chambers of filth-laden drain particles towards the sick located there as much as it diminishes the tendency of infectious matter to travel by means of the air from the sick to the still healthy below. I have often observed drain smells at the top of the house, notwithstanding that, even in cold weather, the windows of the floor on which sinks, bath openings, or a w.c. existed, were kept freely open night and day for the benefit of the fever patient.

Further, when obstacles to removal of evil influences caused by drains, churchyards, proximity of decomposing matter of any description, are insuperable, the public needs to be impressed with the advantage to the fever patient, even more than to those who remain unaffected with it, of prompt removal under proper precautions into a fresher, purer, and healthier atmosphere. In our cities, towns, and villages, many objections to such prompt removal present themselves—the fear of disturbing the patient's mind, the risk of injurious physical disturbance, the pecuniary expense, the difficulty of finding a suitable locality and dwelling for the patient's reception, the disadvantage to the patient or to the doctor (?) of a possible change of medical attendant, and separation from family and friends. In the case of the very poor, who are readily admissible into metropolitan fever hospitals or village hospitals, and in which I suppose the mother, or one of the nearest relatives, is usually permitted to remain at the bed-side of the sufferer when dangerously ill, the main objections at once disappear. The rich can always obtain removal when it is judged to be desirable. As to the intermediate classes, it appears to be especially desirable to accustom them to the absolute necessity of either prompt removal of the drain nuisance itself, or removal of the patient from the nuisance. Amongst these classes to whom the difficulties attending removal of the sufferer to a healthier locality are greater than they are to either the very poor or the rich, the Society of Medical Officers of Health might do much by the means of suitable explanations and recommendations. Perhaps no class interests itself more in domestic and sanitary matters than that which stands between the rich and very poor, and this class is consequently the more likely to be beneficially influenced by explicit directions issued by the Society of Medical Officers of Health. The

parochial officer and the local medical officer of health may be trusted to urge attention to the necessary removal of the very poor, and the private medical attendant may be trusted to practise his usual preference for the welfare of his patient to his own immediate advantage, by urging removal of the patient wherever drain nuisance cannot be promptly and thoroughly removed.

Permit me to add a word or two on the subject of the objection to disturbing, opening, or renewing foul drains whilst a serious case of fever, or a family, is in house. It deserves to be more widely known as a fact that as soon as decomposing fluid or solid matter is freely laid bare to the influence of atmospheric currents and to that of a current of water, the temporary disagreeable odour being subdued by adequate use of deodorising agents, the sick and the healthy are in no degree injured, but, on the contrary, the healthy experience a distinct sense of relief. The greatest obstacle to prompt action in the respect of drain amendment results from the great majority of householders not being proprietors, and the too frequent ignorance of the rights which the Legislature has conferred upon the householder, through the intervention of the medical health officer and nuisance inspector, to demand from the proprietor a healthy habitation so far as the drains are concerned. In consequence of delays thus unfortunately interposed, the mild fever is liable to be converted into a severe one, and instead of early or normal recovery, there results too frequently alarming protracted symptoms, tedious convalescence, or permanently mischievous sequelæ.

Paterfamilias being the comptroller of the privy purse, and unwilling to spend money on objects he has long been accustomed to undervalue, becomes sometimes the principal sinner in the matter of hygiene. He turns at first a deaf ear to the appeal of the doctor, the sanitary inspector, or of his anxious and affectionate better half, of whose days and nights a larger portion is passed in the nursery. He sometimes reminds one of the well-known citizen, since deceased, who, before the discontinuance of Smithfield Cattle Market, gave evidence before a Committee of the House of Commons that the foul stench at that period habitually attaching to the market and its purlieus, despite the periodical removal of the greater mass of the offal, was a most healthy spot, to which he daily sent his children for their walk for health purposes.

Some people are unimpregnable on the subject of nuisances, as to the existence of which they imagine they have an interest in closing their organs of sense. During a memorable hot and rainless August, some ten or twelve years ago, Faraday exhibited at the Royal Institution a glass of suspiciously and offensively coloured Thames water, procured near the Houses of Parliament. Both Lords and Commons were then contemplating suspending the session, in consequence of the overpowering effluvia given off by the Thames, which in its urban course served as the cloaca maxima. I chanced one evening in that August to find myself in a river steamer, on my way to Greenwich, in company with the then Lord Mayor and two or three Aldermen. Each revolution of the paddle-wheels, even far below bridge, was in the highest degree noisome, and I could not refrain from directing the attention of those principal conservators of the river to its polluted condition, mainly because the Court of Aldermen had some days previously denied the existence of any nuisance, and had refused to entertain a motion for inquiry respecting it. Each of the civic magnates, my fellow-travellers, was too convinced of the heinousness of appearing to reflect upon a matter within their jurisdiction, and flatly denied that they could perceive any disagreeable odour. Happily, the hot and dry character of the year in question thoroughly tested and proved the inefficiency of the sewage arrangements of the metropolis; it stimulated the masterly exposition of Sir Humphrey Davy's able successor, and promptly led to the great scheme of intercepting sewers with distant out-falls, as well as of the unrivalled Thames

Embankment. These improvements, now completed, constitute the pride and ornament of this great city.

As none can be said to be really experienced and fully capable physicians who, in addition to excellence of sight, hearing, taste, and touch, have not the needful culture of the sense of smell, to assist, by its aid, to distinguish many of the principal diseases, such as typhus and its allied forms, variola, scarlet fever, acute rheumatism, suppuration, that of cancer in particular, advanced tuberculous consumption, and many others, so the sanitary medical officer and his inspectors should almost be certified before appointment to office as to the possession of a given or sufficient quantity of olfactory power, which I have reason to believe is sometimes defective, though great hygienic, sanitary, and therapeutic powers may be present. As colour-blindness in some persons exists, so some individuals are unable, except perhaps by putting their noses to the neck of the bottle, to distinguish by smell the difference between rhubarb and ipecacuanha. A medical health officer should not belong to this category.

POISONOUS SYMPTOMS FROM EATING LABURNUM FLOWERS—RECOVERY.

BY FRANK THORPE PORTER, L.R.C.S.,
Demonstrator, Ledwich School.

THE following case illustrating the poisonous effects of the flowers of laburnum (*Cytisus laburnum*) may prove interesting. On the evening of Saturday, May 15, 1875, a fine male child, 3 years of age, was brought to me in an almost dying state: the pulse was imperceptible, the surface of the body cold, pupils dilated, the head rigidly thrown back, and the breathing stertorous; vomiting was freely taking place, but purging was absent. The mother stated to me that the child had been detected eating laburnum flowers three hours before the child was taken to me, and that the vomiting had been profuse for two hours. On examining some of the vomited matter I noticed fragments of the flowers in a broken-down state. The treatment consisted of the free use of ammonia with bark, the application of sinapisms to epigastrium and nape of neck; castor-oil was also administered. I prescribed no emetic, because the vomiting was sufficiently well marked, and furthermore, because I consider that emetics are not to be relied on in cases where *much time* has elapsed between the introduction of a poison and the development of the symptoms. The child made a rapid recovery.

REPORT ON SYPHILIS.

BY C. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.,
Senior Physician to the Metropolitan Free Hospital.

FOURNIER ON TERTIARY SYPHILIS.

THE following is the last lecture on Tertiary Syphilis delivered by Dr. Fournier last summer at the Lourcine Hospital, and reported by Dr. Porak (*France Médicale*, No. 7, 1875):—

Several times persons have seen rectal syphilitic lesions in their progress towards forming a stricture, that is to say, having already thickened and indurated the rectum and diminished its calibre, recede under the influence of specific treatment, or, at least, arrested in their evolutions, and in short, not attain to the irremediable consequences of definitive fibrous structure. Thus, Vidal (de Cassis) has related the following case:—

A patient at the Lourcine Hospital had a rectal induration which had considerably narrowed the rectum, and especially the anus. There were knobs and tumours of extraordinary hardness on the part, which, surrounding the anus, seemed to prolong the rectum outwards. (Do you not recognise in this, gentlemen, the lesions which constitute the recto-anal syphiloma?) After administering a

methodical mercurial treatment, he extirpated the tumour which surrounded the anus, which permitted him to introduce bougies, the diameters of which were gradually augmented, and he thus obtained by general treatment, extirpation and compression, a complete cure.

M. Godebert, in his thesis, cites two cases of rectal stricture which were very notably amended by the combined employment of specifics and dilatation. In the one, it is said that "without the least doubt the indurated walls of the rectum had gained in elasticity after this treatment, and that canulas of two centimetres in diameter passed very easily through the stricture, where at first there could only be made to pass a canula of half a centimetre in diameter." The other case is relative to a cylindrical stricture, which, treated by mercury, iodine, and bougies greased with mercurial ointment, was so much amended in some months that, when the patient left hospital, "the calibre of the fæcal matters had returned almost to its normal dimensions, defæcation was much less painful, and the rectal stricture had in great part disappeared." The suppuration alone remained.

M. A. Guérin appears to have obtained a success of this kind by the administration of the iodide of potassium in a case of stricture in the progress of formation with thickening and ulceration of the mucous membrane.

Lastly, I remind you that in two cases, of which I have spoken before, I have seen the rectal syphiloma not assuredly be cured, but retrocede, lessen in extent, and in short (this is the essential point), not end in the fibrous retractile stricture which constitutes the true danger of the lesion.

Doubtless such facts are very rare, and I would even call them exceptional. But there is a reason for their rarity, a reason which you are acquainted with, and which diminishes all this pathological condition, and that is, because the rectal syphiloma, on account of its character of indolence and insidiousness, is scarcely ever recognised until beyond the time when specific treatment could have any influence on it. However rare they may be, the cases I have cited show in a clear way this essential fact, so important in practice to many, that the lesions which constitute the rectal syphiloma are susceptible when yet young in their evolutions of being favourably influenced by the giving of specifics.

This having been laid down, what remains for me to say as to the treatment applicable to the strictures when confirmed reduces itself quite naturally to but little; for, in spite of its specific origin, this stricture does not any longer at an advanced period bring with it any but indications common to it with other strictures of the rectum.

That, at this date we should still prescribe as a trial, and in order that nothing should be left undone, the anti-syphilitic medication is certainly legitimate, and I see no inconvenience likely to arise from it. I will say more, this is even indicated in certain conditions, when, for example, the lesion does not seem to be very ancient, or when its origin remains undetermined, or when we have to do with a patient who has not had any treatment. Practically, indeed, it is impossible to determine the precise date at which a neoplasm of specific nature ceases to be accessible to specific agents. And then, when in doubt, we are led to prescribe the treatment of the diathesis, even when we suppose that we may not obtain any success.

In such cases, however, it is important not to insist too much on the employment of means from which there is but little to expect, and above all, not to subordinate to an illusory therapeutic trial the only methods which can assist the patient, surgical methods.

Before a confirmed stricture, indeed, it is surgery that must play the chief part. Medicine, which is powerless, and can offer no means capable of modifying an accomplished lesion, ought to stand aside. All that we can demand of it is to satisfy the following indications:—

1st. To watch over the condition of health of the patient, to palliate the functional disturbances which are

the consequence of the stricture, and above all, to keep up the strength. It is to this end that the different agents of tonic medication may be usefully employed—cod-oil, quinine, bitters, arsenic, sulphur-baths, and moderate hydropathy. Preparations of iron should also find their place here; but the astringent and constipating action which is their property makes them more injurious than useful.

2nd. To favour, as far as possible, the regularity of the stools. To do this, watch over the hygiene of the food, and forbid any *heating* foods; as also such as cause diarrhœa, because of their irritating influence on the bowels. Recommend foods which may satisfy the double condition of being powerfully nutritious and leaving but little fæcal matter, such as meat, eggs, milk, &c.

Nevertheless, in spite of all our care, constipation is inevitable. What can we do medically against it? Enemata are useful, by diluting the fæces and permitting them to pass the stricture in a liquid form. Being otherwise inoffensive, they may always be prescribed. But they are not always efficacious; at an advanced stage of the disease they often pass quite as administered, even when mixed with substances suited to excite the intestine. Sometimes they do not even pass the stricture, unless taken up by a long canula. The rectal douches, much less made use of, are scarcely more efficacious than the simple enemata, and perhaps they would not be without danger in an intestine with walls ulcerated, thinned, and easily perforated.

A more delicate question arises: What is the value of the purges in the case, of which patients and doctors make a great use, often indeed an abuse?

Let us distinguish the indication of urgency from the habitual administration of purges as a deobstruant remedy. The indication of urgency is formal, and needs no discussion. Here is a patient who has not been to stool for a shorter or longer time; he is suffering, has the belly tympanic, and begins to feel nausea; whilst enemata have produced no effect. In this case hesitation is not admissible; we must comfort the patient as quickly as possible, and purges furnish the means to do so; so that these should be prescribed.

Quite otherwise is the question of the administration of purges as a habitual medicine. This, irrational in principle, is condemned by experience. Firstly, purges are only palliative measures, which must be constantly renewed to obtain a constant effect. In the second place, they go quite contrary to the purpose we have in view, for they constipate by reaction. Besides, when prolonged indefinitely, they keep up towards the bowel a continued irritation. Lastly, they weaken the organism in the long run, like so many serous losses.

It is right, then, to use purges only with reserve, and in view of precise indications. There is, besides, a choice to make between them, when we are forced to employ them. As they congest the rectal mucous membranes, we should avoid drastics; and saline purges constipate by reaction; laxatives are useless. From experience, castor-oil acts best in this case, and it suffices to administer it in small doses to obtain an effect in diluting the fæces, and thus we avoid fatigue of the digestive organs.

But let us not forget that the true deobstruant methods in the cases which occupy us are exclusively those which attack the intestinal obstacle. These methods belong to surgery, and are of two kinds.

The first group proposes the re-establishment of the course of the fæces by progressive dilatation of the intestine without effusion of blood.

The others are operations where blood is shed, which enlarge the calibre of the stricture by incising the stricture or incising even the whole thickness of the wall of the rectum (internal and external rectotomy, linear rectotomy).

It is not my part to detail to you here, gentlemen, the indications for these various proceedings, nor the operative practices which they bring with them, nor the inconveni-

ences attached to each of them. This is the affair of pure surgery, and I must take care not to venture on ground which does not belong to me. I send you to special works for information on these points. In a general way, simply, and as a necessary complement to the previous study, I will indicate the conclusions to which practitioners have arrived who know best about this question relatively to the last order of points.

A first point, on which, unfortunately, there is but too great agreement, is that no method and no operation can furnish a radical cure of syphilitic stricture when confirmed (with reservation concerning certain benignant strictures, incomplete and limited).

The second point is, the methods where blood is drawn, however rational, simple, and speedy these may be, expose the patient to serious dangers, sometimes even to dangers of rapid death. Consequently, we ought not to make up our minds, except in cases of urgency sufficiently established by the characters of the lesion, and by the clear insufficiency of less perilous measures.

Thirdly. Slow dilatation, when progressive, which does not offer dangers comparable, and constitutes a rather inoffensive remedy, and yet sufficient in a certain number of cases to re-establish the course of the *feces*, is the one that naturally presents itself first of all for our trial, unless circumstances contraindicate it.

After a certain time of trial this method is judged by the results, and it then becomes evident that one of two things is true, either dilatation is seen to be efficacious to re-establish the functions, at least in so far as the health does not suffer; the accidents of stercoral retention are over, so that no other method requires to be tried.

Or, again, dilatation remains insufficient, whether because it has not been rigorously applied, because of the accidents it sometimes causes (pain, local inflammation, spasms, or nervous symptoms, &c.), or because that being applied, even with all the rules, it has left phenomena of stricture remain with the consequences which these entail. In this case the indication is formal; we must abandon the "gentle methods," and have recourse to a more radical procedure. However grave the consequences, an operation is indispensable, and should be practised as quickly as possible, before the general condition has undergone serious deterioration.

Frequently, it must be recognised, patients are forced to come to this after the manifest failure of the method of dilatation. Pretty numerous, however, are the cases where dilatation renders recourse to a cutting operation unnecessary (more numerous than is thought). Doubtless dilatation does not cure (what operation does it?); doubtless it is but a palliative; but it lessens the functional disturbance, prevents complications, and, in short, permits life to persist. I have already met with a half-dozen of patients who, treated solely by dilatation, supported without general disturbance for 5, 8, or 10 years rectal strictures.

We must note that, in order to give such a result, the dilatation must be assiduous, daily at first, and then very frequently repeated, and for the whole of life. It then constitutes a most painful subjection; and yet the patients are fortunate if, by its means, they can escape from the unavoidable consequence so mortal of the infirmity they bear, or from the risk of more radical operations.

In a former lecture (*France Méd.*, No. 5, 1875) Dr. Fournier says: A last point, and that quite a special one, remains to be discussed by me as complement of the questions concerning diagnosis or causation, which I have already spoken of.

The time is not far distant from us when syphilitic stricture was almost unanimously considered as a shameful affection, resulting from unnatural habits, or from sodomy.

To give a proof of this, Delpech for instance—Delpech, that surgeon so justly celebrated and generally so judicious in his judgments—used to consider syphilitic stricture as the result of an inoculation by the anus or the rectum. It was doubtful, he thought, whether this affection might not sometimes depend on general infection operating

through other passages. Thus, in his view, all syphilitic strictures of the rectum were a clear testimony of sodomy. In our days this opinion has survived. It survives firstly among men of the world, in whose eyes all lesions of the rectum or anus are suspicious. Whenever such persons speak of similar diseases, immediately calumnious observations arise. Do you remember what took place some months ago, when a man well known died from cancer of the rectum? It was rare that the laments concerning his lot were not accompanied by some malicious insinuation. More than this, some practitioners, even among our contemporaries, are not exempt from this prejudice, and for them rectal syphilitic stricture is not without giving rise to serious suspicions.

Now, be assured, gentlemen, there is nothing worse founded, more anti-clinical than such a causation for rectal syphilis. This stricture is nothing but the evidence of constitutional infection. There result from local infection only accidents of the same kind and nature as are developed in the testes and liver. If it be supposed that they are the consequence of direct infection, it would be necessary also, to be logical, to hold that induration of the liver and testes arose from local infection—absurdity too great for anyone to maintain. On the one hand, as you know from what I have said, there does not exist one observation seriously studied to show the reality of rectal stricture consecutive on direct inoculation; and, on the other hand, there exist also no facts to prove that an original contamination of the anus may have favoured and incited later on the development of tertiary accidents of the rectum. What relation, besides, can there exist between the chancre, the initial lesion of syphilis, and the stricture which follows it 5, 10, 20, or 25 years afterwards?

I do not certainly say that the rectal excitement resulting from unnatural relations may not be an exciting cause, or a provocation to tertiary manifestations in the rectum, just as tobacco is, as is notorious, a provocation of secondary manifestations in the mouth. But what I affirm is that the rectal stricture has no need of this excitation to be produced, and that it is produced without it; and, consequently, that the fact of a rectal syphilitic lesion of tertiary order, such as hardening, in no way implies shameful habits as a cause.

In a word, the rectum of the most innocent person is exposed, by the fact of the economy being infected by syphilis, to become the seat of syphilitic stricture, and, in short, the suspicions frequently emitted as to the origin of the affection are absolutely illegitimate, if not always, at least in the enormous majority of cases. Nothing in science justifies them.

Treatment.—An essential point dominates all that is about to follow. *Anti-syphilitic treatment does not exercise any curative influence on rectal confirmed stricture.*

This is what a quantity of the most authentic observations clearly show. It is a fact about which people are only too unanimous, and this fact contrasts a good deal with the action so generally efficacious and marvellously powerful of medicine on the other accidents of the diathesis, to merit your special attention.

Never, I repeat, has a stricture in the rectum of syphilitic origin been cured by iodine or mercury, nor by a union of these remedies. No; this powerlessness of specific modification has been interpreted in a sense which it does not bear. Some practitioners have concluded that stricture of the rectum, pretended to be syphilitic, is not so in reality. Since this stricture, they say, is incurable by special agents of syphilis, it is because it is not syphilis. This is a bad interpretation, gentlemen. Doubtless the syphilitic stricture is not cured by mercury or by iodine; but this does not prove that it is not syphilitic.

Metachloral.—M. Dujardin-Beaumetz finds metachloral a useful substitute for iodoform as a local application. Metachloral is entirely free from the disagreeable odour that makes the use of iodoform unbearable to some people.

INDIAN MEDICAL NOTES.—XXXVIII.

(FROM OUR SPECIAL CORRESPONDENT.)

DELHI, *March*, 1875.CHOLERA—INDIAN HOSPITALS—RESEARCH—DELHI—
CAMP NOTES—PILGRIMAGES.

"To preserve from desecration the remains of 6,000 emigrants who died of ship-fever in 1846-47 this stone is erected by the workmen of Messrs. Peto, Brassey, and Betts, engaged in the erection of the Victoria Bridge." Thus runs an inscription on a granite column near Montreal. It appears these emigrants, after fifteen weeks' voyage, sickened of cholera, and were quarantined in wooden sheds, there nursed by Sisters of Charity, and were buried in large pits. The Victoria Bridge, a mile and three-quarters long, is about sixty feet above the river, whose depth is twenty-two feet; the current runs seven miles an hour, and when the ice breaks up, the gigantic boulders beat viciously against the piers with frightful force. From 1854 to 1859 about 3,040 men were employed: several were drowned, some suffered from snow blindness, and from July to September, 1854, cholera, followed by typhus, attacked 200. As the cold, shivering school-boy was recommended to warm himself by thinking of ginger, it is cooling under a blazing Indian sun to think of Canada; besides, a very handsome railway bridge over the Jumna at Delhi somewhat recalls to recollection on a small scale that wonder of the world at Montreal. *En passant*, the Ganges, Jumna, and all the Indian rivers yet seen are very ugly, easily-imagined streams through sand, the surrounding country all flat—somewhat suggestive of Plaistow Marshes, the rains of course spreading out the water surface. This morning the view from the hospital near the Palace of the Moguls, excepting the railway bridge, appeared very poor, the object of the ride from camp before breakfast being to see the double-storeyed buildings of brick allotted to the sick of the R.A. and 55th Regiment, quartered at Delhi: The lower rooms used for offices, the up-stair wards for patients, the space for 20 being 2373.5 superficial, 59337 cubic, the wide double verandahs outwardly supplemented by green venetians and chicks; corrugated iron roof, a beautiful floor of stone flag, the ventilation and light satisfactory, the latrines, urinals, bath-rooms on the same flight clean, wholesome, inodorous—thanks to prompt removal, the separation of liquids and solids, the sweepers, always on the spot, constantly supervised to carry out the earth system. Sick-list, 7 per cent.; fever, pneumonia, syphilis, boils—recently variola, traced to a sportsman entering an infected locality. Delhi boils are not extinct, nor are investigators unanimous—Drs. Alexander, Smith, Fleming, and others. The microscope, which has somewhat aided towards the pathological elucidation, the parasitic origin, has also, in the hands of Dr. Lewis, demonstrated the connection between worms in the blood or in tumours, in the walls of the aorta, with chyluria, elephantiasis, and other allied conditions depending on mechanical interruption to the flow of nutritive fluid in the capillaries and lymphatics. Dr. O'Neill finds filaria in a Gold Coast skin disease called *craw-craw*. Dr. D. Cunningham has investigated the fungi in opium blight. He and Dr. Lewis, specially employed trying to find out cholera, thus far note absence of fungi or bacteria, the general abundance of white blood-cells, the red corpuscles peculiarly diffident, and find no evidence of any specific poison in cholera excreta. Healthy evacuations injected into the veins of dogs produced just the same effect as cholera evacuations did. Still these gentlemen are working away. We know nothing beyond bad air, crowding, fatigue, bad water, meteorological conditions, seasonal periodical visitations, specially where inland. We can only fortify the poor human body to resist disease, next to battle with the pestilence when it has weakened the walls. Just now very many believe cholera hydrate hypodermically, but, in the words of Sir William Jenner, "a column of cures for cholera in a leading newspaper may be the death-warrant of numbers."

Whilst stationed temporarily at Delhi every place of interest has been visited, and besides the lions previously alluded to, the stranger is strongly advised to spend a day in the vicinity of Humaon's tomb, unless his soul is dead to antiquarian treasures. In a curious tomb near the ancient ruins of that wonderful city Trogluckabad one monarch has buried with him documents in duplicate without number to testify that all his offences, murders, robberies were all pecuniarily compensated by his successor, the idea being at the Resurrection these papers will open the gates of Paradise. Bernier, the physician who was here some years before the great fire of London, states that the natives, thanks to sobriety and perspiration, although a languid race, suffered rarely from gout, stone, renal ailments, catarrh, quartan ague—very mildly from syphilis. The water delicious; no wine procurable; the drinks lemonade or arrack. Canary wine the great people drank at seven crowns a bottle. In those days the King had 3,000 horses, 800 elephants, 30,000 cavalry, a force of artillery to work seventy brass guns, the pay of the latter branch very good—£20 a month, to attract trained Europeans. The eunuchs, as a rule great scamps, were often detected in equivocal positions. A very interesting book concerning Delhi past and present has yet to be written. In 1857 certain regiments hurried from the Himalayas, without time to make arrangements for carriage, sanitation, or good water supply, in the month of May, to take part in the siege. One regiment marched 60 miles in 38 hours; another did 47 miles in two marches. Some of these men had previously broken down in the plains; others had only just ascended to the temples of health—the glorious mountains; therefore, because cholera attacked these regiments it is no argument against bringing troops suddenly down from lofty elevations. Amongst the other sanitary arrangements in the present camp, certain tents accommodating 15 men had the sides open night and day, the range of temperature at this season, where the air is dry, not so conducive to malarious chills. In my tent the thermometer has ranged from 60 deg. to 103 deg. lately, the nights delicious. Some men sleep entirely in the open air; others dread the influence of the moon: my plan, if at Meerut, until the rains, will be to sleep in the garden—the musquito-curtain sufficient protection. Of course, abdominal belts are ordered to be worn by all. Free perfilation of air through tents dilutes—retards the hidden virulence of latent mischief in straw, whether variola, typhus, measles, or erysipelas. In certain months straw may be damp, or green leaves used by the careless. The sugar-cane straw in this district, if dry, makes a cheap, wholesome couch. Unavoidable circumstances may cause crowding of tents and horses; it may not be practicable to take advantage of cool, pleasant groves, for trees are very awkward in the dark, especially in the early morning, when men, horses, wagons, may be blocked; nor in certain months are groves very healthy; and the native establishments absolutely required in this country very soon defile such places undetected. The village supplies, the water for the horses influence positions, the proximity to cultivation in dangerous months sometimes unavoidable. Lofty elevations are not to be found when wanted; nor can dry ground be always ensured; neither is it always safe to run the risk of fire in burning refuse. From my tent to-day a watch can be kept on the latrine trenches, and the hot air is so dry, the sweepers never absent, the trenches filled up and carried on daily, the urine receptacles at another place taken away and emptied at a good distance, that the keenest nose smells nothing. Dry heat is very trying, enervating, enfeebling—nothing more, except to the careless, incautious persons who eat or drink injudiciously, who do not avail themselves of cold water sufficiently, inside and out, and who delight in being fuggy, or crowding without occasion. All sanitary arrangements, however, become paralysed by rain or moisture, the tents become heavier, the camels groan grievously, the bedding and clothing may evolve poison under the influence of solar or bodily heat. The tent may

be pitched in a good position, with drains outside and protection inside, the pegs gripping firmly until the storm comes—then, over the hills and far away (only there are no hills) fly your *penates*, unless careful over-night to pack things in portmanteau. It is not pleasant in a night-shirt to run about the dark, wet plain in pursuit of papers or wardrobe. Moisture, too, is a terrible opponent to the earth system, which at other times overcomes the difficulty connected with absence of sewers, want of fall, no pipes, and the other expensive alternatives. The soldier requires constant watching; but both he and the native must be forcibly converted to the doctrines of the Reverend Mr. Moule. Native latrines require a staff of police; otherwise, true to custom, the ground will be defiled: so in camp, when the native carrying a brass pot is sneaking near the wells, just watch him, if the light permits. During the rains the dry earth drier in some places than others must be stored. In this district, after the Christmas or January rains, the showers subside until June, and the west wind is healthy. To-day there is an easterly, cool breeze, indicative of impending rain, not at all desirable; for the roads this April day abound with carts drawn by miserable bullocks, all evolving an ancient and fish-like smell. The Hurdwar Easter Fair attracts myriads of pilgrims, from the toothless old grandfather down to the sucking, unvaccinated infant, the halt, the maimed, the blind, the croaking hag, the bright little boys, the bashful bride of five, the baggard matron of fifteen, compelled by custom occasionally to hide her features—all ride in the family coach, intending to bathe in the sacred Ganges, their luggage, the dearly beloved hubble-bubble pipe, and a few rags. Hurdwar is the head-quarter of cholera. An active police-officer states that variola prevails in many villages, and by all accounts vaccination, infanticide, syphilis, the registration of births, deaths, and diseases are everywhere influenced by native bribery and falsehood. Ready for the harvest, waves and nods the golden corn in the parched fields, just now, when dysentery, influenza, pneumonia, fevers, include the cases. The persistent application of coal-tar to the weeping scalp, of strong solutions of silver nitrate to the itching, burning, fiery scrotum, will not here benefit eczema, assisted by tonics and constitutional treatment, as recommended by Dr. Tilbury Fox and others, to the best of recollection. Syphilis in my practice is mostly treated non-mercurially. Dysenteric pneumonia is a curious disease. Rheumatism, seldom fatal, is treated just as in England, the characteristic smell frequently absent. Variola some treat with chlorate of potash combined with iron, the local application also of carbolic oil. Strychnine is often useful for certain cases of insomnia. Headaches cannot be cured without leeching. Homœopathy suits not the desperate diseases of India. Some of the dentists command very good incomes, for teeth soon go to the bad, the steps leading from dyspepsia to liver abscess.

Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. RIVINGTON.)

Strangulated Right Inguinal Hernia—Reduction spontaneously under Ice.

Robert Feathers, 67, was admitted Dec. 17th, 1873, under Mr. Rivington, for a strangulated right acquired oscheocele. He had had a hernia between thirteen and fourteen years, and had been in the habit of wearing a truss. The truss was broken. He was stooping to lift a weight in pursuance of his trade as a carpenter, when the hernia came down. On his arrival the hernia, rather a large one, had been down four hours. There were symptoms of strangulation. A warm bath was given,

and subsequently ice was applied. The hernia went back by itself at 8 p.m. A truss was ordered, and the patient was discharged on Dec. 24th, 1873.

Strangulated Left Inguinal Hernia—Twenty-six Hours' Strangulation—Stricture at Neck of Sac—Sac Opened—Omentum Removed—Subsequent giving way of Intestine—Fœcal Fistula and Death.

George Smilett, 28, dock labourer, was admitted on the 7th of April, 1874, on account of a strangulated left acquired oscheocele. He stated that he had had a rupture of the size of a hen's egg for years. He had never worn a truss, and never completely reduced the hernia. Strangulation commenced at 2 p.m. on the 7th, immediately after defæcation. He vomited three times during the afternoon. After admission he did not vomit, and he appears to have slept well. Taxis was tried by the house-surgeon without effect; a warm bath was given, and subsequently ice was applied. As there was no vomiting Mr. Rivington was not sent for till the following morning.

April 8th, 11 a.m.—Seen by Mr. Rivington. Little or no anxiety. Discomfort at the seat of the hernia. He had not vomited, but he felt as if he would be sick if he took anything, and he had therefore abstained from food and drink. Pulse 80; temp. 100°. The hernia was large and scrotal. The testicle was quite distinct below it, and there was no constriction upon its surface. Impulse communicated to it from below upwards ceased just below the external ring. Mr. Rivington strongly urged the patient to submit to taxis under chloroform, and if that failed, to an operation; but he declined all interference.

4.40 p.m.—He felt worse, and having vomited, was anxious for relief. He was put under chloroform. Taxis was tried for a short time, and failed. The usual operation was performed. The stricture was constituted by a sharp thickened band at the neck of the sac, incorporated with the sac itself. The contents of the sac were a large quantity of old thickened omentum, and some small intestine very much congested and almost black in colour, together with a considerable quantity of sero-sanguineous fluid. The omentum was removed, a double catgut ligature having been passed through its base and tied on each side of it. Mr. Rivington had some doubt about returning the intestine. It was very deeply congested, and seemed to have lost a good deal of its natural elasticity, but it had no mark of constriction on it at either end, and did not seem likely to ulcerate at the seats of constriction. Moreover, it had only been strangulated a little more than 24 hours, and it seemed reasonable to expect that it might recover itself. Hence it was returned and left close to the internal rings. The wound was closed and a pad and bandage applied. Five grains of pil. sap. c. opio were ordered to be given every four hours.

The patient went on well for two days. There was no sickness, and there was no abdominal tenderness. No motion passed. He took milk and beef-tea, and seemed comfortable. His pulse, however, was rather quick, at 120 on the 9th, and 104 on the 10th, and his temperature high, at 102.8° and 101.4°. On the 10th there was some discolouration round the wound, and a stitch having been removed, some fœtid discharge issued from the wound. This was attributed to suppuration of the omentum pedicle, which occupied the upper end of the wound.

On the 11th the wound was redressed, the bandage was taken off, and a fresh one adjusted. The discharge was copious. Almost directly after he had been dressed he complained of pain in his left groin. He vomited, and continued vomiting during the night. His temperature was normal. He was ordered iced champagne. The vomiting was attributed to the bowel not having recovered itself so as to allow the passage of fœces. On the 12th the wound was redressed with tenax, and the remaining stitches were removed. A fœcal fluid issued, and later in the day there was a free escape of fœces. In the afternoon he vomited, and had an attack of hiccough. Temp. 99°. It was evident that the intestine had given way. The

wound was therefore kept freely open and some slough removed from it.

13th.—Countenance more anxious. Pulse, hitherto in proportion to the temperature, rose, whilst the temperature declined.

14th.—No vomiting since the previous day. Tongue cleaning; temp. 98.4°; pulse 100. He seemed so much better and took nourishment so well that hopes were entertained of his recovery; but on the 15th he went off suddenly into a state of collapse, and he died some hours later.

Post-mortem examination had been forbidden, but permission to inspect the abdomen was secured. A good deal of local and some general peritonitis was found; the coils of intestine round the injured portion of intestine were glued together, so that extravasation of feces was limited on all sides by adhesions, and all the feces had escaped externally. The implicated portion of intestine was a piece of ileum an inch in length, and this had become completely separated from the rest of the tube and lay free at the internal ring.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 11TH.

SIR JAMES PAGET in the Chair.

ON THE HISTOLOGY OF THE SO-CALLED NUTMEG LIVER.

By J. WICKHAM LEGG, M.D.

The author, after reviewing the opinions which have been held concerning the anatomy of nutmeg liver, gave the result of his examination of twenty such livers. He found the vessels in the centre of the lobules dilated, with a corresponding atrophy of the liver-cells around them, but with no new growth of connective tissue in the centre of the lobules, as Rokitsansky, Frerichs, and Virchow have held. He found, on the contrary, that the growth of the connective tissue is well marked in the capsule of Glisson, and between the lobules, just as in the early stage of primary cirrhosis, and he looks upon this overgrowth as the cause of the shrinking and hardening of the liver in advanced stages of nutmeg liver. Other cases of the overgrowth of the connective tissue in organs subject to persistent hyperæmia were brought forward; and the paper ended with a protest against the name of red atrophy given to the atrophous nutmeg liver by Rindfleisch.

Dr. THIN inquired whether Dr. Legg thought that connective tissue passed between the rows of liver-cells in a lobule; he had only referred to blood-vessels, and had made no mention of connective tissue which the mode of preparation employed might have altered.

Dr. GREEN said that the author had shown there were two distinct kinds of change in a nutmeg liver—namely, first, atrophy and pigmentation of liver-cells in the centre of each acinus; and secondly, an increase of connective tissue at the margins. The first is the most important part of the process, and he thought too much stress had been laid upon the second element. He had not seen such marked connective tissue overgrowth, especially nuclear, in the portal canals in these cases. The indurative changes set up in organs by chronic congestion were due to increase in connective tissue, often nucleated, and not to be distinguished from the appearances due to chronic inflammation. As a rule, it differs in being less nucleated, and it is certainly a question as to how much of the connective tissue in these cases is due to new growth, and how much to atrophy of vessels, &c. At any rate, it is certain that some amount of new growth results from chronic congestion.

Dr. HANDFIELD JONES had examined the liver in all stages of cirrhosis, and had never fairly satisfied himself that the process was an inflammatory one. The growth of connective tissue was often ascribed to spirit-drinking, but this was insufficient, alcoholism more often producing fatty degeneration. He had thought rather this fibroid degeneration of organs was part of a general change occurring in different

parts of the body at the same time; a change opposite to that met with in phthisis, where the new-formed tissue goes on to a cheesy condition. During life he had never been able to ascertain a previous stage of inflammation in cirrhosis of the liver.

Dr. LEGG, in reply, said he was aware of the controversy as to the existence of sheaths of connective tissue around the columns of liver-cells, in a lobule, proceeding from the portal canals to the hepatic vein. He thought "chronic inflammation" an ill-defined term, and would be the last to attribute the changes he had described to any such cause.

SEQUEL TO A PAPER ON EXCISION OF THE ANKLE-JOINT.

By Mr. HENRY LEE.

In a former communication on Resection of the Ankle-joint the plan of dislocating the lower extremity of the tibia and the upper surface of the astragalus outwards was advocated by the author as the best mode of performing the operation, but it was demonstrated that before this could be done the internal malleolus must be removed. A division of the internal lateral ligament is not sufficient; the projection of the internal malleolus when present prevents the foot being turned sufficiently inward as long as the upper surface of the astragalus is held in apposition with the lower extremity of the tibia by the tendons which pass behind the ankle-joint. The difficulties of dislocating the bones in order to perform the operation satisfactorily were considered in all the plans which had previously been suggested. A case was given, which was believed to be the only one on record, where a complete primary resection of the ankle-joint was performed, and in which a most satisfactory result was obtained. In this case the bones had been dislocated outward, and the extremities of the tibia and fibula were removed without any attempt at reduction being made. On the 27th of January last another case fell under Mr. Lee's care, in which a similar compound dislocation of the ankle had occurred; but in this case the lower extremity of the tibia was dislocated inwards, and projected for two or three inches through the skin. The extremity of the internal malleolus had been detached, and remained connected with the internal lateral ligament. The fibula was broken about three inches from its termination. In this case the lower extremity of the tibia was sawn off, and the bone replaced in its normal position; an incision was then made over the external malleolus, and the periosteum separated from the bone as much as practicable. The external lateral ligaments were then divided, and the lower broken portion of the fibula removed. The limb was then again placed on its outer side, and the upper surface of the astragalus made to protrude as much as possible through the internal wound. A deep horizontal groove was made by means of a small saw below its upper articular surface. This surface was then removed completely by means of the cutting-pliers; the two smooth surfaces of bone were then placed in apposition, and carbolic dressings applied to the wound. A very severe attack of erysipelas occurred on the fourth day, which extended up the leg and thigh, the skin being of a very deep livid colour. It was feared that gangrene of the limb might take place, as had occurred in another patient who had the same symptoms, and who was admitted about the same time with a compound fracture of the leg. A deep incision was made on each side of the leg, from which there was soon a copious discharge of pus. The skin now assumed a bright red colour, and the erysipelas, having run its course, gradually subsided. The portion of the astragalus which had been removed had, and still has, attached to it a portion of the anterior tibial artery, which had been torn through at the time of the accident. The case previously recorded offers some interesting points of contrast with the present one. In the first the bones were dislocated outward, in the second inward. In the first the internal malleolus was not removed, although detached from the tibia, and the fibula in that case was not broken. The internal malleolus, which was allowed to remain, proved to be the cause of some subsequent irritation and suppuration, and the conclusion was arrived at that both malleoli ought in this operation to be removed, whether detached or not. The principal point, however, to which the author wished to direct attention, was the much greater facility which there is in removing the upper surface of the astragalus where that bone is dislocated outward, than when an attempt is made to displace it inward. This, in the author's opinion, makes a very

great difference where a surgeon can choose which operation he will perform. Even after both malleoli are removed, the powerful tendons which run behind the joint on its inner side tend to prevent the astragalus from being inverted, and are of themselves sufficient to account for the difficulty that surgeons have experienced in attempting to turn the astragalus sufficiently inward to remove its upper articulating surface. This he did without difficulty in the first case, by a clean section through the entire upper part of the bone, but he could not do so in the second without distressing the surrounding parts more than might be desirable. After the saw had been used to a certain extent, the upper surface of the astragalus had to be removed in three different portions by the cutting forceps.

ON THE CONSTRUCTION AND USE OF A NEW FORM OF
CARDIOGRAPH.

By A. L. GALABIN, M.D.

The author pointed out the liability to error which exists in Marey's cardiograph, and in the modification of it by Dr. Burdon-Sanderson, in consequence of the use of a flexible tube containing air to transmit the motion. Two effects may be produced in this way: first, the rounding off of any abrupt features in the curve; and secondly, the introduction of oscillations. It has been shown by Dr. Rutherford that, if even a slight impulse be communicated to the instrument by the finger oscillations do occur. The mode of verification adopted by Marey, in which a motion already known was communicated to the instrument by the rotation of the eccentric, proves only that such a curve as that described by his cardiograph can be transmitted a second time without further considerable change, and not that the original cardiac motion could be accurately depicted. The most perfect cardiograms hitherto obtained have been those procured by the application of the sphygmograph directly to the apex of the heart. The sphygmograph cannot, however, be generally used in this way in cases of heart disease, for two reasons:—In the first place, the extent of the cardiac motion varies very widely, and when the heart is hypertrophied it becomes far too great to be recorded; and in the second place, when the sphygmograph is applied to the chest, not only the spring-pad, but the framework is influenced by the cardiac impulse in cases in which the apex-beat is diffused, and in this way the curve described becomes modified. The cardiograph invented by the author is such a modification of Marey's sphygmograph that these two difficulties may be avoided, and tracings obtained in all cases direct from the apex of the heart. In order to attain this object, the knife-edge by which motion is communicated to the recording lever is not rigidly connected to the spring pad, but is attached by a sliding bar, which can be fixed in any position by a screw. In this way the amount of amplification given to the motion can be varied from about ten to a hundred times the original. The instrument is also attached to a movable frame in such a way that the wooden bars on which it rests can be separated to a width of five inches. And the brass-work can be raised or lowered at either end. It can thus be adapted to a chest of any size or shape. In tracings obtained by this cardiograph, the thrill which accompanies a murmur is often depicted as a vibratile line in the curve, and then the exact relation of the murmur to systole and diastole is permanently recorded. The shape of the systolic part of the curve indicates the proportion which hypertrophy bears to dilatation, while aortic regurgitation is shown by a rapid ascent during diastole. In many cases of mitral contraction an increase and prolongation of the auricular elevation is seen, while in some others, in which a direct mitral murmur appears to be due to the venous flow, the auricular systole is either not discernible or it appears in its usual position and not prolonged.

Amputation of the Spleen.

PIETRYCKI in the *Przeglad lekarski* reports the case of a peasant girl, aged 23, from a wound in whose left hypochondrium he found a fleshy tumour three inches wide and four long extending. Externally it presented the appearance of the spleen. The general bodily condition was good. After making several futile attempts at replacing it he surrounded the pedicle with a strong ligature, and after the amputation found two small vessels which it was necessary to tie. The wound was then closed, no peritoneal symptoms manifested themselves, and in fifteen days complete recovery had taken place.—*Alig. Wien. Med. Zeit.*, Feb. 9, '75.—*The Clinic*.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 26, 1875.

THE TOPOGRAPHY OF THE BRAIN.

SINCE the study of diseases of the brain has recently received a new impulse from the important researches of Ferrier and other physiologists, it has become more and more important that our knowledge of the anatomy of that organ should be rendered more exact, and that greater details should be given as to the various convolutions which exist on its surface. For a long time it was supposed that these convolutions were disposed as it were in a haphazard manner, and that they were therefore beyond the power of description. Leuret and Gratiolet, however, have shown that there is, on the contrary, a regular plan, which may be traced from the mammifera up to man, passing through the ape.

Dr. Charcot, of Paris, has been one of the first to avail himself of the important labours of these two observers; and in a clinical lecture delivered at the Faculté de Médecine recently he observes that, among these convolutions, we may distinguish the *fundamental folds*, so called because their disposition and relations are absolutely fixed, and the *secondary folds*, which are variable. It is at any rate abundantly clear that, without a good topographical account of the convolutions, it is quite impossible to take a step in the history of any cerebral localisations, even the most important ones. For instance, in aphasia, how are we to speak of the lesions which produce aphasia if we cannot precisely determine the seat and configuration of the third convolution? And how is anyone to find out the regions called psychomotor, which have been discovered to exist in animals by the researches of Ferrier, Fritsch, and Hitzig, if we are ignorant of the disposition of the folds and furrows on the grey substance of the parietal lobe and posterior parts of the frontal lobe?

What a host of observations fitted to clear up these interesting questions of localisation have remained valueless because the exact denomination of these parts has not been known, because of an imperfect knowledge of the topography of the injured regions. The study of this department of the brain, says Dr. Charcot, does not pre-

sent the difficulties which it might be supposed to have before investigation. Ecker, in a work published in 1869, in Brunswick, has given some excellent plates of the convolutions on the convexity of the brain for the use of the medical man; and Gromier, of Paris, has also prepared a similar work for Dr. Broca, with the title of "Etude sur les Circonvolutions chez l'Homme et chez le Singe" (1874).

Comparative anatomy gives many hints in the study of the topography of this important organ. The resemblance between the ape and man is striking in regard to the fundamental sulci; and thus any particular disposition which seems almost unintelligible in man is explained without difficulty, on account of its greater simplicity, when we examine the brain of the ape. In M. Gromier's work there is a plate of the brain of the *Pithecus inuus*, an ape of rather low type, and on inspecting the external surface of the hemispheres we see first of all two long sulci. The first is the fissure of Roland, and the second the fissure of Sylvius. These two fundamental sulci converge to one point, and mark out the external aspect of the frontal lobe. Behind these comes another sulcus called the *external perpendicular* fissure, or parieto-occipital, which in the ape separates clearly the occipital lobe from the temporal lobe and the parietal lobe. This separation is much less plain in man on account of the presence of what is named the communicating convolutions, which fill this sulcus more or less completely.

The parietal and sphenoidal lobes are less exactly distinguishable in the ape, and if we desire to establish the demarcation we must prolong the fissure of Sylvius by an imaginary line passing through a sulcus named the *gyrus angularis*. If this be done the external aspect of the hemisphere is divided into four lobes—the frontal, the parietal, the sphenoidal, and the occipital. Each of these is, in its turn, divided into secondary lobes, which bear the names of sulci, or convolutions, by fissures of the second order.

In the frontal lobe the *curved sulcus frontalis* bounds in front a convolution parallel to the fissure of Sylvius, which is named the *ascending frontal*; and in order to give more interest to this enumeration, it may be noted that, according to Ferrier, the upper extremity of this convolution is occupied by the motor centres of the upper extremity of the opposite side.

Some sulci perpendicular to the direction of the preceding divide the rest of the frontal lobe into three planes. The posterior extremity of the first constitutes, according to Ferrier, a centre which presides over the movements of the head. The posterior part of the second is alleged to be the centre of motion for the face. Thirdly, there is a centre which presides over the movements of the lips and tongue. This is the point where we meet in man with the seat of articulate language. This is the third convolution, or the *convolution of Broca*, as it is called in England.

The parietal lobe is very difficult to study in man, but is very easily made out in the ape. The inter-parietal fissure divides it into two secondary lobules—the *superior parietal*, which is the centre of motion for the lower extremities, and the inferior parietal lobule; and next a sulcus, more marked in the superior apes, isolates the

ascending parietal convolution from these lobules. It is in a part of this lobule that there resides the motor centre of the upper extremity.

The sphenoidal lobe is easily understood, being limited in front by the lower border of the fissure of Sylvius. We find in it two stages, in the upper of which is the sulcus which, Ferrier says, if removed, there would be produced temporary blindness in the eye of the opposite side. In the occipital lobe a sulcus passing transversely divides it into two stages; but as yet nothing particular is known concerning either of these.

In man we easily find the fissures of Sylvius and of Rolando, which limit below and behind the frontal lobe, in which is seen the ascending frontal convolution, and the first, second, and third frontal convolutions. The parieto-occipital fissure separates in a very confused manner the occipital from the parietal and sphenoidal lobes. Behind the fissure of Rolando, between this sulcus and the inter-parietal sulcus, we may easily make out the parietal convolution. Above and behind the inter-parietal fissure we see the lobule of the parietal sulcus, that of the curved sulcus, and the curved sulcus itself.

In the sphenoidal or temporal lobe there is seen in man, just as in the ape, a fissure which is parallel to the Sylvian fissure, and above it and below the Sylvian fissure we see the first temporal convolution, whilst below it there occur the second and third temporal convolutions.

With these additions to descriptive anatomy we have a certain number of fixed points to assist us in post-mortem examinations. It appears that for some time past naked eye examination has disclosed certain differences in the composition of the grey matter, according to the different regions of the brain examined. If the lower part of the occipital lobe be examined, it is found that in the parts of this lobe which surround the posterior cornu of the lateral ventricle the grey matter has not the almost uniform aspect proper to it as seen in the other regions of the brain, as, for instance, in the anterior lobes. Vicq d'Azyr had, indeed, observed that in these parts of the occipital lobe the grey substance of the convolutions was divided very clearly into two secondary bands, separated by a white band now called the ribbon of Vicq d'Azyr. And, again, to the naked eye the convolution of the cornu Ammonis, and that of the island of Reil are distinguished from the grey matter of the convolution belonging to the other regions of the hemisphere. Hence it is to be expected that some microscopical differences are to be found in these portions of the grey matter of the brain.

INTRA-RECTAL EXAMINATION.

IN a recent number of the *New York Medical Record*, Dr. R. Weir remarks that the introduction of the hand into the rectum must be ranked as one of the most important points in the diagnosis of some obscure abdominal diseases. It was suggested in 1872 by Dr. G. Simon, of Heidelberg. With two exceptions it has been used with excellent results. Simon states that the greatest expanding capacity of the intestine is at about six or seven centimetres above the anus, where it can be stretched from twenty-

five to thirty centimetres. From this point to the superior extremity of the middle third it gradually diminishes to 20-25 cm., and from thence it rapidly lessens in circumference, until, in the middle of the upper third of the rectum, it does not measure more than 16-18 centimetres, the narrowest part being at the beginning of the sigmoid flexure. He also learned that he could rupture the intestine in the dead subject, in the upper part, by forcing his hand, measuring twenty centimetres, into this portion.

This point, at which the dangerous narrowing begins, is distant from the anus some twelve or fourteen centimetres, and corresponds to the third sacral vertebra, and also to the reflections of the peritoneum, which run forward from the rectum, in the male, to the bladder, and in the female, to the uterus, constituting the lateral boundaries of Douglas's *cul-de-sac*, and called by Simon the ligamentum semicirculare Douglasii.

When the hand rests at this point, the tips of the fingers can be introduced into the sigmoid flexure, and with the mobility obtained from the extra calibre of the intestine, and from the meso-rectum and meso-colon of the sigmoid flexure, palpation may be made in favourable cases as high as several centimetres above the umbilicus.

These explorations have not only been repeated several times on the same patient by Simon himself, but he has also allowed other physicians, with hands of a circumference of 25 to 26 centimetres, to perform the manipulation without any evil results, and, indeed, with but little or no impairment of the tonicity of the sphincter ani muscle, as the next day injections of water could be retained.

Nussbaum and Popp (*Deutsche Klinik*, March, '72) have both been enabled by intra-rectal explorations to touch the ensiform cartilage.

Dr. Weir mentions, moreover, that Dr. C. A. Leale read a paper, in November, 1873, before the Academy of Medicine, and gave a case where, for the purpose of irritating the solar plexus in poisoning by chloroform, he had safely introduced the hand (20 centimetres in circumference) to the depth of many inches, passing, without doubt, into the descending colon, and had thus recognised by the touch the inferior border of the liver, and projected his fingers forwards, so that they could be felt four inches above the umbilicus.

In a case of right lumbar colotomy presented by Dr. H. B. Sands to the New York Pathological Society (*Med. Record*, June 1, '74), the results of a manual exploration of the rectum are given, as obtained by a post-mortem examination. It is there stated that the hand was passed to a distance of twelve inches, and that the forearm was too large to go farther, as though the limit of the exploration was the possible dilatation of the anus. The similarity of this case to the one Dr. Weir describes is more striking, by the existence of a laceration of the muscular, but not peritoneal, coat of the rectum, about eight inches from the anus. Dr. Sands' hand measured less than 19 centimetres. Similar explorations have been made by various surgeons for the diagnosis of a supposed renal tumour, for aneurism in the abdomen, or intestinal obstruction. In one case there was a reducible inguinal hernia, which could be distinctly recognised through the wall of

the rectum, demonstrating the reasonableness of Nussbaum's suggestion of thus pulling the intestine out of incarcerated hernia, and particularly from those situated in the umbilical region.

Dr. Weir also gives the case of a woman, æt. 50, who summoned him in January 4, '75, for the relief of a severe fit of colic, with moderate vomiting and occasional hic-cough, which had lasted forty-eight hours, and had been preceded a week previously by a similar attack. Pulse 96; temp. 100°. The abdomen not distended, nor was any hernia seen. The transverse colon was felt along the upper part of the abdomen; it was much distended, especially in right hypochondrium, but was painless on pressure, and pitted. She had been troubled by a series of colicky pains since last spring. A rectal examination gave no indications. She was ordered to take one-eighth of a grain of acetate of morphia every hour until the pain ceased, and to have a large injection of warm water and soap-suds occasionally. This treatment relieved her.

On February 10th a recurrence of vomiting and colic ensued, and the enema brought away no motions. On the 12th stercoraceous vomiting came on. On the 14th, after an unsuccessful injection of four and a half pints of an enema composed mainly of olive-oil, through the rectal tube, introduced two feet into the intestine, an examination by the hand in the rectum was therefore made.

The patient was etherised, placed on the side, and the right hand, 22½ centimetres in circumference, was passed slowly, and duly carried into the rectum. It was introduced without difficulty to the entrance of the sigmoid flexure, which was entered by the tips of two fingers, the intestine at this point being apparently healthy. The lower border of the left kidney was recognised, and the aorta, whilst on the right the caput coli was felt.

The hand was then withdrawn, having been inserted eleven inches; and after ascertaining that there was no disease of the sigmoid flexure, it was determined to make an incision in the ascending colon.

It was noticed that during the rectal examination the patient was much depressed, with feeble pulse and pallor, but with regular respiration. This was probably due to laceration of the bowel. The gut was opened longitudinally, and about two quarts of fluid light-coloured fæces flowed out, with relief to the somewhat tense abdomen. The intestine was stitched to the skin, and the balance of the wound loosely stuffed with carbolised lint. She sank, and died on February 16th.

On post-mortem examination it was found that there was a narrow band-like stricture of the middle of the transverse colon, admitting only the tip of the little finger, and formed by a growth on the wall of the intestine, of a character yet undetermined. Above the stricture, in the fluid contained in the colon, was found an orange-pip, coated lightly with hardened fæces. As this was the only solid body found, it was inferred that it might have occasioned the final obstruction.

On raising up the small intestine from the pelvis about two teaspoonfuls of blood were found in the *cul-de-sac* of Douglas, and running from the level of the sacro-iliac synchondrosis to the bottom of the *cul-de-sac* was

seen, on the posterior aspect of the rectum, a rent involving the muscular and peritoneal coats. This was divided into two by an interposing band of longitudinal muscular fibres, but the ruptures had evidently been produced at one time.

The hand was introduced to a distance of eleven inches, measured from the tips of the extended fingers, the fingers themselves measuring four inches, and although no force was supposed to have been used, yet the unconscious action of the wedge-shaped fingers must have been considerable.

Brinton, in his work on intestinal obstruction, estimates that the large intestine contains nine pints of fluid. This case confirms the truth of this assertion.

Notes on Current Topics.

Test Examinations.

THE *Students' Journal* has an instructive article on this subject in a recent issue.

Some three years ago the Council of the Royal College of Surgeons of England decided to publish annually the number of students examined each year from each medical school, together with the number passed and plucked. As may be imagined, when this determination was made known, some consternation prevailed among the authorities of the medical schools at the prospect of unpleasant revelations being made. Nor were these fears altogether groundless, for it was well known that in the case of some schools, for a student to pass his examination at the first attempt was the exception rather than the rule; whilst among the best and largest schools the proportion of students rejected at their first examination, was, as a rule, discredibly large.

"On examining the 'passed and plucked' list for the last year," says the *Students' Journal*, "we find that the number rejected at the primary examination of the Royal College of Surgeons, from the English medical schools range from 21.4 to 80 per cent., the London Hospital taking the first position on the list, and the Sheffield School of Medicine the last, while the large hospitals averaged about 30 per cent. of rejections. This, we maintain, is much too high a percentage, but it would be still higher were it not that at some hospitals the students are not permitted to present themselves at the College until after they have passed a 'Test Examination' conducted by the lecturers in their own hospitals.

"The 'Test Examination' is a modern creation, and was instituted, we believe, at various hospitals soon after the College of Surgeons determined to publish the 'percentage list,' with a view to save their reputation by keeping back those who would probably fail at the examination.

"Formerly a student used to pay his fees, attend a few lectures, take two or three 'parts,' and dissect them himself, or by proxy, as he felt inclined, and at the end of his second winter session his schedules would be duly signed, and he could take his chance of scrambling through his primary examination. Now, however, the order of things has changed. The fees must be paid as usual, but some-

thing more than an erratic attendance at lectures and demonstrations is required. The student is expected to be regular in his attendance and diligent in dissecting. But he may be the most regular of his year in attending lectures, and the most diligent and painstaking dissector, it will not ensure his schedules being signed unless he acquit himself well at the 'Test Examination.'"

Ziemssen's Cyclopædia.

DR. JOHN WILLIAMSON PALMER, of New York, is now staying in London (23 Dorset Street, Portman Square) as the representative of the International Translation of Ziemssen's "Cyclopædia of the Practice of Medicine," of which Messrs. Sampson Low and Co. announce as publishing, by special arrangement with the German publisher and editor, a copyrighted translation.

Of this magnificent work two volumes are ready, and contain the following important articles:—Vol. I. Acute Infectious Diseases.—Part I.: Abdominal Typhus, by Professor Liebermeister. Exanthematous and Recurrent Typhus, Cholera, by Professor Lebert. The Plague, by Professor Liebermeister. Yellow Fever, by Dr. Haenisch. Dysentery, by Professor Heubner. Diphtheria, by Dr. Oertel.—Vol. II. Acute Infectious Diseases.—Part II.: Varicella, Measles, and Scarlatina, by Dr. Thomas. Variola and Varioloid, by Dr. Curschmann. Erysipelas, Miliary Fever, by Dr. Zuelzer. Malarial Infection, by Professor Hertz. Epidemic Cerebro-Spinal Meningitis, by Professor von Ziemssen.

Vol. III. will soon be out, and will contain—Chronic Infectious Diseases: Syphilis, by Professor Baeumler. Trichinosis, Echinococcus, and Cysticercus Diseases, by Professor Heller. Infection by Animal Poisons—Rabies, Glanders, Worms, Malignant Pustule, Snake-bite, Flap, Foot-rot, &c., by Professor Bollinger.

Ziemssen's Cyclopædia ably represents the present state of German medicine, and is in itself a library of reference of great value. Dr. Edward Curtis, Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, New York, has oversight of the prescriptions and formulæ of the work, and will make them conform to the United States and the British Pharmacopœias.

In the German, *eight* volumes are already published, and *four* more are in type. The English translation of the whole fifteen volumes will probably be published within three years from this time. If we take it from the beginning that will be at the rate of about one volume per quarter.

Small-pox, Inoculation.

THE abortive prosecutions for small-pox inoculation in the co. Mayo, to which we referred last week have been still continued, and the rascal who has been spreading the pestilence in that county again escaped by the gross and palpable perjury of the witnesses.

We reprint a specimen of evidence given by two children who had themselves been inoculated, and had, no doubt, been drilled to the necessary dexterity in false swearing by their degraded parents:—

Mr. Smyth, Sub-Inspector of Foxford, had a person

named Morrelly, commonly known as "Doctor Morrelly," summoned for practising inoculation on several children, varying in age from 6 to 15 years, in the country villages between Foxford and Swinford.

It appeared that, by arrangement, the children from several townlands had been got together in the house of a person named McNulty, and there, as believed, inoculated. Six of the children were summoned by the police to give evidence.

An intelligent-looking lad of about 15 years of age was sworn and examined by Mr. Smyth, and said—I don't know who cut me; don't know whether I was cut at all or not; I believe I might be cut; was blindfolded; cannot say who bandaged my eyes; some one told me to close my eyes, and I did so; pulled my cap down on my eyes; don't know whether it was a man or a woman that told me; did not know what for; don't know the spot of ground I was standing on, or whether it was in a house, or out of a house, or on the road, or in a field; it might be on the road—it was on the road.

The Magistrate—I don't see the use of proceeding further with the examination of this boy to-day, after the swearing that we have now heard, which, in my opinion, is utterly untrue and nothing less than wilful and corrupt perjury.

The next witness produced by the police was a smart-looking little girl of about 10 years of age. In reply to the Court—She stated that she did not know the nature of an oath; did not know the difference between a lie and the truth; she went to Mass and said her prayers, and attended the National School. She further stated that she did not remember being in McNulty's house on the day in question; was never in that house; her arm was never cut; had no sore on it; did stay away from school; it was not because her arm was sore, but for the purpose of minding cows, and for turning out manure.

It is evident that the small-pox inoculators cannot be punished by any ordinary process of law, and the only remedy for the difficulty is to hold the parents of inoculated children responsible for the crime.

The deficiencies of the law in this respect have been repeatedly pointed out by the magistrates, and we should have supposed that the Local Government Board and the law officers of the Crown would have applied themselves to the subject ere this.

Atrocities in the Limerick Workhouse.

READERS of our pages must be aware that the workhouse of the Limerick Union has been for a long time the arena of every description of mismanagement and rottenness which it is possible to pack into the administration of such an institution. The guardians—or some of them—have been making violent efforts at reform, apparently not knowing which department to begin with, and investigations and slashing reports respecting the misconduct of almost every part of the workhouse have been the usual occupation of each meeting of the guardians. The medical department has been, it would seem, in a state of chronic disorganisation, worse than hopeless, and in fact, the whole concern reminds us of an Augean stable, which nothing but the broom of the Local Government Board can be expected to cleanse.

The *acme* of all this maladministration has been the death of a poor friendless child of eight years of age, under circumstances which, if rightly reported, would be fitting only to a war circle of cannibals.

As the master of the workhouse is in custody, other officials inculpated, and the doctor under censure of the

Local Government Board, we are bound to speak with great reserve. We venture only to recapitulate the sworn evidence. The poor boy was sworn to have been suffering from diarrhoea for a fortnight, of which no notice whatever had been taken. While thus sick he was attacked and struck with stones by some of his school-fellows. No notice was taken until he was, as sworn, lying against the wall, raving. He was then ordered by the schoolmaster, as he states, to be "washed," and was carried, struggling and unable to cry out, to the laboratory, where he was stripped and put under a cock of cold water for three minutes, "naked on the flags." He was then redressed and brought back to the school-room, where, being unable to sit or stand, he was propped up between two desks, and the next that was seen of him was "stretched on a table." The doctor was called in several hours afterwards, and found him "in convulsions, in a very bad state," insensible, and dying.

We trust that, for the credit of humanity, this evidence may be proved unworthy. It is too dreadful to imagine that in the presence of a crowd of boys, and under the responsibility of officials, such atrocities could be enacted upon a poor child of eight years of age. Ginx's Baby would have the realisation of its worst condition if such things prove true.

Dr. Graily Hewitt on Puerperal Fever.

DR. GRAILY HEWITT thinks that it is impossible to escape the conclusion that puerperal fever consists in nothing more or less than injection into the general circulatory fluid of a poisonous material of animal origin, that it is a form of pyæmia, of which the minutest portion of the morbid agent may prove sufficient. He entirely disbelieves in the existence of a form of fever which is sufficiently definite and precise to receive a distinctive name, in the same sense that we speak of typhus fever, or typhoid, or measles, or scarlatina, or variola. It would be profitable to divide the cases of puerperal fever into two classes. There are the cases where there is very distinct evidence of the introduction into the system from without of a morbid animal poison; there are, in the second place, cases which do not resemble these, in which the evidence is wanting of the introduction from without of such a morbid poison. There can be no question that it has over and over again happened that the disease has been produced by inoculation in those unfortunate cases where the medical man himself carries the disease, and in those cases where midwives are equally efficacious in conveying it. He thinks that the manner in which such communication takes place is, in a large proportion of cases, by means of the hand, and believes that the spaces between the nails and under the skin which covers the nails are exceedingly liable to harbour these destructive animal products. Very great care should be taken to cleanse the hands. A pot of carbolic ointment and a nail-brush are most important to a medical man attending midwifery cases. Students handling surgical wounds in an hospital should not attend puerperal cases. Dr. Hewitt thinks that water never ought to be used for cleansing the perinæum in recently-delivered women, but that a dry clean rag or cotton-wool should be used. Laceration of the perinæum is apt to set up puerperal pyæmia. Pyæmia may easily be

produced in non-puerperal women by such practice as leaving a sponge-tent in the uterus too long. The uterus after delivery resembles a sponge in texture. Concurrently with the commencement of an attack of puerperal pyæmia the uterus is found to be enlarged, or involution has been retarded. What fails in these cases is the contraction of the uterus. This acts precisely in the same way as if all the locks of a house were taken off and ingress allowed to any burglar who wished to enter the premises. The expulsion of the *débris* ceases, and there occurs a suction-action in the uterus, by which the *débris* is taken up into the circulation. It is in this way, he thinks, that scarlet fever poisons and other fever poisons apparently produce disease. They destroy the patient's vitality to a certain extent, and abolish the contraction of the uterus. The pyæmic process immediately passes into the uterine sinuses, and the puerperal pyæmia commences.

The Late Winter.

DURING the first three months of 1875 the mortality of the population of England and Wales was equal to 27.5 per 1000 per annum. About 15,000 of the persons who died in the severe season were over the age of 60. Elderly persons are evidently the greatest sufferers from extreme cold. There is also, it seems, a far greater excess in mortality in rural districts than in towns on this account. The death-rate during the first three months of 1875 was 28.9 in urban districts and 25.7 in the rural districts. Compared, however, with mean rates, the increase was 8.6 per cent. in the urban, and 16.8 in the rural population. This arises from the far higher proportion of persons over 60 inhabiting country parts as compared with cities. 5.8 per cent. of the population of the large cities of Cheshire and Lancashire are above the age of 60, whilst 9.9 per cent. of the agricultural population are of that age. The very cold weather of last winter killed about 350 persons a day in England and Wales. Great heat and great cold are both dangerous.

The Marylebone Outbreak of Enteric Fever in 1873.

MR. J. NETTEN RADCLIFFE and Mr. W. H. Power have given evidence on the epidemic of typhoid fever in Marylebone in July and August, 1873, in the Report of the Medical Officer of the Privy Council. No less than 244 cases of fever occurred, and all among comfortable people. Of these 244 cases, 218 were in houses supplied by a particular dairy. This is a most important report, and deserves careful attention on the part of all physicians.

The Prospects of Medical Reform.

THE prospects of medical reform in England do not appear as hopeful as when we last reported progress. The Medical Reform Bill of Dr. Waters and the British Medical Association is ready, but is not offered to the House of Commons, being utterly distasteful to Mr. Simon and the Privy Council, and rather weak to stand by itself against such opposition. Indeed, we observe that this week the *British Medical Journal* is preparing the way for its abandonment.

Even the legislation in favour of an English conjoint examination, which was regarded as a matter of course, seems to be in a critical condition. Our contemporary above-named says:—

“In consequence of Mr. Stansfeld's opposition to the College of Surgeons Bill, it can no longer be brought on after twelve o'clock at night, in accordance with the standing orders of the House of Commons as to opposed Bills. The result is that, unless the Government give a night, it will be impossible to carry it through this session. It is, in the present state of Parliamentary business, not in the power of a private member to carry an opposed Bill through the House, except with Government aid. No doubt, however, the Government will give that aid, as they are unquestionably in favour of conjoined examinations. It will be noticed as a strange feature in Lord Sandon's reply to Mr. Waddy's question that he intimates that 'the attention of the Government has only recently been called to the subject of the legislation desirable with a view to remedy the present system of half-qualifications by nineteen competing bodies.' Mr. Forster and Lord Ripon would have told a different story.

Bacteria in Normal Blood.

Now that bacteria are so much talked about, attention may be called to the researches of Dr. Kolaczek (*Centralblatt für Chirurgie*, No. 13, 1875). He has repeatedly found bacteria, such as are considered to be characteristic of certain diseases, in normal blood. Under a power of from one thousand to fifteen hundred diameters, certain diminutive round bodies are observed, having sharp contours, and somewhat refractive. They are sometimes arranged chain-fashion, usually two together, occasionally three, and maintain a rapid oscillatory and migratory motion, while the blood-corpuscles and their molecular derivations in the same field remain perfectly quiet. Two of the minute globules are sometimes joined together so as to look like a single one, and occasionally a couple of these double spheres join, to form a rectangular figure, possessing the above-mentioned peculiar movements.

Kolaczek's experience in the study of bacteria leads him to class these globules as bacteria or micrococci, and he therefore concludes that either bacteria are found in all blood, or that, in spite of every precaution, certain of these minute bodies enter the preparations from the external air. He thinks that it is possible they may be introduced in the food, and has examined the excretions with great care, in order to see if they could be discovered in these.

The urine was examined by passing the stream towards the end of its voidance into a reagent-glass which had been cleaned with solution of potassa and sulphuric acid and boiled in absolute alcohol. From this it was immediately drawn by a tube prepared similarly, and of which the closed capillary end had just been broken open, while the other end was stuffed with cotton. It was then examined on a slide, and with a cover prepared in like manner. The result showed micrococci, which could no more have been imported from the air than those found in the blood.

SCARLET fever is very prevalent at Tiverton, and the medical officer of health, Mr. W. F. Terry, has been commissioned by the local authorities to take all necessary steps for its prompt elimination.

What to do with our Dead.

Now that Sir Henry Thompson's cremation scheme, owing to the want of pecuniary support, and the existence of strong public prejudices, has ended in smoke, and Mr. Seymour Hayden's unpractical basket proposal is not at all likely to receive very serious consideration from any one but himself, we have another in the arena of competition in the person of Mr. Willson, an architect, who has offered to submit his plans to the City of London for a Pyramid Necropolis. The idea is that of a sanitary sepulture for the metropolis, producing interment space for 625,000 dead, in vaults, upon a superficial area of five acres of land only. The authorities have not yet given their decision upon Mr. Willson's proposal, which has at least the merit of novelty.

Death Registration in Ireland.

THE Irish Registrar-General's Report for the week ending May 8th affords an illustration of the complete unreliability of these returns for short periods, and the laxity with which the registration of deaths is carried out. The death-rate of the suburb of Blackrock is set down as 43 per 1,000 of its population, while that for Kingstown only appeared as 14 per 1000, and that of the entire Dublin district 30 per 1000. If one were to argue upon these figures—a mistake into which the Chief Justice of the Irish Queen's Bench fell a few weeks ago—it would be assumed that a person living in Blackrock was in great danger of his life, while one residing in Kingstown might live for ever. These eccentricities of statistics arise from the fact that medical officers are loaded with a monstrous quantity of unnecessary clerk's work in making the returns, and paid little or nothing for it; consequently they have a tendency to compress all their labour into one job, and make the returns of half-a-dozen weeks at the same time. Thus the dirty, petty parsimony of public departments defeats its own object.

Prescribing Druggists.

WE commend the following to the notice of Mr. Couchman, the Coroner of Stratford-on-Avon, who lately made the inquest on a man who had died without medical attendance the occasion of an elaborate eulogium on the druggist who had sent the deceased a bottle of medicine:—

An inquest was held at Manchester on the body of Matilda Hardy, aged ten months. The mother said that the deceased "seemed to have a cold," and would not take its food; "when it was a little worse," she took it to Mr. Holt, druggist, Deansgate. Mr. Holt said that the child had a severe cold, and he told witness to apply mustard and meal as poultices on the child's chest. The poultices had no effect whatever. Witness also received from Mr. Holt a bottle of medicine; but the child died.

The surgeon, who had made a post-mortem examination, said that death was caused by inflammation of the lungs, aggravated by want of medical aid. "The majority of such cases might be cured if taken earlier." The medicine produced seemed to be paregoric, and would be an improper medicine. The tendency of the doses given would be to increase the inflammation, and not to diminish it. The following verdict was returned: "Died from inflammation of the lungs, aggravated by want of medical aid." The jury censured the druggist for his treatment of the deceased, and for giving the certificate in another person's name.

Apparently the jury were not of Mr. Couchman's expressed opinion, that it is a happy thing for the middle classes that they are blessed with the ministrations of prescribing druggists, who treat life and death cases without seeing them, and dose infants for an undiscovered disease.

Irish Workhouse Milk.

AT the Drogheda Sessions a milk contractor to the workhouse of that town was prosecuted by the Local Government Board for having supplied the house with adulterated milk. Dr. Cameron's analysis showed that the adulteration ranged from 50 to 60 per cent. The defendant admitted the delivery of milk, but, arguing in mitigation of punishment, his cows had died of distemper, and that in order to fulfil his conditions of contract, he bought the best milk he could procure. The Bench inflicted fines and costs, amounting in the aggregate to £12.

Profession, not Practice.

THE widows of Sir Arthur Helps and the Rev. Charles Kingsley are each to have a pension of £200 per annum from the Civil List. Considering the earnestness with which both these distinguished authors advocated prudence and frugality as among the adorning virtues of British workmen, the *Chemist and Druggist* cogently remarks that it is a melancholy comment on the dearth of provisions to reflect that neither left his wife in a sufficiently independent position, though one as Clerk of the Council, and the other as Rector of Eversley and Canon of Westminster, had exceptional opportunities of laying by a small fund to provide for contingencies.

Health of Hastings.

THE sanitary state of this health resort is so important to many that we are glad to see from the quarterly report of Mr. Ashenden, the medical officer of health, that although the mortality is slightly heavier than in the same quarter last year, the deaths have not arisen from that (to a certain extent) preventable class of disease, the *zymotic*; there having been but seven deaths from this class—viz., croup 1, pyæmia 1, rheumatic fever 1, scarlet fever 1, enteric fever 1, influenza 1, dysentery 1. In the corresponding quarter of 1874, which was a cold and wet one, there were no less than thirty-three from the same class, *croup and whooping-cough* being then the chief scourges. No doubt the dryness of the late quarter has caused a decrease in these infantile disorders. Yet Mr. Ashenden tells us that the persistent cold and easterly winds have added to the death rate, by causing more sickness from chest affections, which have been more than usually prevalent and fatal; bronchitis and pneumonia (inflammation of the lungs) causing 37 and 22 deaths respectively; then pleurisy and throat diseases bring the total to 66, against 37 in the corresponding quarter of 1874.

He feels confident that the excessive fatality arising from inflammatory diseases of the chest and throat, more especially among the children of the poor, might be prevented in the cold seasons if those afflicted were to be nursed in one room kept at a moderate temperature; instead of which it is usual for a child to be cosily placed in a cot

near the fire of the living room during the day, and at night it is removed to a *cold bedroom* without a fire, the temperature of which is perhaps twenty or more degrees lower than the day room, with the natural consequence that the child suffers an exacerbation of symptoms in the morning, and perhaps dies in consequence of thoughtless removal from a hot apartment to a cold one.

We beg to call particular attention to the small mortality from zymotic diseases (only seven deaths during the quarter), and also to the fact that Mr. Ashenden reports an "almost entire absence of any cases of sickness from the same class."

The Sanitary Condition of Birkenhead.

FROM the Report of the Medical Officer of Health, Mr. F. Vacher, we learn that during the year 1874 the returns of the local registrars record 2,142 births and 1,064 deaths in the district of Birkenhead and Claughton-cum-Grange. The natural increase to the population for the year was therefore 1,078.

Proceeding to an analysis of the zymotic mortality of the year, we find 184 deaths ascribed to the seven chief zymotics,—viz., 1 to small-pox, 16 to measles, 67 to scarlatina, 13 to diphtheria, 16 to whooping-cough, 23 to fevers, and 48 to diarrhoea. The remaining 56 are entered to what may be called the minor zymotics—diseases less prevalent, less fatal, or less correctly zymotic. Of this 56, croup accounts for 22, erysipelas for 10, and syphilis for 7, mal-nutrition and intemperance account for 4 each, dysentery and thrush for 2 each, English cholera, pyæmia, puerperal septicæmia, purpura, and inanition for 1 each.

The two most prevalent zymotics in 1874, as in recent years, were, therefore, scarlatina and diarrhoea; the former yielding a death-rate slightly above the average, and the latter slightly below. Scarlatina, we are told, may be considered as an endemic disease of the locality, as the district is rarely, if ever, free from it. It took epidemic form in September and continued unabated during the next three months, 54 out of the 67 deaths due to it occurring in the last four months of the year.

Mr. Vacher says the diphtheria of the year was not in any way associated with the scarlatina, and that the diseases were not even concurrent; but there appears to be some connection between the diphtheria and the croup of the year. Both diseases were exceptionally prevalent, 13 deaths being due to the former and 22 to the latter, as against 5 and 15 in 1873, 9 and 6 in 1872, and a ten years' average of 7 and 16 per annum. Both were specially fatal in the first half of the year, the distribution of diphtheria deaths over the four quarters being 5 in the first, 4 in the second, 2 in the third, and 2 in the fourth; of croup deaths, 5 in the first quarter, 9 in the second, 4 in the third, and 4 in the last. Cases of deaths from each disease also occurred in contiguous localities.

Small-pox in Paris.

WE notice in an article in the *Mouvement Médical* that at length that most uncomfortable body of men who compose the *personnel* of the Assistance Publique of the city of Paris are about to take into consideration the possibility

of doing what has so long been accomplished in London, i.e., segregating small-pox patients from other unfortunate hospital patients: only, it seems, that the erection of a small-pox hospital is such a new idea, that the matter is only to be gone about slowly. We suppose that these enlightened persons will wait until some other epidemic shall carry off some host of poor Parisians before they carry their plans into effect.

The Law of Abortion.

IT may be recollected that one of the "Professors" of the diploma-selling swindle called the University of Philadelphia has been lately prosecuted, because, having killed a patient in the effort to procure abortion, he sent her body to the dissecting-room of that "University."

In summing up the case against him, the Judge laid down the principle of law in the practice of abortion in the following terms:—

"The law invests the physician with peculiar privileges. In the exercise of his profession all his acts must be considered lawful until the contrary be shown. If he be administering anywhere, the presumption is that he is lawfully there for a lawful purpose, to which he was regularly called. If it be shown that a miscarriage was produced, it must be presumed that he had nothing to do with it unless it be shown that he participated in it, or counselled, or advised, or directed it. Even if it be shown that he produced it, the presumption would be that it was lawfully done, for a lawful purpose, until the contrary be established. In this connection, however, it must not be forgotten that an intentional miscarriage, for the purpose only of producing a miscarriage, is always unlawful. These presumptions of innocence are intended to protect the honest members of a profession whose glory it is to answer the call of suffering with a promptitude which forbids an inquiry into the surroundings of a patient, or guarding themselves with witnesses in the performance of their duties. They are not, however, to be made the means of covering up crime and protecting criminals. Nor should they be extended to acts of the physician not within the scope of his professional services. With the life of his patient his responsibility ends, and his subsequent acts and conduct are to be considered and adjudged as those of other men. It would be a rare exigency, indeed, which could justify him in appropriating for dissection the body of his patient. How far the profession should be on the alert to suppress the crime of abortion, to expose and bring to punishment the perpetrators, to aid with all their great intelligence and opportunities of observation the ministers of the law, must be left for them to determine. Although it may not be necessary, I regard it as a part of my duty to call your attention to the character of the crime charged against these defendants. There is none which equals it in wickedness, or in its terrible consequences. It is greatly to be feared that abortion is no longer confined to the victims of passion and seduction. It stalks abroad so brazenly heralded, that childhood in its most guarded home may see and feel its corrupting influences. That it breaks down the guards of private and public chastity, and fills the ranks of prostitution, is the smallest of its evils."

DR. DE CHAUMONT delivered on Saturday, May 15th, the first of a course of lectures on State Medicine before the Society of Apothecaries. He remarked that the chief enemies of sanitation were ignorance and self-interest. Diagrams were shown illustrating the comparative mortality among the upper, lower, and middle classes of the town of Preston. These were compiled by Dr. Clay, a clergyman of that city.

The Council of the Royal College of Surgeons.

MR. JOHN COOPER FORSTER, Mr. Henry Smith, Mr. William Adams, Mr. Savory, Mr. Barwell, Mr. Bryant, Mr. Holmes, and Sir Henry Thompson are among the Senior Fellows in metropolitan hospitals who may possibly enter as candidates for a seat on the Council of the Royal College of Surgeons.

Drunk or Dying.

A SAD case of mistaken diagnosis occurred in London last week, upon which an adjourned investigation took place on Friday, in the board-room of University College Hospital, before Dr. Hardwicke, coroner. The deceased was a bricklayer named Truby, 56 years of age. He had some days previously fallen in the street, and was taken first to the hospital, thence to the police-station, where he was treated for intoxication, or rather was not treated at all, until too late. The verdict of the jury is somewhat severe; but after the evidence adduced we do not see that they could avoid the censure their verdict carries; it is this: "That the deceased died from apoplexy, or effusion of blood on the brain. The jury consider the medical officer at the hospital who first saw deceased highly reprehensible for allowing the deceased to be treated and charged with drunkenness, and taken away by the police; and, further, they consider the medical officers at the police-station had not exercised sound judgment in allowing the deceased to remain for several hours in the doubtful state in which they found him, without giving earlier instructions for his removal, in order to have the necessary medical treatment."

Another inquiry was opened on Saturday last on the body of a coachman named Colley, 54 years of age, who was thrown from his vehicle, and a policeman fancying him to be drunk, took him to the police-station. A day or two after he was taken from the hospital before the magistrate, and fined forty shillings for being drunk, whilst the poor fellow was suffering from an effusion of serum on the brain, from which he died soon after the fine was paid. These mistakes are truly lamentable, and suggest the utmost caution on the part of the police and hospital authorities.

The Conditions of Chemical Change.

THIS was the subject of a lecture delivered last week by Prof. Gladstone, F.R.S., at the Royal Institution. The learned lecturer commenced by exhibiting a number of salts in various stages of decomposition, by which substances used in painting and other arts are produced. It was then shown that for two kinds of matter to act chemically upon one another there must be contact, and that for free action it is essential that one at least of the original substances should be fluid. The influence of insolubility, volatility, and relative mass was illustrated by experiments. The chemical force was originally termed "affinity," from the idea that substances combine which are alike in properties, but it is now known that the strongest combination takes place when there is the greatest dissimilarity. It was also shown that there are different degrees of chemical attraction; thus different metals, such as potassium, sodium, magnesium, lead, iron, copper, have very different

powers of replacing the hydrogen in water, and the lecturer concluded by exhibiting some of his experiments on the balance of affinities among coloured salts in solution which are free to act and react.

The Unqualified Apothecary of the Galway County Infirmary.

SOME months ago we requested from Dr. Browne, the Surgeon of the Galway County Infirmary, an explanation of the fact that he had ousted, of his own mere motion, summarily and without notice, the qualified practitioner who had been doing duty and receiving the salary of apothecary to the infirmary, and had established and still maintains in his place an unqualified dispenser. We expressed our view that even permitting an uneducated person to hold a professional office in the institution for which he is responsible, or acting in concert and consultation with such a person, was a gross infraction of professional propriety of which a surgeon holding Dr. Browne's position should disdain to be guilty. But if Dr. Browne be insensible to the impropriety of such a course, the Infirmary authorities, the Grand Jury, the sitting Judge, and the Apothecaries' Company (if there be such a body in existence) ought not to be insensible to the inexpediency of allowing a person who may or may not be competent, to discharge duties involving risk to human life; nor ought they to forget that the payment of any sum by way of salary to such a person is wholly illegal. We believe that at the March Assizes the attention of the circuit judge, Mr. Justice O'Brien, was directed to the matter, and that he called upon Dr. Browne for an explanation, who, we have reason to believe, settled the matter by saying that a good "compounder" was all that was necessary for the purposes of the infirmary.

Dr. Browne may, if he likes, hold the opinion that an unqualified compounder is as good as a licentiate apothecary, but the Act of Parliament does not endorse his view, but, on the contrary, declares that no salary shall be paid to any person who is not duly qualified. We respectfully refer the responsible authorities to Section 6 of the Act 3 and 4 George III., cap. 62, which is as follows:—

"In case the governors of any infirmary or hospital shall deem it most economical or otherwise advisable to procure the medicines for the use of such infirmary from Apothecaries' Hall in Dublin, or from any wholesale dealer in medicines, it shall be lawful for such governors (out of the funds presented by the grand jury, &c.) to appropriate and pay to any apothecary who shall have duly served an apprenticeship to the art and mystery of an apothecary a sum by the year not exceeding £30 as a salary for the compounding, making up, preparing, and administering medicines to and for the use of patients of such infirmary or hospital."

If there such a thing as a statutory audit of the infirmary accounts, we should advise caution as to the signing of cheques for a payment which is manifestly illegal and may be disallowed and charged against the signers of the cheques at any moment.

Berlin Hospitals.

AN esteemed special correspondent of the *Lancet* mentions that the Charité Hospital of Berlin, large as it is, needs extension. The University Hospital is so old and

ill-constructed that it will soon be pulled down. The Bethanien and Augusta Hospitals are far from the centre of the town, and the Stadt Hospital is quite in the suburbs. The Charité and University Hospitals are the two clinical hospitals of Berlin. There is also a Jewish Hospital, which has no students. It is from the want of clinical instruction that Berlin has a much smaller number of students than Leipzig or Vienna. Only 333 medical students were enrolled in Berlin in 1873, Leipzig having 499, and Vienna 1000. Among the renowned professors of Berlin are Du Bois-Raymond, Frerichs, Langenbeck, Virchow, and Helmholtz. The medical clinique at the University Hospital is under Professor Traube; the surgical is under Langenbeck. Resection of all joints are seen in profusion, and are, as far as possibly, conducted periosteally. The Augusta Hospital, it seems, is supported mainly by voluntary subscriptions, and contains 90 beds, and consists of a central brick building, with six pavilions built of wood on a brick basement, and arranged like barracks. Dr. Küster, the surgeon to this hospital, has successfully carried out, it seems, the operation of transfusion in twenty-four cases, not one of which proved fatal. In six of the cases eight ounces of blood were taken from the human subject, and in the remaining eighteen six ounces of blood, taken from lambs, were injected, in all cases Schliep's apparatus being used. A case of lumbar colotomy was mentioned as seen in the wards, in a woman, to relieve a syphilitic stricture of the rectum.

DR. B. W. RICHARDSON, F.R.S., has been elected President of the Health Department of the Social Science Congress to be held at Brighton in October.

MR. ALFRED COOPER, F.R.C.S., Surgeon to the Royal Hospital for Diseases of the Chest and to the West London Hospital, has been elected an Honorary Fellow and a Corresponding Member of the Medical Society of St. Petersburg.

A SAD case of kleptomania occurred in London last week, for which offence the prisoner, Dr. Robert Brown, was sentenced to six weeks' hard labour. The prisoner had been drinking, and it was further stated that he had at one time been confined in a lunatic asylum.

WE understand that the total number of candidates admitted to the primary examinations for the Membership of the Royal College of Surgeons, England, during the last and present months was 455, of which 117, or more than 25 per cent. were rejected. This is a slight improvement upon the corresponding period of last year, when 133 were rejected out of 442.

THE lectures for the present year at the Royal College of Surgeons of England will be resumed on Monday, the 31st instant, by Professor Henry Lee, who will deliver six lectures on Syphilis, and on some Local Diseases affecting principally the Organs of Generation; and Mr. Turner, Professor of Anatomy in the University of Edinburgh, will also deliver three lectures on the Comparative Anatomy of the Placenta.

The Army Medical Officers and their Grievances.

THE Council of the Royal College of Surgeons in Ireland have, at their last meeting, appointed a deputation of their members to proceed to London and wait upon Mr. Gathorne Hardy to represent the feeling of the College, already formally expressed, on behalf of the Army Medical Officers.

The deputation will consist of the President, Mr. Tufnell (himself a military surgeon and ex-Professor of Military Surgery), the Vice-President, Mr. Edward Hamilton, who has recently distinguished his pen by an able pamphlet on the Army question, and Mr. Macnamara, the representative of the College on the Medical Council. We cordially wish the deputation and those on whose behalf they will speak all the success which a good cause and persuasive advocates should achieve.

MR. MALACHI KILGARIFFE, of the Catholic University School, and Mr. E. W. Collins, of Trinity College, have been elected Surgeons of Jervis Street Hospital, Dublin, in room of Dr. Kane and Mr. Corley, who has been recently appointed to the Surgeoncy of the Richmond Hospital.

THE IRISH PHARMACY REFORM BILL.

THE Irish Chief Secretary has laid upon the table his solution of the difficulty which the obstructiveness and incapacity of the Directors of the Irish Apothecaries' Hall have created, and it seems to be a measure fairly suitable to the pharmaceutical requirements of Ireland. Our readers are, of course, aware that the Directors of the Apothecaries' Company have reduced that corporation to a state almost of inanition, and have deprived the country of the services of skilled pharmacutists, influenced by the idea that they could make the L. A. H. a degree in medicine, and they have hung on to this hope until, with characteristic imbecility, they have driven the chemists and druggists into open and influential revolt, and have forced the Government to the necessity of dealing with the matter with the high hand of authority. Sir Michael Beach's Bill is the emanation of the Report of the Select Committee of last year, which recommended that neither the Directors of the Apothecaries' Hall nor the English Pharmaceutical Society should exercise the function of pharmaceutical licensing in Ireland, but that a new and distinct body should be erected to whom such duties should be confided.

The preamble declares that—

"A great deficiency exists throughout Ireland of establishments and shops for the sale of medicines and compounding of prescriptions, and great inconvenience thereby arises to the public in many parts of the country.

"And to remedy such inconvenience it is expedient to amend the Act of 1791, and to enable persons who, although they do not desire to practise the art and mystery of an apothecary, desire and are qualified to open shop for the retailing, dispensing, and compounding of poisons and medical prescriptions, to keep open shop for the purposes aforesaid."

Sir Michael Beach, it would appear, seems to labour under the erroneous idea that "the art and mystery of an

apothecary" is a profession distinct from the trade of "retailing, dispensing, and compounding of poisons and medical prescriptions"—a distinction which has never existed except in the dreams of the Directors of the Hall, and which it is very undesirable should be officially established. The preamble proceeds to declare that—

"It is expedient that persons registered as pharmaceutical chemists in Great Britain should be entitled to be registered as pharmaceutical chemists in Ireland, and that persons registered as pharmaceutical chemists in Ireland should be entitled to be registered as pharmaceutical chemists in Great Britain."

We imagine that the Irish pharmacutists will not subscribe to the doctrine that English chemists should be entitled to open shop in Ireland; but as reciprocity is the order of the day, we cannot adopt the view that the monopoly of Irish practice should be confined to Irish licentiates.

The Bill creates, in the first instance, a new Irish Pharmaceutical Society, which shall consist of certain persons, not yet nominated, together with "all other persons who shall be qualified and elected in the manner prescribed by this Act," and the aforesaid nominees are to be the first council. A distinction is made between members of the Society and persons registered as pharmaceutical chemists; but as the pharmaceutical licence is stated to be the only qualification required for membership, we are at a loss to understand what additional requirement the council will be entitled to impose. The Bill contains the usual clauses regulating the proceedings of the Society in election matters, and the keeping of a list exactly similar to the Medical Register, and proceeds to arrange the functions and authorities of the Society in the following clauses:—

12. The council of the said Pharmaceutical Society shall hold their first meeting within *six months* after the passing of this Act at such place in the city of Dublin, at such hour, and on such day as the Chief Secretary to the Lord Lieutenant of Ireland may respectively order and appoint, and they may adjourn such meeting from time to time as shall seem fit, and at such first meeting, or some adjournment of the same, they shall make regulations with respect to the matters following:—

- (1.) The meetings and other proceedings of the said council;
- (2.) The times at which and the subjects and modes in which examinations under this Act are to be held and conducted;
- (3.) The times at which and the mode in which elections of members of the said Pharmaceutical Society are to be held and conducted;
- (4.) The mode in which elections of members of the council, and of president and vice-president thereof, are to be held and conducted;
- (5.) The fees to be charged for examination, licence, and registration under this Act, and the entrance fees and annual subscriptions to be paid by members of the said Pharmaceutical Society, and the application of the same, and of all moneys received by the treasurer under this Act;
- (6.) The duties of the registrar, treasurer, clerks, and other subordinate officers, and the manner in which the same shall be discharged, and the salaries to be paid to such officers respectively; and
- (7.) Generally for all such other matters as may be necessary for the due execution of this Act.

15. For the purpose of ascertaining the qualification of persons, not being persons registered as pharmaceutical chemists on the register of pharmaceutical chemists for Great Britain, who may be desirous of keeping open shop for the retailing, dispensing, or compounding poisons or medical prescriptions, and being registered as pharmaceutical chemists under this Act, the said council shall cause examinations to be held at such times and in such manner as may be prescribed by regulations made in pursuance of this Act, and the said council shall appoint examiners to conduct the same: Provided always, that no person shall conduct any examination for the purposes of this Act until his appointment has been approved by the Lord Lieutenant and Privy Council in Ireland; and such appointment shall not in any case be in force for more than five years.

All persons desiring to be registered as pharmaceutical chemists under this Act may at any such examination present themselves for examination, and they shall be examined with respect to their knowledge of the Latin and English languages, of arithmetic, of botany, of materia medica, of pharmaceutical and general chemistry, of practical pharmacy, of the British Pharmacopœia, and of such other subjects as may from time to time be prescribed by any regulations made in pursuance of this Act; but such examination shall not include the theory and practice of medicine, surgery, or midwifery, or any branch of medicine or surgery; and the examiners appointed by the council are hereby empowered to grant or refuse to such persons, as in their discretion may seem fit, certificates of competent knowledge and qualification and skill to be registered as pharmaceutical chemists under this Act: Provided always, that in case of rejection a rejected candidate shall not present himself for re-examination until after six months after such rejection.

17. For every examination, licence, and registration such reasonable fees or charges shall be paid as shall from time to time be fixed and determined by any regulation or regulations to be made by the said council in pursuance of this Act: Provided always, that such fees or charges shall at all times be equal, as nearly as may be, to the fees fixed and determined for like purposes by any bye-law or bye-laws made by the Pharmaceutical Society of Great Britain, and such fees shall be paid to the treasurer, and shall by him be applied to the purposes of this Act in manner prescribed by such regulations.

25. From and after the it shall be unlawful for any person to sell or keep open shop for retailing, dispensing, or compounding poisons within the meaning of the Act of the session of the thirty-third and thirty-fourth years of the reign of her present Majesty, chapter twenty-six, or medical prescriptions, or to assume or use the title of Pharmaceutical Chemist, or Pharmaceutist, or Pharmacist, or Dispensing Chemist, in any part of Ireland, unless such person shall be registered as a pharmaceutical chemist under this Act; and any person acting in contravention of this enactment, or compounding any medicines of the British Pharmacopœia, except according to the formularies of the said Pharmacopœia, shall for every such offence be liable to pay a penalty of five pounds; but nothing in this section contained shall prevent any person from being liable to any other penalty, damage, or punishment to which he would have been subject if this Act had not passed: Provided always, that nothing in this Act contained shall affect any licentiate of the Apothecaries' Hall of the city of Dublin, or any person who shall have been registered as a legally qualified medical practitioner before the passing of this Act, or who shall be registered as a legally qualified practitioner after the passing of this Act, and who, in order to obtain his diploma, shall have passed an examination in pharmacy.

26. Nothing in this Act contained shall extend to or interfere with the making or dealing in patent medicines, or with the business of wholesale dealers in supplying poisons in the ordinary course of wholesale dealing, or of chemists or druggists who are practising as such in Ire-

land upon their own account at the time of the passing of this Act, save and except the provisions against the compounding of medical prescriptions, and against the preparing of any medicines of the British Pharmacopoeia except according to the formularies of the said Pharmacopoeia; and nothing in this Act contained shall prevent any person who is a member of the Royal College of Veterinary Surgeons of Great Britain, or holds a certificate in veterinary surgery from the Highland and Agricultural Society of Scotland, from dispensing medicines for animals under his care.

It will be observed that the existing chemists and druggists are to be allowed, without further examination, to continue in trade, and to sell or keep open shop for retailing, dispensing, or compounding poisons, "but not to compound medical prescriptions." In fact, they are left just where they are at present, and unless they submit themselves to the indicated examination cannot act as apothecaries at all. We anticipate a violent outcry on their behalf, and, although we approve the caution which makes Sir M. H. Beach unwilling to qualify them *en masse* by a clause in his Bill, still it seems to us that the pharmaceutical block in country towns cannot be speedily removed unless the local chemist is allowed to obtain his authority to compound prescriptions on such an examination as he can reasonably be expected to face.

As to the dust-encumbered old corporation which has hitherto been endowed with the control of Irish pharmacy, its epitaph may be written. The L.A.H. has never existed as a medical qualification, and it may now be said to have ceased to exist as a pharmaceutical one. The half-dozen respectable and ambitious old gentlemen who remain in control of the drug establishment of the Company may be cheerfully permitted to pursue their ceremonial worship of the image of an apothecary-physician which they set up some years ago, and to which they have adhered with a constant faith impervious to remonstrance or ruin. It remains to be seen how long the nondescript licence which they give will be allowed to rank as a qualification for the Poor-law service.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on Tuesday and Wednesday, May 18 and 19:—

Barrow, Arthur Haynes, L.S.A., Denbigh Place.
 Barrow, John, L.S.A., Hilldrop Crescent, Camden Town.
 Bell, Charles Edward W., Exeter.
 Bernays, Herbert Leopold, L.S.A., Chatham.
 Booth, John Bennion, Lancaster.
 Brown, Thomas, Kennington Park Road.
 Burrows, William Seymour, Brighton.
 Edwards, Arthur Elliott, Antigua, West Indies.
 Fenwick, Kenneth Meander, M.D., Kingston.
 Ferrand, Edward, Granville Square.
 Hall, William Henry, Caterham, Surrey.
 Harpur, Robert Russell, Holbeach, Lincolnshire.
 Hayward, Frederick Dell, Sandown.
 Henderson, Edward Guy, M.D., Belleville, Canada.
 Mallam, George Bessant, Oxford.
 Miles, George Edward, Jamaica.
 Molson, William Alexander, Montreal.
 Newton, William Thomas, L.S.A., Lakenheath.
 Pepper, Augustus Joseph, Barrowden.
 Phelps, Arthur Martin, Camden Town.
 Piggott, Allen, L.R.C.P. Edin., Beckingham, Essex.
 Richards, Robert Crout, Portreath, Cornwall.
 Ritchie, John L., M.D., Halifax, Nova Scotia.
 Seward, William Joseph, L.S.A., Hereford.
 Sherd, Henry Arthur, L.R.C.P. Edin., Sheffield.
 Smith, Maurice Henry, Queen Anne Street.
 Spark, John, Lee, Kent.
 Theed, William Cawood, L.S.A., Wokingham.
 Thompson, Harold, L.S.A., Oxford.
 Walsh, Henry W. D., Watford, Herts.
 Weakley, Samuel J. J., Upton.
 Wharton, Henry Thornton, Boundary Road.
 Williams, Edward Hanbury, Brighton.

NOTICES TO CORRESPONDENTS.

DR. KENT SPENDER's article is held over for return of proofs.

DR. DUGGAN's paper "On the Treatment of Pulmonary Cavities" shall appear, if possible, in our next. We have to express our regret to Dr. Duggan and others that an extraordinary pressure of matter during the past few months has necessitated so great a delay in the publication of their communications.

DR. P. M. KELTY, Walsall.—1. The examinations for the M.D. degree of the University of London are equally rigid with those of Oxford, Cambridge, and Dublin. 2. Socially, and by courtesy, the status of graduates of the three older Universities named is higher than those of London.

THEMUS.—Your letter on "Medical Ethics" is unavoidably held over till next week.

DR. DABBY, Monasterivan.—All communications from Ireland or on Irish business should be sent to the Irish office, 23 Ely Place, or to the editor, 79 Harcourt Street, Dublin.

PEROXIDE OF HYDROGEN—SALICYLIC ACID.—The ethereal essence of peroxide of hydrogen has been employed by Dr. Day, of Geelong, and by Mr. Samuel J. Bayfield in the treatment of diabetes. Drachm doses of the essence dissolved in water were given thrice daily. Salicylic acid should probably be given in doses of from 5 to 15 grains, but we have as yet no very reliable data.

NEWSPAPERS IN THE UNITED KINGDOM.—From *May's Press Guide*, just issued, we find that there are at the present time more than 1,700 newspapers and periodicals published in the United Kingdom. Of these 419 are published in London, 927 in the English provinces, 153 in Scotland, 138 in Ireland, 56 in Wales, and 18 in the tiny isles around, making in all a grand total of 1,711. This shows a wonderful amount of vitality in literary circles, and a corresponding increasing "search for knowledge." Of these publications 16 are gratuitous, the price of the remainder ranging from one halfpenny to two shillings each. The date of the oldest living publication, the *London Gazette* (official), is 1665, whilst several are not many days old, and probably never will be.

UNIVERSITY OF LONDON.—Notice is given that the next half-yearly examination for matriculation in this University will commence on Monday, June 28th. Notice must be sent in by candidates fourteen days previously.

GARCIA TESTIMONIAL FUND.—We have been desired to state that the Committee who are raising the Testimonial to Signor Garcia, the inventor of the laryngoscope, have appointed Dr. Eisberg, of New York, Honorary Secretary for the United States. Dr. Smyly for Ireland, Dr. McCall Anderson for Scotland, and Dr. Simpson, of Manchester, for the north of England.

DR. MYRTLE, Harrogate.—Proofs of your communication "On Digitalis and Ergot" will be sent you for an early number.

QUEKETT MICROSCOPICAL CLUB.—On Friday next, at 8 p.m., Mr. Hawkins Johnson will read a paper "On the Organic Structure of Plant and of Meerscham.".

CLINICAL SOCIETY OF LONDON.—On Friday next, at 8½ p.m., Mr. Barwell, "On Hypertrophy of Lower Half of Face." Mr. C. F. Maunder, "On a Case of Double Fistula in Ano: one treated by the Knife, the other by Elastic Ligature." Mr. J. W. Hulke, "Arterio-venous Aneurism in Thigh from a Pistol-shot." Dr. Southey, "On Acute Pemphegus."

DR. PARKES.—A correspondent, in reply to the question contained in a letter signed "One of the Crowd," in our last issue, hazards the opinion that the reason why Dr. Parkes has not been returned to Parliament by any constituency is the probability that he has never expressed his desire to be thus honoured. Doubtless one of our Universities would be glad to return the illustrious Professor of Netley were he to offer himself.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Blake, Bloombury. Dr. Morell Mackenzie, London. Dr. Watson, Kensington. Dr. Billing, London. Dr. Lionel Beale, London. Dr. Myrtle, Harrogate. Dr. Wiseman, Ossett. Mr. Bridge, Wellington. Dr. Jewell, Chigago. Dr. Elme, Sheffield. Mr. Allingham, London. Dr. Handzel Griffiths, Dublin. Dr. Palmer, New York. Dr. Palfrey, London. Mr. Ashenden, Hastings. Dr. McNally, Madras. Mr. C. Lunn. Dr. Campbell. Mr. Feacock, Scarborough. Dr. Kirby, London. Dr. Meadows, London. Dr. Cockcroft, Keighley. Mrs. Baines, London. Dr. Vacher, Birkenhead. The Registrar-General. Dr. Williams, Berry, Holmfrith. Dr. Bathurst, Woodman, Finsbury. Dr. Williams, Fulham. Mr. Sharp, Glasgow. Dr. Langley, London. Mr. J. Davis, Cerrig-y-druidion. Dr. W. A. Smith, Manchester. Dr. Symonds, Ormakirk. Mr. Grace, Bristol. Dr. Furdon, Belfast. Dr. Ransome, Manchester. Dr. Francis Hogg, India. Mr. H. Swansy, Newbury. Dr. Leeson, Ilkley Wells. Dr. Williams, Croydun. Mr. Jolliffe Tuohill, Dublin. Mr. Burke, Hatfield. Dr. W. J. Little, London. Dr. Duggan, Tullamore. Dr. Martin, Fortlaw. Dr. Luther, Capponin. Dr. Lambert, Dublin. Mr. Porter, Dublin. Dr. Kent Spender, Bath, &c., &c.

VACANCIES.

Charing Cross Hospital. Medical Registrar. Full particulars of the Secretary.

Westminster Hospital. Demonstrator of Anatomy. Attendance, three hours daily during winter session. Salary, £40. Applicants to Mr. Davy, at the Hospital.

Leicestershire Lunatic Asylum. Assistant Medical Officer. Salary, £120, with board and lodging. Applications to Mr. Reeve, New Street, Leicester.

Trinity College, Glensmond, Perth. Medical Officer. Salary, £100 per annum, with furnished apartments. Applications to the Warden.

Chorlton Union. Assistant to the Workhouse Medical Officer. Salary, £120, with residence. Address the Clerk to the Guardians, Union Offices, Grosvenor Square, Manchester.

Western General Dispensary, Marylebone. Surgeon. Honorary. Also a Resident Surgeon. Salary, £120 per annum, with furnished apartments. Address the Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 2, 1875.

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Original Communications.

ON A FORM OF UROHÆMATURIA. (a)

By JOHN KENT SPENDER, M.D. Lond.,

Surgeon to the Mineral Water Hospital, Bath.

I PROPOSE to say a few words this evening on a clinical condition which is very dangerous, and often quite obscure.

When blood exists in the urine in the usual, and (so to speak) the normal way, no symptom is more self-evident; any student can see it and demonstrate it. Now and then, it is true, there are fallacies which require sagacity and experience to detect: thus, a small quantity of blood derived from the kidneys gives the well-known sooty deposit in the urine, and a dark jaundiced tint may not always be quite easy to discriminate. As a rule, however, blood appears in the urine as blood, bright and red, and unmistakable in its physical and chemical characters; while albumen can be found in direct proportion to the quantity of blood present. But it is well-known to many practitioners, though not so generally known as it should be, that a perfectly pale, almost colourless, urine, of ordinary specific gravity, may be the unsuspected vehicle of blood, which is oozing out of the system in a clandestine way, and robbing the body to a not less certain and damaging extent than if it displayed itself in all its martial colours. Nay, still more, this treacherous, colourless urine, exhibiting no danger-signals to either doctor or patient, may contain every

element of destruction, and may represent wear and waste of a most fatal kind.

Let me take a typical case. A young man or young woman, suffering from what we, as a cloak for ignorance, call hysteria or spinal irritation (or, perhaps still more darkly, "functional derangement"), has a pale lip, a blanched cheek, and a palpitating heart. Sometimes there is so much irritation about the bladder as to give rise to the suspicion of stone, and the urine passed is so pale that possibly we are astonished to find its sp. gr. very little (if any) below the normal standard. This last point ought to be quite sufficient to excite further inquiry. Now, if to this colourless and seemingly innocent urine strong hydrochloric acid be added, it rapidly assumes a port-wine tint, showing that we have an excess of combined urohæmatin, which is liberated by the acid. The case stands simply thus—that an immense destruction of blood-corpuscles may take place in the body, and their *débris* be so eliminated as to be invisible until the application of an acid sets it free. In some of these cases the excess of urohæmatin in the urine is so great that after it has been set free by an acid, and taken up with ether, the ether after standing solidifies into a red-currant-jelly-like mass, and may actually be cut with a knife.

Sometimes a great part of the urohæmatin exists in the urine in a free state, and then the urine is red in colour before any acid is added, although the addition of the acid makes it still darker. Mark, if you please, that these cases are essentially different from hæmaturia. In hæmaturia the urine is muddy, not transparent, and contains blood-corpuscles. In the cases I am describing, whatever may be the precise tint of the urine, it is always clear, and contains no blood corpuscles. Whenever we have before us a disease like chlorosis, questions should be asked about the urine; and nine times out of ten we shall be told that it is all right, perfectly clear, and quite free. We may even satisfy ourselves that it has no trace of either sugar or albumen; and yet what a danger lurks behind! Both doctor and patient may be lulled into the belief that there is nothing materially wrong, when a grave lesion is making rapid strides towards a fatal end.

Now, it is to the clinical sagacity of Dr. George Harley

(a) Read at a recent meeting of the Bath and Bristol Branch of the British Medical Association.

that we are indebted (in this country, at all events) for a knowledge of this lesion, and for the chemical means of recognising it. I have found Dr. Harley's description literally true in so many cases during the ten years that have elapsed since the publication of his original paper on this subject, that I am induced to put together these few remarks in order to elicit the experience of my medical friends. There are two distinct disorders in which this condition of the urine is clearly marked—chlorosis, and what has been termed *anæmia lymphatica*, or Hodgkin's disease. In extreme chlorosis it is sometimes really startling to observe the suddenness with which the port-wine tint is developed on the addition of strong hydrochloric acid. It is always alarming when we find in a case of this kind that the liberal administration of iron does not alter the urine, or hinder the excretion of blood under this strange guise: nay, a patient suffering from what is ignorantly termed "hysteria" may be well fed, and yet go on losing flesh, and we shall never discover the real cause until we honestly examine the urine, when we shall find in all probability that the "life's blood" (as Dr. Harley terms it) is oozing away in this unnatural channel. In every instance, therefore, that we find a person becoming thinner and more anæmic, without disease of important viscera, or other sufficient cause, the golden rule should be—analyse the urine for urohæmatin, or the insidious flux of metamorphosed blood.

It is not quite nine years ago that a tradesman of this city, a well-known confectioner, came under my care on account of extreme anæmia, associated with the characteristic marks of Hodgkin's disease—enlargement of the external lymphatic glands and of the spleen. I was merely one of a long series of doctors whose skill was equally baffled, and he was soon passed on by puzzled and dissatisfied relatives to other doctors, until (as I afterwards learnt) he came to an easy and quiet end under the tender discipline of a homœopathic practitioner. Now this case is memorable to me as being the first in which I verified Dr. Harley's observations; and the utter failure of an orthodox tonic treatment seemed very unintelligible indeed, except on the plain ground that the nutritive and absorptive functions were shattered at their very roots. In the "Guy's Hospital Reports" for 1865 are a number of cases of Hodgkin's disease, quoted from different sources by Dr. Wilks, every one of which ended fatally. Dr. Wilks believes that the essence of the disorder consists of hypertrophy of the lymphatic system—quite distinct from lardaceous disease, and not necessarily connected with leucocythæmia.

During the last few years I have, when possible, examined the urine in all cases of extreme chlorosis, and seldom without finding the reaction described by Dr. Harley in greater or less intensity. A point worth noticing is that the urohæmatin is not always in the same state of oxidation, and, like indigo, its colour depends on the amount of oxygen it contains, so that it may be pale yellow at one time, red at another, and brown at a third. In consequence of this, different acids act upon the urine differently. In one case we may find that the addition of nitric, sulphuric, or hydrochloric acid gives rise to exactly the same results; whereas in another case hydrochloric acid may turn the urine red, while nitric acid only causes it to become yellow; and in a third case sulphuric acid may develop the colour of the urohæmatin better than either of the others.

I do not profess to have brought anything original before my friends this evening, but I venture to remind them of a condition which is full of meaning, and in some instances not less full of danger. The necessity of a prompt and systematic tonic treatment in these cases must be confessed by everyone. Success may not come at first—may even not come at all; but perseverance in the only rational plan will save ourselves the reproach of not having done enough, or of not doing the right thing; and iron medicine must always be supplemented by a proper quantity and quality of protein food, pure air, and muscular exercise.

MERCER'S HOSPITAL, DUBLIN.

AN ANALYSIS OF 2,000 CASES FALLING UNDER OBSERVATION WITHIN A TERM OF SIX MONTHS.

By THOMAS LAMBERT, late Resident Pupil.

ANALYSES of cases are generally tedious reading; still, as they are written for the guidance of those about to take the office of "Resident," I hope they may be acceptable to the readers of THE MEDICAL PRESS AND CIRCULAR.

I.—RETENTION OF URINE.

There were 94 cases of this very painful and common affection, occurring mostly in middle-aged men. The majority were due to the excessive use of liquor, while a few were due to sudden exposure to cold, a few to organic stricture, and one to the use of strong injections for gonorrhœa.

CASE 605.—J—K— admitted, suffering from a spasmodic stricture of the neck of the bladder, with eighteen hours' retention. This being a very urgent case, I attempted to relieve the patient at once by passing a catheter, but failed to do so. He was put into a hip-bath (temp. 110°), and ordered 10 min. of tincture of perchloride of iron and 10 min. of tincture of opium every ten minutes, and at the end of an hour the catheter (No. 4) slipped into the bladder; but no urine came, the fact being that the bladder was so much over-distended that it had lost all its expulsive power for the time. Pressure over the part and violent strainings on the part of the patient soon overcame the difficulty, and the urine flowed freely after a period of nineteen hours' retention.

CASE 29.—F—B— came to hospital suffering from a stricture, with sixteen hours' retention; the patient said he passed the last few hours in the greatest agony; the pain was so great in this case that it was useless to attempt to pass an instrument; accordingly the hip-bath, combined with perchloride of iron and opium, were employed as before, with the best result.

In all the cases which have come under my notice, I failed to pass a catheter in six only; one of those was a case of chronic resilient stricture of seven years' standing; the second was in a patient whose penis and testicles were atrophied, being only as large as those of a boy of four or five; the remaining four were chronic strictures, which took a long time to cure.

II.—CONTUSIONS.

There were 231 cases of contusions of various parts of the body, more or less severe in their effects, a few being so severe as to detain the patients in hospital for some weeks, but in the majority it was not considered necessary to keep them in; the local applications used in nearly all cases being the muriate of ammonia lotion combined with rest.

III.—WOUNDS OF THE HEAD AND FACE.

There were 625 cases of wounds of the head and face, caused by a variety of instruments—from the far-famed shillelagh to a poker or quart measure.

Considerable difficulty will be experienced in dressing these cases, the recipients being generally under the influence of drink; however, the course to be adopted in all cases is to shave the head neatly around the wound, washing away all dirt or gravel, and then to bring the edges together by adhesive plaster, avoiding the use of sutures if possible. Of these cases I will briefly give the notes of a few.

CASE 30.—M—H—, an intelligent looking woman, was admitted to hospital, having received four severe wounds on the head, caused by a drunken husband striking her with a large iron pot, breaking it into several pieces. The head was shaved and the wounds dressed, several small vessels being secured by torsion. On examining the fourth wound (which was on the forehead), it was found that the outer table of the frontal bone was fractured. The wound was dressed with lint steeped in carbolic oil, and

the patient made a good recovery without any untoward symptoms other than high inflammatory fever.

CASE 604.—J—D—, æt. 36, came to hospital, having fallen on his head off a car. On the back of the head, near the lambdoid suture, a stellated wound was found, some inches in extent; it was at once cleansed from gravel, and neatly brought together by means of adhesive plaster, a pad of lint, and a bandage was applied, and the patient placed in a warm bed and ordered some stimulants, as he was very collapsed. In a few days he got an attack of erysipelas of the head and face, from which he but slowly recovered. This case illustrates the fact that, in severe scalp wounds with any tendency to coma or collapse, it would be almost criminal on the part of the "resident" to allow the patient out.

CASE 360.—B—K—, a young woman æt. 20 years, received a wound over the left malar bone, three inches in length. Three sutures were introduced, and the part bandaged up. In two days traumatic erysipelas set in and prevented the union of the wound "by first intention." The patient was then treated for erysipelas, and in process of time the wound healed, but leaving a very large cicatrix. Chronic intemperance was, I believe, the predisposing cause of the erysipelas in this case.

CASE 20.—L—K— received a blow from a tumbler, by which her upper lip was split down from the cartilages of the nose, the surrounding parts being very much contused. The edges of the wound being neatly trimmed, were brought together by means of two hare-lip pins and figure-of-eight suture; in a short time the wound united, leaving a very slight mark.

CASE 390.—P—W—, æt. 10 years, received a wound behind the left ear, caused by a blow from a pewter pot. When seen, blood was spouting from a wound of the posterior auris artery, which appeared to be enlarged. Torsion was applied, the wound dressed, and there was no further trouble in the case.

CASE 1,462.—M—N—, æt. 50 years, received a slight wound on the back of the head, which she neglected to get dressed. When seen, the wound was discharging pus freely, and there were numerous small abscesses on the back of the head and neck. Large poultices of linseed-meal were applied for some time, under the influence of which the abscesses resolved themselves, and the patient got quite well.

IV.—HÆMORRHAGE.

Hæmoptysis, Hæmatemesis, Epistaxis, Bleeding from Varicose Veins, Bleeding from Leech-bites, Wounds of Arteries.

There were 17 cases of the above-mentioned varieties of hæmorrhage; they are very frequently met with, and sometimes it is a difficult matter to arrest the bleeding. To take the first: hæmoptysis may be readily detected and distinguished from hæmatemesis by the difference in the colour of the blood, the manner in which it is evacuated (spitting in one case and vomiting in the other), the seat of pain, the age of the patient, his previous history, and lastly, the waxen, anæmic hue in hæmoptysis.

Epistaxis, or hæmorrhage from the nose, when slight, is of little importance, but on the contrary, in some cases, beneficial, being Nature's method of getting rid of superabundant blood. In simple cases tannic acid blown up the nose will suffice, or plugging the anterior nares with lint and applying cold to the head. In more serious cases, or when the patient is weak from loss of blood, it may be necessary to plug the posterior nares by means of Bellocq's canula or a catheter, but it is a *dernier ressort*, to be dispensed with if possible.

CASE 78.—M—G— admitted, suffering from profuse epistaxis. All the usual remedies were tried, but without avail; accordingly, I proceeded to plug the posterior nares. A pad of lint was prepared as large as the first joint of the thumb, a piece of twine being attached to the centre; the canula was threaded and passed along through the nostril till it came out through the posterior nares; the instrument was then withdrawn, and the

piece of twine hanging out of the mouth was attached to the pad, which was then introduced well behind the soft palate, and kept in position by placing a pad in the anterior nares and fixing it there; this effectually arrested the hæmorrhage.

CASE 1,904.—Miss J—, an anæmic-looking young woman, came to the hospital suffering from persistent hæmatemesis, combined with a slight attack of hæmoptysis. Immediately after being admitted she threw up about a quart of thick blood, of a dark colour, after which she spat up a small quantity of arterial blood. By this time the patient was almost bloodless: so I gave her a draught containing dilute sulphuric acid, min. xx.; sulphate of magnesia ℥i.; acid infusion of roses ℥ij. This stopped the bleeding, which did not recur.

Bleeding from varicose veins may in every case be arrested by the application of pressure, or any of the usual styptics, such as tannic acid, turpentine, matico, perchloride of iron, &c.

Wounds of arteries are pretty frequently met with. There were eight cases, including palmar arch three, plantar arch two, ulnar artery three. Torsion in all these cases succeeded in arresting the hæmorrhage, a graduated compress and a bandage being applied afterwards.

V.—FOREIGN BODIES.

There were 39 cases of foreign bodies recorded; the majority occurred in the throat, being for the most part fish-bones, pieces of meat, pieces of iron, and in two cases pins, one of which was removed by the probang.

Crochet needles were removed from various parts of the body, and a piece of the stem of a clay pipe was removed from the left nostril in one instance.

VI.—BITES.

There were 41 cases entered in the books as bites; of these the greater number were bites of dogs, and though the persons bitten seemed to be very much afraid of hydrophobia, still, as far as I can tell, no bad results followed in any of the cases. Though not absolutely necessary, I made it a practice always to wash the wound well with warm water, and to touch it freely with lunar caustic, at the same time to dispel any fears that the patient may have had regarding the injury. The remainder included bites of man, woman, cat, rat, and badger.

VII.—GASTRALGIA.

There were 38 cases entered as gastralgia, or violent pain in the stomach, entirely due to the indiscriminate use of a mixture of bad and insufficient food, bad whisky, porter, beer, &c., &c., and in nearly every case occurring in women of the lower classes of society, who are so frequently seen knocking about the streets of the metropolis under the influence of drink. What I employed in those cases, and found to be most useful, was a draught containing half a drachm of tincture of ginger, and four or five minims of tincture of capsicum, in effervescence or otherwise, with saline purgatives.

VIII.—BURNS AND SCALDS.

There were 68 cases of this very common and sometimes fatal accident. The cases were all children unable to take care of themselves when left alone in the vicinity of fire. To illustrate the principal modes of death in cases of severe burns, I will briefly give the notes of three cases.

CASE 24.—B—H—, an intelligent-looking child, æt. 7 years, was dressing herself near the fire, when her clothes became ignited, and she was so severely burned that she was brought to hospital, where she was at once admitted. The patient was burned over the anterior and posterior thoracic region; she was pale and shivering, and shrieking with intense pain. She was placed in a warm bed, ordered some stimulants, and given a full opiate, which, however, did not procure sleep or immunity from pain. The burned surface was dressed with cotton wadding smeared with "carron oil," and hot jars applied to the feet. Reaction did not set in, and the

patient lingered on in extreme pain for three days, when she died of shock to the system.

CASE 146.—A—C—, æt. 11 years, was admitted to hospital suffering from very extensive burns of the trunk. The patient, when admitted, was in a state of great collapse, which was at once remedied by the use of stimulants, &c. The burns were dressed as in the preceding case, and all went well till the tenth day, when tetanus supervened, and death occurred on the eleventh day from exhaustive suppuration and tetanus.

CASE 239.—B—McC—, æt. 4 years, admitted suffering from superficial burns of the chest and abdomen, caused by falling into a fire. Opium and stimulants were freely administered, and the patient's health supported by tonics. She, however, died from exhaustion consequent on profuse suppuration from the burned surface.

CASE 12.—M—S—, æt. 7 years, was brought to hospital, having received extensive burns through falling into a fire. The same treatment was carried out as in the preceding case, but the patient died in ten hours from shock.

It could not be said that any of these cases of burns were in any particular stage, as the first four degrees were manifested in each. The local applications used were cotton-wool smeared with "carron oil;" but lately I have used a lotion composed of collodium ℥ij., chlorodyne ℥ij., glycerine ℥i., with very beneficial results, owing to its soothing qualities.

CASE 10.—J—M—, æt. 6 years, was treated successfully for scald of the glottis, caused by drinking boiling water from the spout of a kettle. Calomel was administered in grain doses every ten minutes until green stools appeared.

CASE 36.—B—C—, æt. 4 years, was scalded in a similar manner, and was treated in the same way, with a like result.

IX.—ALCOHOLISM.

Of drunkenness, or, more technically speaking, alcoholism, or alcoholic coma, 26 cases were recorded. Some of these cases proved fatal, and others were of such a serious nature as to require prompt and vigorous measures on the part of the resident. Should the case be one in which the patient has recently partaken of a quantity of stimulants, the stomach-pump should be used at once; and should the patient be very weak or collapsed, stimulant and nutritive enemata should be administered without delay. In simple cases flagellation with a wet towel or roller will soon succeed in restoring the patient to consciousness; galvanism is also attended with beneficial results. The pernicious effects of the abuse of alcoholic stimulants are well exemplified in the following cases:—

CASE 671.—W—P—, a strong, healthy-looking man, was admitted in a state of profound coma. Hot jars were immediately applied to the feet, and mustard plasters to the chest and calves of the legs. This treatment succeeded in restoring the patient to consciousness in about an hour, during which time but little hopes were entertained of his life. He was discharged well the next day.

CASE 886.—L—M— was taken into hospital in a comatose state, which resulted from chronic intemperance and exposure to cold. The pulse was hardly perceptible, and the feet being cold, hot jars were applied, along with mustard blisters. Notwithstanding these and other efforts steadily persisted in, the patient died in twenty-four hours, not having spoken from the time he was admitted.

CASE 96.—J—B— was brought into hospital in a state of insensibility. It was ascertained upon inquiry that on the day in question "he fell down in a fit in the street," having been drinking for some weeks previous. Similar treatment was adopted as in the preceding case, with such success that he was able to leave the hospital next morning quite recovered.

The enema given in these cases contained—turpentine ℥vi., assafoetida ℥iv., sulphate of magnesia ℥i., soap-suds a pint.

CLINICAL MEMORANDA.

Reported by JOHN W. MARTIN, M.D.,

Assistant Medical Officer, Mayfield Factory Dispensary, Portlaw.

CASE I.—*Hepatic Congestion—Jaundice—Recovery.*

ON the 2nd of April, 1874, I was asked to see P—t—ck L—hy, a furnaceman, who had been ill since the 23rd of March. Not wishing to neglect his work, he thought he might recover without recourse to medical advice. The attack commenced with rigors, followed by profuse perspiration. He had pains in the small of the back and in the limbs. The motions were hard, white, and very offensive. He had no desire for food, and complained of frequent headaches and general lassitude. For some days previous to the development of the disease he found the hepatic region very painful and tender. On Tuesday, the 31st of March, he became jaundiced; and on Wednesday, the 1st of April, the tenderness in the hepatic region increased, and a violent pain set in during the night, so much so, that I was called early upon Thursday morning to see him. I found him in great pain, the skin warm and perspiring, tongue furred and dry, pulse strong and bounding, 112 per minute. Before my seeing him he had vomited a quantity of very bilious matter, resembling the yolk of an egg. The vomiting had ceased when I visited him, but he complained of great nausea and dislike to food of any kind. The tenderness over the liver was too great to permit of any but the most superficial examination. The dullness extended about an inch below the false ribs. The epigastric veins were full and prominent. He was passing water abundantly, of the usual character in cases of jaundice—a deep saffron colour, staining his linen a bright yellow.

I directed large hot linseed-meal poultices to be applied over the right hypochondriac region, and prescribed the following mixture and powders:—

R Acid. nit. mur., ℥ij.;
Sp. chloroformi, ℥ij.;
Tr. aurantii, ℥ij.;
Infus. gentianæ, ad ℥xij. M.

Two tablespoonfuls to be taken three times a day.

R Hyd. c. creta, gr. x.;
Pulv. jalapæ co., ℥ij. M.

Divide into two powders, one to be taken every second night.

April 4th.—Pain and tenderness relieved; bowels acted after medicine; tongue moist and cleaning. Second powder to be taken, and the mixture continued.

April 6th.—Able to leave the bed. Jaundiced appearance decreasing. Feels stronger and better. Tongue quite clean. Appetite returning. Bowels acting well. Still much troubled with tenderness about the hepatic region.

Mixture repeated. Stimulant liniment directed to be well rubbed in, over the seat of tenderness.

April 12th.—Convalescent. Resumed work.

CASE II.—*Consolidation of the Lungs—Hæmoptysis—Treatment resulting in Improved Health.*

UPON the 25th of February, 1874, I visited Martin Ch—sty, a delicate lad, æt. 14, who had been the subject of a sharp attack of hæmoptysis the previous night. The following is the history of the case: Two years before he had an attack of simple continued fever, for which he was treated in hospital. Since then he was subject to repeated ephemeral seizures of "cold," the symptoms of which were rigors, hot dry skin, followed by profuse perspirations, pain in the chest, nausea, and vomiting, but no cough or expectoration; their duration was so short that he never presented himself for treatment. The attack under notice commenced February 20th, with the usual febrile symptoms—rigors, hot dry skin, perspirations, and a sense of prostration. He was sufficiently recovered next day to continue at his work; towards evening, however, he felt a sharp pain in the chest, and suffered a good deal from a hard dry cough. Hæmoptysis

set in on Tuesday night, February 24th, as already mentioned, compelling him to seek advice the following day, the date of these notes.

On examination, I found his skin very hot, dry, and "pungent" to the touch; his body fairly nourished and well formed. Dulness over the whole surface of the chest, the right more than the left, especially in the sub-clavicular and mammary region. The respiration everywhere harsh and tubular, most so in the right lung, where it was accompanied by loud sibilant and musical râles, which were most marked over the dorsal surface. Bronchophony very distinct in both lungs. His tongue was clean; he had no appetite; the bowels acted daily. Pulse 72, very weak. For treatment—

R Acid. citric.,
Potassa bicarb., aa ʒij.;
Aqua acetatis amm., ʒi.;
Vin. ipecac., ʒij.;
Tr. aconiti, ʒiss.;
Liq. morph., ʒss.;
Syrupi, ʒss.;
Aqua, ad ʒviiij. M.

Two tablespoonfuls to be taken every fourth hour.

R Emplast. lyttæ, 4 x 4.

To be applied for seven hours over the upper portion of the chest.

April 26th.—Blister rose well, and gave great and immediate relief to the pain. Treatment continued.

March 2nd.—Able to be up and dressed. Felt much better, but very weak. Dulness in the affected portions of lungs diminished, but still present. The character of the respiration much improved; the sibilant râles already described, had everywhere disappeared; the sounds tubular, but to a less marked degree than before. Bronchophony, however, was still well marked, and the respiration interrupted, the voluntary muscles being called in to complete the act of inspiration, symptoms which, when taken in connection with the existing dulness and tubular character of the respiratory murmur, demonstrated grave mischief to the pulmonary tissues.

R Potass. iodidi, ʒij.;
Tr. cinchonæ, ʒiiij.;
Liq. cinchonæ, ʒi.;
Sp. am. aromat., ʒij.;
Syrupi, ʒi.;
Aqua, ad ʒviiij. M.

Two tablespoonfuls to be taken three times a day.

R Ol. morrhuæ, ʒviiij.

One tablespoonful at night in a little warm milk.

R Linimentum terebinthinæ, ʒvi.

To be well rubbed into the walls of the chest twice a day.

The subsequent history of this case was one of improved health, but not of perfect recovery.

The foregoing facts are highly interesting, illustrating as they do the damaging influence exerted in some constitutions, under certain conditions, by repeated attacks of "ephemeral colds." Each seizure lasts only for a short time, and in the interval the patient seems restored to a fair state of health. Naturally delicate, this boy's constitution was unable to throw off the ill effects of each acute attack. Exposed to the variations of heat and cold necessarily attendant upon his employment as a factory operative, the circumstances of his life were in favour of a repetition of such attacks. Each succeeding fit, left behind some additional mischief, in fresh effusion and consolidation in some previously uninvolved portion of lung. The acute symptoms readily yielded to treatment, but the old standing disease remained unaffected. By careful treatment and building up of the system further ill effects may be avoided. Neglect of the usual and proper precautions can have but one ending, *i.e.*, the development of all the well-known and much dreaded symptoms of "phthisis pulmonalis." No attack upon

the chest should be lightly passed over as unimportant without a careful examination being made, for dulness, tubular respiration, bronchophony, and the other symptoms demonstrative of lung mischief—the resultant of light and apparently unimportant attacks of pneumonia, which may safely be suspected, where an acute attack commences with more or less severe rigors, pain in the chest, hot dry skin, and a hard, dry, hacking cough with which there is no expectoration, to confirm the diagnosis by the presence of rusty sputa. I have frequent opportunities of verifying the truth of these observations, in the case of boys and girls who are exposed to the influences of the exciting causes of such attacks, and present the symptoms that I have described. The conditions of life under which dispensary patients are placed, render it impossible to guard them against the recurrence of such dangers as I have mentioned.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 5TH, 1875.

W. O. PRIESTLEY, M.D., F.R.C.P., President, in the Chair.

ADJOURNED DISCUSSION ON THE RELATION OF PUERPERAL FEVER TO THE INFECTIVE DISEASES AND TO PYÆMIA.

The PRESIDENT: Before the discussion commences I may state that Dr. Matthews Duncan has forwarded a letter of explanation in reference to a letter read at the last meeting. He understood that adverse comments had been made on his published letter, and he is very desirous of making some explanation regarding it, which I am sure will be interesting to the meeting.

To the Secretary of the Obstetrical Society of London.

Edinburgh, May 3rd, 1875.

My dear Sir,—As I think my former note to you was too short, I beg now to supplement it to a small extent.

One of the most important points for discussion by the Obstetrical Society at the present juncture is the conduct proper to midwifery practitioners, with a view to avoid disaster from puerperal infection; and I expect much advantage from our great Society taking up this difficult question. At the same time I feel called upon to deprecate premature decision; for the matter in both its scientific and its practical aspects is not ripe for more than intelligent, prudent, and fearless discussion. Observing recent trials of our humble and unlicensed female fellow-practitioners, I think there have been precipitancy and rashness, believing as I do that Mrs. Dymond and Mrs. Marsden have been severely, and probably also unfairly, dealt with. I judge from the meagre reports regarding the cases of these midwives in the weekly medical journals.

The charge of homicide by infection is, I believe, a new one in the history of the law; and I am further of opinion that in the present state of science and practice such a charge cannot be substantiated. I know that Mrs. Marsden is now in prison enduring penalty for homicide by infection, and that this is an example of the charge being sustained; but, while I grieve for this sufferer, I feel sure that the case would have broken down had it been tried in a proper manner.

The public, and to some extent also, the professional mind, is not well informed on the subject of puerperal mortality and puerperal infection; and there is much excitement abroad regarding the prevention of disease generally. Under these circumstances error is easily fallen into, even by authorities, when brought face to face with the terrible facts, probably for the first time.

I shall say nothing about the amount of puerperal mortality, presuming that many of the members of our Society have read some remarks on the subject in my last year's address at the Norwich meeting of the British Medical Association. But I may remind you that such high and justly respected authorities as Miss Nightingale and Dr. Wm. Farr have promulgated far too favourable views as to the small-

ness of this amount; and that exaggerated notions of the innocuousness of childbearing are fostered by the careless talk of many experienced medical men, asserting, as they are often heard to do, that they never lose a case. If it be believed, as these would have it, that there are very few deaths, it is easy to understand the panic excited by the actual facts.

On another point there seems to be still greater misunderstanding on the part of the public and of the profession, namely, the precautions taken or considered necessary by the profession to avoid communicating disease to patients. For the prevalence of this error, I can cite the evidence of the *Times* newspaper, whose utterly erroneous statement I now give as I find it in a leading article of that great organ of public opinion. "It is the invariable practice of medical men" (says the *Times*), "if they attend a case of this (puerperal) fever, to hand over the whole of their midwifery practice to other persons, for at least two or three months; and it has been shown, by ample experience, that this course is absolutely necessary to preserve the lives of their patients." Anything more inconsistent with truth it would be difficult to find. It is this error, thus widely promulgated, and no doubt entertained, that I wish to point out; but I may be allowed to add that, were this true, I would never have a chance of being in practice. I would be perennially on the shelf; and so would every one who had a large practice, especially if that practice involved hospital duty and private consultations.

The difficulties of determining the proper conduct of obstetricians are not to be solved by officious coroners foolishly sending threatening messages to practitioners, nor by judges giving decisions without due consideration; but by discussion in such a Society as ours, and by matured professional opinion. Were the conduct of the coroner in Mrs. Dymond's case, and of the judge in Mrs. Marsden's, to be held as good precedents, there is not one among us who would be secure for a day against the most terrible charges. No surgeon having a case of pyæmia or of erysipelas could go safely to any other patient. No physician having a case of scarlatina could go elsewhere. The lying-in woman, no doubt, requires special care; but such care does not differ in kind from the care of other patients. Homicide by infection may be as easily brought home to the surgeon or physician as to the midwife.

I regard the recent prosecutions of midwives as injudicious; because I believe it would be difficult to find a physician or surgeon who might not, on the same kind of grounds, be cast into prison. The crime—so called—of Mrs. Marsden is to be found, almost every week lately, confessed by ingenious practitioners writing in our journals. Moreover, I would have preferred that some man should have been first charged with this crime, and not a poor and comparatively defenceless woman; and, as I have said, it will be easy for the authorities to find a criminal man. Where is the physician or surgeon who has not many, many times exposed his patients to some risk of infection with dangerous disease? Is a physician to be found guilty of homicide who exposes his patients to no greater risk than is that of those dearest to him at his home?

The medical profession, with one voice, proclaims the necessity of extreme care and prudence on the part of medical men, and the utter abnegation of selfish views in their conduct of practice. But there is danger of the public, and of many professional men, being now led to seek for and expect a degree of safety which can in no ordinary circumstances be reached, and to entertain views as to the conduct of practice which are based on error, and lead astray from the line of expediency and prudence.

Absolute safety can in no way be attained. As practice is at present conducted by careful practitioners, I believe it is nearly as safe as it can be. Among the necessary precautions in ordinary circumstances, I do not place giving up practice for a time; and I may say, for myself, that in nearly thirty years of obstetric experience in private, in hospital, and in consultation, I have not, as a precaution, given up work for a single day. And I venture to say that it would not astonish me were it demonstrated that as much disease and death come from patients to practitioners and nurses, as go from practitioners and nurses, ordinarily and duly careful, to patients.

I must draw to a close without having said nearly all I wish to say, and merely name the following grand precautionary measures for obstetric practitioners:

1. Avoidance of the duties of nurses.

2. Avoidance of using the hands in post-mortem investigation.

3. Antiseptic cleanliness of the hands and of the dress.

One case of infection by a practitioner is as heinous as a series of cases. One homicide is as bad as four. The chapter of accidents may bring a series of cases to one practitioner, who is really careful and innocent; and the series may appear to be the result of infection. I have never had a series of cases, not even two near one another, in my private experience; and I believe such an occurrence would drive me away from my practice, whatever my theoretical views might be. Many practitioners have, in such circumstances, persisted in practice, and do so now, just as Mrs. Marsden did, in my opinion, foolishly, though not criminally, persist. If homicide by infection be a good charge of manslaughter, it is as good in a case of one infection as in a case of four, however appalling the latter may be. There are few practitioners in any department of medicine against whom such a charge might not be set up.

Allow me to express my regret at forced absence from your meeting, and believe me, dear Sir, yours faithfully,

J. MATTHEWS DUNCAE.

[We are compelled to postpone our report of the discussion that followed.]

OBSTETRICAL SOCIETY OF DUBLIN.

The usual monthly meeting of this Society was held on Saturday, the 8th of May, Dr. FLEETWOOD CHURCHILL in the chair.

Dr. M'CLINTOCK exhibited to the Society the following old obstetrical works:—1. "Eucharius Rhodion," *De Partu Hominis*. Frankfort: A.D. 1563. The first edition of this work was published in High Dutch about 1519, was translated into Latin 1532, and subsequently into German, French, and English. 2. "The Byrthe of Mankind, otherwise named The Woman's Booke," set forth in English by Thomas Raynalde, Physician. London: 1565. This work, which professed to be a translation of Rhodion's, was considerably larger than it. The first edition appeared about the year 1540, and was followed by many other editions; and for nearly 100 years, according to Denman, it was the popular treatise on midwifery in England. Dr. M'Clintock has in his possession a copy of this work, printed in 1606, but it is precisely the same as that of the year 1565. Both are printed in black letter. 3. "The Expert Midwife." London: 1637. This work, which is printed in Roman character, is a translation of the treatise of James Rueff, a surgeon of Zurich, *De Conceptu et Generatione Hominis*, the first edition of which appeared in 1554, and at Frankfort in 1587. The name of the translator or editor is not given. It contains some woodcuts, closely resembling, but not quite so rude as those in Rhodion and Raynalde's works. The most interesting point connected with this book is the description it contains of pudendal hæmatocele occurring at the time of labour, which is undoubtedly the earliest recognition (as Velpeau asserts) of this accident. 4. "The Childbearer's Cabinet." This very brief, popular little book, the authorship of which is unknown, was one of four treatises that were published in a work entitled "A Rich Closet of Physical Secrets," published at London in 1653. It contains nothing but practical directions for the management of pregnancy and childbirth, of a very short and meagre kind, and the only novel point Dr. M'Clintock could find was the recommendation of a binder to the abdomen immediately after delivery. 5. "Chambirlen's Translation of Mauriceau's Treatise on the Diseases of Women with Child and in Child-bed." London: 1672. This translation, by Dr. Hugh Chambirlen, went through at least seven editions, and the copy shown to the Society is one of the first edition, which is extremely rare; in fact, Dr. Robert Lee never saw one, and has expressed a doubt whether there be such extant. The translator of this work was the same mentioned by Mauriceau in his twenty-sixth case, as having come to Paris and vainly tried to deliver a woman by some secret means. Dr. M'Clintock, when exhibiting these works, made numerous quotations from each, as well as analytical and critical observations. He then proceeded to consider the discovery of the midwifery forceps, and the claims of Dr. Paul and Dr. Peter Chambirlen to be the inventor of this most valuable instrument. Dr. M'Clintock gave various cogent reasons for coinciding in the conclusion which Dr. Aveling has

arrived at—viz., that the honour of the discovery belongs to Dr. Peter Chamberlen (the father of Dr. Hugh Chamberlen, who translated Mauriceau), and not to his son, Dr. Paul Chamberlen (as stated by Rambotham, Churchill, Leishman, and many other writers of the highest character). Dr. M'Clintock showed to the Society models of the original Chamberlen forceps, now in the possession of the Royal Medico-Chirurgical Society of London, and also showed a print (belonging to Dr. Churchill), with the legend underneath, "Dr. Paul Chamberlen, 1658," which Dr. M'Clintock thought had probably given rise to the idea that he (Dr. Paul Chamberlen) was the inventor of the forceps. For reasons which have been very fully and plainly stated by Dr. Aveling, he (Dr. M'Clintock) entirely rejected this evidence, and regarded the print as being that of Dr. Peter Chamberlen, the father of Hugh and Paul, and who in the year 1658 (that on the picture) was fifty-seven years old, and of such age the original of the picture appears to have been. In connection with this subject Dr. M'Clintock exhibited to the Society a genealogy (in MS.) of the Chamberlen family, which had been presented to him by Dr. Aveling, who had expended a great deal of research in collecting these interesting facts. Dr. M'Clintock intimated that he would have some further exhibits for the next meeting of the Society.

The Society then adjourned.

ABSTRACT REPORT OF COUNCIL OF THE IRISH COLLEGE OF SURGEONS FOR THE PAST YEAR.

DURING the year 45 candidates were admitted to the Fellowship, and 124 gentlemen received Letters Testimonial; 22 Licentiates obtained the diploma in midwifery; 70 candidates for the junior class examination for Letters Testimonial were rejected; and 20 candidates for the final examination were rejected. 165 candidates presented themselves for the preliminary examination; of these 7 received first class certificates; 21 received second class certificates; 89 received pass certificates only; and 48 were rejected.

The entire number on the lists of the College amounts to 414 Fellows, and 2,635 Licentiates.

The Council submit an abstract of the income and expenditure of the College.

The Curator reports as follows:—

Of the donations to the museums one would appear to your Curator to call for special recognition. Upwards of 300 specimens of anatomy and pathology were lately presented to the College by Professor Bevan, and when it is considered that these specimens all exhibit the work of a master's hand, and the critical selection of a skilled pathologist, a very high value, your Curator is assured, will be placed on this donation. 40 of these, remounted, have been placed on the museum table for your inspection.

130 specimens and casts have been added to the collection, and 300 old ones have been renewed.

Resolutions of the College.

At the first meeting of Council the Secretary of the College brought down the following resolutions, which were passed at a meeting of the Fellows:—

"That it be an instruction to the Council that it is the opinion of the College that no further steps should be taken to carry out the present or any conjoint scheme of examination, without consulting the College at large, summoned specially for the purpose."

"That the incoming Council shall take steps to enlarge the library and museum."

"That it be recommended to the Council to consider the position in which the Licentiates of this College are placed in Canada and other colonies, so as to have the Licentiates of this College placed on an equal footing with other licensing bodies, &c."

When it was resolved—

"That the resolutions sent down from the College be referred, the first to the Conference Committee; the second to the Library and Museum Committee; the third to the Education Committee."

Enlargement of the Library and Museum of the College.

It was resolved—

"That plans for the enlargement of the museum and

library be advertised for; a prize of £105 to be offered for the best plan, the expense not to exceed £5,000."

At a meeting of Council held on November 19th, 1874, it was resolved:—

"That whichever plan may be eventually adopted by the Council of the College for enlarging the library and museum, the carrying out of the plan shall be entrusted to the architect of the College."

Several plans having, in pursuance of the foregoing resolution, been sent in for competition, and the architects who furnished them having been invited to the College for the purpose of explaining their plans, it was resolved:—

"That the plans of Mr. Symes for the enlargement of the museum and library of the Royal College of Surgeons in Ireland be adopted."

Salary of the Curator of the Museum.

At a meeting of Council held on January 21st, 1875, it was resolved:—

"That the salary of the Curator of the museum of the College be increased £50 per annum."

Visitors of Examinations from the Royal College of Surgeons in Ireland.

At a meeting of Council held October 8th, 1874, a letter was read from the Branch Medical Council, Ireland, requesting the Council to furnish the names of such gentlemen as would be willing to act as visitors of examinations. The terms on which such appointments will be made are that each person to be appointed will hold himself in readiness to visit and report upon such examinations held in the United Kingdom as he may be called upon to attend, the rate of remuneration to be as follows:—Travelling expenses, together with a fee of five guineas a day whilst engaged in the visitations, and an allowance of one guinea a day for hotel expenses.

When it was resolved—

"That a query be sent to each Fellow to ask whether or not he would be willing to be nominated as a candidate for the post of Visitor of Examinations, in accordance with the letter of the Branch Medical Council, and that the Council of the College shall select the names of such Fellows as may be willing to be returned to the Executive Committee of the Medical Council in London for election."

Numerous Fellows having returned their names as willing to act, it was resolved:—

"That the Council of this College forward the names of the following Fellows of the College, who are willing to act as Visitors of Examinations, in accordance with the terms of the General Medical Council, viz.—Messrs. Barton, Corley, Croly, Mapother, Morgan, Stokes, of whom Messrs. Barton and Stokes were subsequently elected by the Executive Committee of the General Medical Council."

The Letters Testimonial of the College.

Your Council have anxiously considered the best way of improving the existing method of examination for the Letters Testimonial of the College, and with that object in view have made several alterations, for a full account of which they beg to refer the Fellows to the abstract on the table.

Payment of Examiners.

On April 29th, 1875, the following recommendation from the conjoint Finance and Education Committees was read and adopted, viz:—

"That the sum of one guinea be paid to each examiner for each candidate (for the Letters Testimonial of the College), in the proportion of one-seventh for each examination."

New Bye-law—Eight instead of Seven Examiners.

At a meeting of Council held on April 1st, 1875, it was resolved—

"That the word 'eight' be substituted for the word 'seven' in the Bye-law of 9th March, 1853. That the Bye-law, so amended, be forwarded to her Majesty's Secretary of State for her Majesty's approval."

In accordance with the foregoing resolution, the amended Bye-law, having been forwarded to Mr. Secretary Cross, received her Majesty's approval, on the 29th of April, in virtue of which the Council elected, on May 4th, 1875, eight instead of seven examiners, for the Letters Testimonial of the College, for the ensuing year.

At a meeting of Council held on April 1st, 1875, it was resolved—

"That the rule requiring the attendance of four members of Council at each licentiate examination be rescinded, and that one member of Council only shall, in future, be summoned, who shall preside and superintend each examination—occupying the chair—instead of the senior member of the court, as heretofore."

Diploma in Medicine.

On November 19th, 1874, the several legal opinions taken from time to time from the attorney and solicitor-general of the day (Lord O'Hagan and Messrs. Brewster and Lawson) respecting the legality of issuing a diploma in medicine by this College having been read, it was resolved—

"That no further diplomas in medicine be issued by this College."

Army Medical Officers.

At a meeting of Council held on August 6th, 1874, it was resolved—

"That the President, Vice-President, Mr. Macnamara, and Dr. Stokes, be appointed a committee to draw up a report on the Army Medical Service to be presented to the Secretary for War."

In pursuance of the foregoing resolution, the Committee appointed drew up a report, which was adopted.

Transactions of the Council of the College.

At a meeting of Council held on August 6th, 1874, it was resolved—

"That a copy of each resolution passed at this Council be posted in the Fellows' room on the day subsequent to the meeting."

Surgical Society of Ireland.

On August 6th it was resolved that the following resolution of the Surgical Society be approved of—

"That the Council of the Surgical Society of Ireland be elected by ballot by the members, being Fellows of the Royal College of Surgeons or King and Queen's College of Physicians in Ireland, such election to take place on the first Monday in November of each year."

On January 21st, 1875, it was unanimously resolved—

"That Professor Macnamara be re-elected representative of this College on the General Medical Council for one year from the 16th of February next."

Salaries of Medical Officers under the provisions of the Public Health Act.

On November 5th it was unanimously resolved—

"That the Council of this College having had their attention directed to the very inadequate scale of remuneration, in a very great number of instances, fixed upon by the sanitary authorities, not only in this city but throughout Ireland, as salaries for the medical officers employed under the provisions of the Public Health Act, feel it to be their duty respectfully to urge upon the Local Government Board the propriety of their taking such steps as will secure for said officers a scale of remuneration more in accordance with their social and professional status, and with the important and arduous nature of the duties expected at their hands."

On November 19th a letter was read to the effect that the Local Government Board are in communication with the Lords Commissioners of her Majesty's Treasury on the subject.

At a meeting of Council held on December 3rd the resignation of Professor Sawyer was read.

On January 14th, 1875, Dr. Cronyn was appointed to the Chair of Midwifery in the School of the College.

Death of Arthur Jacob, Esq.

The President and Council heard, with profound sorrow, of the death of Dr. Arthur Jacob, who for so very many years held a seat on the Council, and to whose untiring exertions the College is much indebted for its prosperous position. The Council were not afforded an opportunity of paying the last tribute of respect to Dr. Jacob's memory, in consequence of his demise having taken place in England.

Death of Robert Adams, Esq.

On January 21st, 1875, the following resolution was passed, viz.:

"That this Council have heard with profound regret of the death of their revered colleague, Robert Adams, and that they desire to place on record their sense of the great loss thereby inflicted on their College. Whilst thus expressing their own feelings upon this melancholy event, they would also wish to

convey to his family their sympathy with them upon their sad bereavement."

Bequest of the late Francis L'Estrange, Esq., M.D., F.R.C.S.I.

Dr. Francis L'Estrange having bequeathed to this College all his original and most ingenious surgical instruments and appliances, the Council unanimously passed the following resolution, viz.:

"The President, Vice-President, and Council, in acknowledging the very valuable bequest to this College by the late Francis L'Estrange, Esq., beg to convey to his family their deep sympathy with them in their sad bereavement, and, at the same time, to express their sense of the loss their College has sustained by the death of one of their most distinguished Fellows."

Professorship of Chemistry.

At a meeting of Council held February 10th, the resignation of Dr. Emerson Reynolds was read.

When it was resolved—

"That the Council of the Royal College of Surgeons in Ireland, in accepting Dr. Emerson Reynolds's resignation, beg to convey to him their marked approbation of the manner in which he discharged the duties of his Professorship in the College."

On March 18th Dr. Charles A. Cameron was elected Professor of Chemistry in the College School, in room of Dr. Emerson Reynolds, resigned.

Deputation to London—Sanitary Act.

Early in June last a Bill for the Amendment of the Sanitary Laws of this country was before the House of Commons, and a deputation from the Irish Medical Association waited upon your Council, with a memorial from that Society, asking assistance to protect the interests of the dispensary medical officers, which were much affected by the provisions of the Bill. Communications on the same subject were also received from the College of Physicians and the Dublin Sanitary Association. Your Council resolved to send your President, with Mr. Morgan and the Hon. Secretary of the Irish Medical Association, to meet the deputations from the College of Physicians and the Dublin Sanitary Board at the Irish Office in London.

Your deputation was received by Sir M. Hicks Beach with much courtesy and kindness; and, having, during two protracted interviews, pointed out to him the various parts of the Bill which, upon public grounds as well as in the interests of the medical profession, required alterations, some of the amendments suggested by the deputation were at once adopted, but other important alterations were not made; and your President and the deputation, acting under the advice of Dr. Brady, M.P., Hon. Fellow of the College, and other Parliamentary friends, were detained for some days longer to influence by their presence some members of the House to propose and support the necessary amendments in the passage of the Bill through Committee.

The Sanitary Act is now in force, and although far from being perfect, still it has been much improved, and, doubtless in consequence of the representations made to the Chief Secretary by our President and deputation, new clauses have been added to it, and other amendments made which, taken together, place the medical officer in a much more satisfactory position, and will render the Act more useful.

De Moribus Germanorum. — Under the above title the *Clinic* publishes some literal translations from a petition presented to the Reichstag on March 30, 1869, by the Central Committee of the German Evangelical Church. "The number of illegitimate children in Berlin last year (1868) amounted to 156 in 1000 births. At Munich during the same year the illegitimate births were in the proportion of 500 to 1000. In Magdebourg there is not a street, perhaps not a house, which is not the asylum of private prostitutes. In 1868 medical statistics ascertained that there were 75,006 cases of syphilis in Magdebourg, a city of 90,000 inhabitants. At Posen (50,000 inhabitants), without counting clandestine prostitutes, 1,264 women were noticed by the police, that is to say, 1,264 prostitutes and more among about 20,000 women, or 16 per cent. In Stettin (85,000 inhabitants) there are about 20,000 adult women, and 2,000 are prostitutes, which is not inclusive of concubines. The provisions of the Prussian penal code no longer suffice; the police are debauched, and the prostitutes walk brazenly abroad."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 2, 1875.

THE IRISH PHARMACY BILL.

THE English Pharmaceutical Society has sent a deputation to the Irish Chief Secretary to intimate the Society's intention to oppose this Bill. Their objection to it is that it admits chemists licensed by the new Irish Pharmaceutical Society to a participation in the highest privileges of the English Society, and they proceed upon the theory that, as they have no control of the Irish examinations, the standard must needs be lower than that now required for the English qualification. They therefore propose a simple extension of the English Pharmacy Act to Ireland. We report the arguments of the deputation and the replies of Sir Michael Hicks-Beach in another column, and would observe that the evils which the Society anticipate are, or ought to be, entirely hypothetical.

The Bill already provides that the Irish fees shall be the same as those in England, and that the subjects of examination shall be identical, and there is no experience whatever to justify the fear that pharmacy will be flooded with insufficiently educated men. The Chief Secretary suggested that if such fear existed it might be allayed by obliging the registered chemists of one country to pass a separate *ad eundem* examination before receiving their authority to enter into business in the other. We need not enter at length into a refutation of the statements and opinions expressed by the deputation, as most of them are disposed of by Sir Michael Beach; but we have to point out that it is admitted by the deputation that the circumstances of the two countries are, as regards pharmacy, completely diverse, and therefore a uniform pharmaceutical system would probably work badly.

From a medical point of view we may say that the incursion of the class of English counter-prescribing chemists into Ireland is greatly dreaded, and would be

resisted by the whole force of the profession. Irish medical men have heard too much of the practices of druggists who are in the habit of prescribing bottles of stuff on the faith of a case stated by some slipshod child, and without thinking it necessary to ascertain the real circumstances. Even the misrule of the Dublin Apothecaries' Hall might be preferable to the establishment of such a system in Ireland.

CAPTAIN BOYTON'S SWIMMING FEAT.

THE swim of Captain Boyton from Grisnez to the South Foreland, though probably of no great practical value to seamen or ship-passengers, is of much interest as a display of indomitable pluck and great endurance, and as an athletic feat is almost unsurpassed. Without following certain newspapers in their extravagant hallelujahs, or gazetting Captain Boyton on the heroic list in which Stanley's name appears, we think that a speculation supported by such courageous determination to win ought to succeed, and will no doubt pay handsomely as a financial venture, for it has been proved beyond doubt that a man of average strength may hold out against the perils of the sea for several hours if the circumstances are such as to allow of his putting on the dress. The most important point achieved by his apparatus—next to keeping above water—is that it seems to act as a perfect non-conductor of heat, and thus preserves the wearer from the fatal exhaustion from cold which is almost as dangerous to the shipwrecked as the sea itself. After nearly twenty-four hours' complete immersion Captain Boyton's temperature had not fallen below 99°, and his pulse stood at 71; and, in fact, he presented no symptom which would have made it impossible for him to remain another night and day in the water. As far as we can form an opinion on the medical bulletins, he was far less "pumped" than if he had rowed in the University race; and supposing him to be able to take the refreshment which he carried with him, he might have drifted about for another twenty-four hours with impunity. Captain Boyton has achieved by his Channel swim the notoriety necessary to financial success; but he had already—to our view—acquired greater personal glory by his voyage across, it is said, nearly thirty miles of the Atlantic, and his landing in Ireland in the midst of a dangerous storm.

STATE MEDICINE AND PURE WATER.

DR. F. DE CHAUMONT, of Netley, delivered the third of his interesting lectures on "State Medicine" on Saturday last before the Society of Apothecaries, at their Hall in Blackfriars.

The subject was "Water, its Purity and Supply, and the Duties of the State with regard to it." To the question of—What is a pure water? the lecturer answered: Chemically, pure water consists of oxygen and hydrogen chemically combined in definite proportions. Of these two elements water of all kinds consists; and whatever

matters are contained in it besides these are, to all intents and purposes, extraneous, and generally a sign of impurity. Subterranean, or spring water, as it is commonly termed, affords the best example of a pure water, since its temperature is uniform summer and winter, equal to the average of the year, which in this country differs but little, being about 50° Fahr., since it is clear and bright, and when seen in bulk of a transparent blue colour, and holding in solution eight or more cubic inches of gas per gallon, and being nearly free from all organic products, is decidedly the most wholesome for domestic use.

The sole objection that could be raised against subterranean water is its hardness—it holds in solution a quantity of saline salts, lime, &c.; but as these can be very easily got rid of, and by an inexpensive process almost wholly separated, such an objection falls to the ground, and we have in spring water a pleasant, refreshing, and wholesome potable water; and as to the supply, a very ample one can be obtained from the chalk hills, which absorb the whole rainfall of successive years, and thus store up a far greater quantity than is required for the consumption of the inhabitants of this country.

The greatest and most important contamination to which water is prone is that of organic matter, which has a chemical constitution wholly distinct from that of water, its distinguishing characteristic being that it contains a quantity of nitrogen, and which is greater in amount in animal than in vegetable productions. The presence, then, of organic life affords evidences of contamination with nitrogenous matter, and must be regarded as an evidence of impurity. River waters usually contain a considerable amount of organic impurities, and because their temperature rises with that of air, water at 70° absorbs and nourishes more organic matters than water at 40°. In summer, river and lake waters are often loaded with albuminoid ammonia, as well as animal and vegetable life. The various kinds of animal and vegetable life which abound in river waters were depicted in a series of admirably-drawn diagrams, which, together with charts of the chemical and mineral constituents of the several waters, were then explained. One chart in particular exhibited in an interesting and conclusive way the effect of the rise and fall of the tide upon a deep well situated 2,500 feet from the Southampton waters, but which is nevertheless influenced and increases in impurities at various periods of the day. The chlorides, for instance, oddly enough, decrease in quantity with the rise of the tide, the greatest impregnation being found at the time of low water, while the quantity of albuminoid ammonia is to some extent affected in the inverse ratio.

Dr. de Chaumont's experience of water contaminated with organic matter and albuminoid ammonia coincides with that of almost every other observer, that in all epidemic visitations of enteric fever, diarrhoea, &c., the water is the chief element in the propagation of filth-disease; that houses, which have unguarded drainage communications with cesspools or sewers may receive through such communication the same filth-infection as if the excrementitious matter stood rotting within their walls; and that public or private reservoirs or water conduits, giving accidental admission to filth, will carry the infection of the filth whithersoever their outflow reaches. Numerous

conclusive illustrations of this truism were given, and which the lecturer had fairly traced out to their source. Since it is seen to be impossible for the masses of our overgrown population to deal effectually with a polluted water supply, it clearly becomes the duty of the State to deal effectually with the danger; and it is for Parliament to say that one of the most important elements of life shall be supplied in a wholesome state and in proper quantity to every household.

DR. ANDRAL ON GLYCOSURIA.

THE illustrious veteran, Dr. Andral, has recently, from his well-earned retreat, addressed a communication on Diabetes Mellitus to the Institute of France. He analyses no less than 84 cases, of which he has kept full notes. In the 84 cases of glycosuria narrated by Andral there were only 2 met with in children of early age, *i.e.*, one was of the age of 3 and the other 5; there were 3 cases between 10 and 20 years of age; 12 between 20 and 30; 20 between 30 and 40; 20 between 40 and 50. There were 13 between 50 and 60; 12 between 60 and 70. One patient was 73, and another 78 years of age.

From these statistics it would follow that glycosuria, very rare before the age of 20, becomes less so from 20 to 30, acquires its maximum of frequency between 40 and 50, and is observed still pretty frequently between 50 and 70. After this age it is only exceptionally seen. This shows that the greatest frequency of this disease coincides with that time of life when the forces of the organism are in the greatest activity. These ages, however, are not those when the disease had commenced. He could only be certain of this time in 84 patients, and found that in these the disease had made its first appearance in 12 cases before the age of 30, in 40 between 30 and 60, and in 8 between 60 and 80.

With regard to sex, there were 52 males and 33 females.

Among these 84 cases, several may serve to show the influence of the nervous system on the production and aggravation of the disease. In several of these cases, indeed, the urine was seen to become charged with grape-sugar in greater quantities after any great moral trouble; thus, under its influence, urine which contained only 20 grammes of sugar in a litre, would contain 90 in the course of twenty-four hours afterwards; in rarer cases, the first manifestation of diabetic accidents followed immediately a similar cause. One woman became diabetic after continually breathing during several months such a quantity of ether that she was often in a kind of drunkenness; another woman became so affected after having for a long time experienced different disturbances in sensation, which alternately showed themselves in partial anæsthesia and multiple neuralgia.

One man was epileptic before he was diabetic; another, after long-continued paraplegia. A traumatic lesion preceded the glycosuria in two cases, in one of these after the patient having received a violent blow on the lower part of the occiput; in another, a fall had happened, and the nape of the neck had been gravely contused: that is to say, that in these two cases the parts of the cerebro-spinal axis which must have experienced the influence of

the wound were very near those the lesions of which, in Claude Bernard's experiments, make sugar appear in the urine. The nerve lesion must also have been near this in three cases, where he saw glycosuria supervene in individuals whose upper extremities were paralysed, without sensation being affected.

Of the 84 cases, Andral found but one where the production of the diabetes may have been produced by want of sufficient food; this was in a child of 8 years of age, which a hired nurse had allowed almost to die of hunger. He found only three cases where the patient, before becoming diabetic, had exclusively fed upon bread or potatoes. In some other cases this was the principal nourishment, to which the patients had added from time to time cheese and a little meat; but, in short, these cases were few in number, and he adds that, during the many years he has observed patients, in all ranks of society, in hospitals and out, he has met with a greater number of diabetics amongst persons in easy circumstances than among the poor. Now one of the differences between these two classes is that of their food, which is often insufficient, and in great part of vegetable nature among the latter, and proportionate to the wants of the economy, often beyond this, and in great part animal in the first. He has besides noticed more than once that diabetics, before becoming so, had been remarkable for the strength of their constitution, and that many of them had been very stout. Whatever, then, may be the ultimate disturbance which produces an excess of sugar in the blood, and afterwards in the urine, it would seem that in more cases than one at least this hyperglycemia and glycosuria, far from showing a diminution of nutritive activity, is a manifestation of its exaggeration. This idea, which is that of Claude Bernard, has its aid in another remarkable fact, namely, in the disappearance of the sugar from the urine in the latter days of existence of diabetics, as he has several times noticed.

In the 84 cases which he analyses, there were several where other disturbances had preceded the disease, although in the great majority of the cases the disease supervened in the midst of an excellent state of health. Thus, before being diabetic, 4 subjects had been dyspeptic, and 8 had been recognised to be phthisical, whilst 5 were asthmatical; 3 had an organic heart disease; 2 had suffered from renal colic; and 3 more became diabetic after convalescence from typhoid fever; and, lastly, 1 after an attack of cholera.

Any disease which complicates diabetes may make it disappear for the moment. Dr. Andral remarked this in a man who had no sugar in his urine so long as he was affected with a febrile angina, and in a woman whilst she was attacked by grave dysentery. He is not sure whether the cause in these cases may not have been the modification of the nutrition during the fever, or the leaving off food.

Andral's observations have shown him several cases of diabetes either arising hereditarily or attacking several children in a family. He noticed 2 cases in which albuminuric fathers procreated, the one a diabetic son, the other, a daughter who was diabetic. He does not think however, that there is the affinity that some might suppose between these two diseases, seeing that in the 84 cases of

glycosuria which form the basis of his work there were but 3 where the urine contained albumen at the same time with sugar.

The density of the urine is well known to be greater in diabetes than in any other disease. Whenever the urine contained more than 20 grammes of sugar in the litre, he saw the aréomètre mark more than 1030, often remain between 1032 and 1038, and also often arrive at between 1838 and 1842. There were cases where it rose to from 1042 to 1046, and once to 1047, which was the maximum he noted. He thinks he may conclude from comparative observations in this matter that, when the density of the urine is more than 1036, we may affirm the existence of glycosuria.

The quantity of sugar varied in the 84 cases between 6 and 100 grammes in a litre; and, as the patients passed in twenty-four hours several litres of urine, there was one who passed in that time 480 grammes of sugar, another 720 grammes, and another 800 grammes (nearly two pounds avoirdupois). We must at once admit in such cases that it is not alone the feculent articles of diet which furnish such quantities of glucose.

Successive analyses have shown him besides that, leaving out of account the influence of all treatment, the quantity of sugar in the urine may vary much at times very near each other, and that it may even disappear and reappear alternately. It is especially in this latter case that it may happen that the glycosuria may persist for a great number of years without the health being gravely compromised, whilst in other cases diabetes has a progress almost like that of acute diseases. He has seen it cause death in five weeks after its commencement.

The general circulation, except in cases of complication, has not presented to Dr. Andral notable disturbances. He has not seen the pulse beat more slowly than 56 times per minute, and it often was between 60 and 80. But, on the other hand, the capillary circulation was frequently disturbed. It has seemed to him that it was in diabetes more frequently than in other diseases of chronic nature that the gums were red and swollen, the conjunctivæ injected, and the skin covered with erythematous plates, and that the blood accumulated in the capillaries of the lungs, which is a frequent cause of the death of diabetic patients. He asks whether he may attribute all these congestions to the difficulty which the blood experiences in passing through the capillaries, charged, as it is, with sugar? Or does it depend on the want of action of the vaso-motor nerves?

After all, are not these expressions of over-thick blood, or over fluid-blood merely hypotheses, too easily admitted without any proof, but by which were explained many morbid states in former times? If he puts the question, it is because it seems to him answerable by the combined researches of clinical observation and experimental physiology and chemistry. If resolved in the affirmative, we should arrive at the conclusion that there is an order of hyperæmias which may arise from the composition of the blood itself.

Four of the 84 diabetic cases had gangrene; the feet and the lower parts of the lower extremities were the seat of it in 3 of the cases. In one of these Andral examined the diseased parts after death, and

found the arteries which ended in the parts obliterated by clots, the aspect of which indicated their having existed there for some time. In the fourth case, it was the inferior lobe of the right lung which was transformed into a gangrenous detritus at its centre. He regrets that the vessels were not examined.

The different humours presented to Andral without exception their natural reaction, and if it has been affirmed that in diabetes the saliva is acid, and a theory of the disease has been deduced from this, it is because it has not been examined freed from the buccal mucus, which is generally acid.

Although the extremities in diabetes are often cold, or, at any rate, cool, he has never found the temperature in the axilla below thirty-six degrees, and more commonly it maintains itself at about thirty-seven degrees.

It is not only in a passing way that we see glycosuria disappear from the urine. Five times in these 84 cases he ceased to find it there for a time long enough to make him believe in the final cure of the disease, and the more that in these 5 cases 4 regained rather quickly and preserved all the attributes of health. The fifth scarcely gained anything from the disappearance of the glycosuria, which he had had for a year, for shortly after he commenced to have epileptic attacks, which persisted.

In persons with glycosuria where autopsy was made by Andral he constantly found a congested state of most pronounced kind of the liver and kidneys, which he regarded as the consecutive result of an increased functional activity of these two organs. He was also struck with two facts which he noticed in the majority of cases. The one was a singular induration of the spleen, the dried parenchyma of which did not, on incision, allow the escape of a drop of liquid; the other was the presence of tubercular granulations in the nascent state in the parenchyma of the lungs. Seeing the slight development of these bodies, he is inclined to think that they had appeared subsequently to the diabetes, under the influence of the debility which it had caused.

The treatment generally followed in the 84 cases consisted in the administration of alkaline drinks, and in a diet formed principally, but not exclusively, of animal substances, to which he added some herbaceous vegetables and ordinary bread. During this treatment the sugar disappeared in a very small number of cases without re-appearing; in others it disappeared to return; in others, again, it remained as abundant, and was even increased. In such cases he tried to make abstinence from starchy foods absolute, and fed the patients exclusively on animal substances, whilst assuring himself that this diet was strictly observed; and yet the sugar continued to appear in the urine.

Besides, this diet cannot be followed for an indefinite time, seeing that at the end of a certain epoch patients take such a disgust at it, that we must, willy-nilly, renounce it; but here is a remarkable fact: In a patient whose urine, during this diet, had contained a greater and greater proportion of glycosuria, and successively 15, 20, 20, 44, 49 grammes per litre, the urine began to contain less, and progressively returned to the former cipher of 15 grammes, as soon as he allowed the patient to take with his meat some eggs,

milk, and a little bread and vegetables; but this happy change did not last, for, while the diet remained the same, the glycosuria again augmented, and finished by rising to 54 grammes.

Another patient, who, like the former, was submitted to an exclusively animal diet, nevertheless kept in his urine 82 grammes of sugar in the litre. These results are, indeed, confirmative of the results obtained by M. Cl. Bernard, who, in animals fed on albuminous substances, found a considerable quantity of sugar in the blood of the veins above the liver. Thus, the chemo-vital forces of the economy may in all probability transform into sugar every substance, even organic, which it receives or which composes it. They have this power in the physiological state, according to a measure imposed on them by the laws of the economy, and, in the pathological state, their superactivity displayed in a certain direction, causes the diabetes, as it causes a superabundance of fat in other persons.

What is, then, the disturbance which pre-exists and produces that exaggeration of the function of glycogenesis? Does it originate in the diabetes observed at the bedside, from the nervous system, as it clearly did in the experiments of Claude Bernard? Some of the facts observed in this memoir, says M. Andral, would make us incline towards that opinion; but the majority, without being contradictory, do not strengthen it.

He then demands whether ulterior investigations may not show in diabetic patients some alteration of the nerve-cells in the wall of the fourth ventricle, which, when it is pricked in certain animals, renders them diabetic. This is to be examined; but to admit at this moment in man that diabetes is the constant result of a nerve lesion would be to affirm what facts have not yet taught. (a)

A few years ago it was attempted to deduce from the then known facts a theory of diabetes which, appearing to make more clear the mechanism of its production, had rationally led to a treatment which some believed to be infallible; but this theory, where the question of the pathogeny of diabetes and of its treatment were reduced to a pure question of chemistry, could not maintain itself in presence of the facts which all at once were made known, showing that the problem to resolve was not entirely confined to this. In making by experiments the action of the nerves intervene, physiology has displaced, whilst it has increased in extent, the field of research; but we have just seen that, in as far as the disease called diabetes in man is concerned, the results of these researches of experiment have not been completely verified. Science, then, requires that in this point of view and in many others, facts should be added to those possessed, and observed with that attention to detail which alone can render them useful. It has need of them, in order that the systematisation of the facts relating to diabetes may be attempted, and that a viable theory may be deduced. This is why he has published these documents.

(a) We may remark that Dr. Dickenson's late researches on this point are most important and suggestive.

Notes on Current Topics.

The Vivisection Bills.

THERE are two Bills on the subject of vivisection before Parliament at this moment, one introduced into the House of Commons by Dr. Lyon Playfair, and the other in the House of Lords by Lord Hartesmere. The latter bill entirely puts a stop to any vivisection whatever, except in registered places, which are to be open at all times to the visits of inspectors. It also prohibits any experiments being made upon animals except they be placed under the influence of anæsthetics, among which curara is not admitted to claim a place. If in any case it should be deemed absolutely necessary to perform a vivisection without anæsthetics, a special licence is to be required, which will cost ten pounds, and this licence is to last six months. Justices of peace are empowered to grant a search warrant wherever there is reasonable ground to suppose that vivisections are being carried on. The definition of the word and the penalties attached to the performance of vivisection are then given. We must say that such a bill seems to us far too radical a measure, and likely to do harm instead of good. It would be inevitably disregarded, and could not fail to produce many collisions between otherwise excellent men and the magistracy.

Dr. Lyon Playfair's Bill is, as might be expected, a far more feasible one. He entitles it "A Bill to Prevent Cruelty and Abuse in Experiments on Animals made for the Purpose of Scientific Discovery." By the provisions of Dr. Playfair's Bill, any person is allowed to make experiments on a live animal for the purpose of scientific experiment, so long as the animal be rendered insensible and be killed after the experiment, if that have been of such a nature as to be likely to cause it after-suffering. A register of all experiments is to be kept; and experimenters may subject an animal to an experiment without the use of anæsthetics, so long as the experiment be solely for the purpose of new scientific discovery, and that insensibility would render the experiment valueless. All other persons except professors of physiology, medicine, anatomy, or surgery are to provide themselves with a licence to perform vivisection.

Dr. Lyon Playfair's Bill will meet with but little opposition, we think, in the ranks of the medical profession. It is much to be desired that some such measure could be carried, and that the present indignant feeling of a certain portion of the public towards those members of the grand profession of healing should be discharged and appeased. The deplorable and long-continued ignorance on the part of the multitude of all that relates to the theory and practice of medicine is apt to cause every now and again some increasing mistrust of the practices of medical inquirers. It is not so very long since dissection was rendered almost impossible by the ignorant horror against it encouraged by the theologians of past ages; and it must be remembered that in the question of vivisection the feeling of certain of the best meaning among the agitators against it has had some real tangible grounds. When we hear of thousands of dogs being killed in one laboratory alone, it is certainly time that some definition were laid down as to the ethical code of vivisectioners.

Apomorphia.

THE late observations of Dr. Victor Bourgeois have elicited the following conclusions:—

1. Apomorphia, or rather hydrochlorate of apomorphia, when pure, and employed in suitable doses, is a rapid, simple, and harmless emetic.
2. It is *rapid*, for its action always takes place, at latest, within ten minutes after administration.
3. It is a *simple* emetic, for it does not appear to exert any influence upon the other functions.
4. It is *innocent*, and does not seem to possess dangerous toxic properties.
5. Lastly, the facility with which it can be administered by hypodermic injection fulfils a therapeutic desideratum, and suggests its adoption by physicians in some special circumstances, such as the medication of children and of the insane.

Magnesium Metatartrate.

THIS salt has just been introduced to medical practice in Germany. It is a white powder, which easily dissolves in water, and thus differs essentially from the tartrate. In the solid form, magnesium metatartrate retains its solubility for an unlimited period, and even diluted solutions remain clear for a considerable time, whereas the concentrated solution soon deposits a white precipitate of the well-known magnesium tartrate. At a high temperature, such as is attained by boiling, this change is very much accelerated, and a solution of pure magnesium tartrate finally results. This preparation is particularly recommended as a substitute for magnesium citrate, which it resembles in medicinal effect and in its agreeable taste, and may be produced more economically.

Acute Tuberculosis in an Infant.

IN the meeting of the Pathological Society of May 18th, Dr. Duckworth showed organs from a case of acute tuberculosis in an infant, eight months old, brought in dead from pericardial effusion. There was enlargement and caseation of the bronchial glands, with miliary tuberculosis on lungs and other viscera, such as the spleen, but none on the pia mater or peritoneum.

Poisoning by Oil of Tobacco.

MR. WALLIS, of Hartfield, mentioned a case at a recent meeting of the South Eastern Branch of the British Association where poisoning had been caused by essential oil of tobacco. This occurred in a strong, healthy gamekeeper, age 41, a drunkard, who chewed up and swallowed a small black cutty pipe. Profound insensibility and collapse supervened, and after an hour the stomach-pump was used and vomiting encouraged by tickling the fauces with a bunch of feathers. The matters pumped up from the stomach, as well as those vomited, smelt strongly of tobacco-oil.

Boston Lying-in Hospital.

TWO years ago the trustees of the Boston Lying-in Hospital decided that the time had come to re-open the hospital, which had for so many years been closed. It was opened in January, 1873, and for the past two years three hundred and forty-two women have received treatment

within its walls, only three of the patients having died from any cause that could in any way be connected with their stay in the hospital. The average number of patients in hospital was, however, only eleven. There can be no doubt that large lying-in hospitals are very dangerous institutions, and doubtless the people of Boston are well aware of this fact.

The Statistics of Hamburg.

THE population of the city and State of Hamburg in 1873 was 357,453, of which 315,000 lived in the city. The marriage rate was 23·8 per 1000; the births were 41·3 per 1000, including 10·2 per cent. of illegitimates. There were 4·6 per cent. of still-births in the year in Hamburg in all the births. A little more than one per cent. of the births were those of twins or triplets. The mortality in 1873 was 27 per 1000, whilst in London it was only 22·5.

Ether and Chloroform.

PROFESSOR SCHIFF, of Florence, thinks that it may be said that in the present state of knowledge the practitioner is responsible for the death of any patient which occurs under ether; but is not so responsible when the death occurs during the inhalation of chloroform. He concludes that paralysis of sensation and motion are common to both ether and chloroform. Vascular and respiratory paralysis often show themselves in inverse order with reference to these two agents. With chloroform, however, either the one or the other of these kinds of palsies may first supervene, involving great danger to the animal if the vascular phenomena be the first to appear. Hence the use of chloroform should be rejected, and only ether used.

The Conditions of Chemical Change.

IN our last we gave a brief outline of the lecture on this subject given by Professor Gladstone, F.R.S., at the Royal Institution. Continuing his course last week, the learned Professor referred more particularly to Chemical Force and its Transformations, in illustration of which he exhibited some of the phenomena connected with the reciprocal decomposition of salts, using especially for this purpose the deep red sulphocyanide of iron, proving that in some instances the redistribution of acids and bases occupies not only an appreciable time, but even hours. It was explained that the chemical force, while it alters profoundly the properties of matter, does not destroy it, nor affect its weight, hence the balance is the special instrument of the chemist. It was further shown that the chemical force is capable of transformation into other forces, that it will produce heat, as in living organisms, or in the oxy-hydrogen blow-pipe light, as in the slow oxidation of phosphorus, or in the most brilliant of flames, mechanical force and sound, as in the explosion of gunpowder; electricity and magnetism, as in the voltaic cell; and the forces thus called into existence may be employed to reproduce the chemical action from which they originated.

Toughened Glass.

THE *Chemist and Druggist* reports a most notable discovery which has recently been perfected by a French gentleman, M. Francois de la Bastie, and which promises to revolutionise the glass trade.

Though the material is not yet actually on the market, the toughened glass has been manufactured in sufficient experimental quantities to prove its applicability to all purposes for which glass is now used, and to many others for which it would be employed if it were not for its fragility. Vessels manufactured of the toughened glass, though they cannot be distinguished in appearance from those to which we are now accustomed, may be thrown about the room with the utmost carelessness, but no ordinary risks will injure them. It will stand any amount of heat, and vessels made of it can be placed on the fire without danger. Consequently, its employment in chemical factories in the place of lead, earthenware, platinum and silver, is, we imagine, a question of a very short time only. Glass pipes will probably replace those of lead for water, and for other purposes, and thus diminish the prospects of lead-poisoning, and indeed it is difficult to anticipate the limits of the application of this very remarkable discovery. The one purpose for which at present there seems some difficulty about applying the toughened glass is for window-panes, for the reason that when the glass has been toughened by M. Bastie's process it cannot be cut by a diamond, though it may be cut first and toughened afterwards. The glass can, however, be engraved by the ordinary methods, and cut on the wheel.

Essentially, the process consists in heating glass up to near the softening point, and then plunging it into a bath of oil or grease.

M. Bastie, who is a gentleman of fortune, is said to have made his discovery first some seven years ago. This was after many years of investigation. But though he seemed to have succeeded for the moment, it took two years more of continual experiments before the inventor could repeat his success.

Cases of High Temperature.

DR. BACON, of Saratoga Springs, U.S., in a letter to the editor of the *New York Medical Record*, mentions two cases of pneumonia where the temperature was unusually high. In the first case, of a girl, aged 16, there was pneumonia of the left lung. The temperature began rising up to the fifth day, when it stood, as carefully noted by a self-registering thermometer, at 107·5°. The sixth day it fell to 104° in the evening. The condition of the patient otherwise showed no cause for alarm as far as consultation could decide. She became convalescent.

The second case occurred in the brother of the same girl, who was 20 years of age. He was seen twelve hours after he began to complain, and had pulse 165, with slight delirium. Examination revealed pneumonia of right lung. The temperature, very carefully taken thirty-four hours after he was first seen by physician, was 110°. The expectoration was nearly pure blood for forty-eight or fifty hours, and there was a severe cough. There was a curious feature in the case, that the temperature, which was 110° at 5 a.m. one morning, fell to 99° next morning at half-past nine.

Scarlatina at Enniskillen.

As several cases of scarlatina have occurred among the troops here, a tent has been erected on the hospital grounds on an elevated healthy position near town for the

isolation of the disease, and in which the patients are being treated. The order for removal of the troops to make room for the militia has been suspended, and it is said that either the militia or the troops will go under canvas during the training.

Use of the Stomach-pump.

WASHING out of the stomach, and the aspiration of liquids secreted by it is more and more practised in Germany, since Kussmaul highly praised this method. Dr. Schliep uses it in nearly all affections of the stomach, especially in chronic gastritis, with or without dilatation. The cure of chronic catarrh, according to his account in the *Deutsche Klinik*, vol. xiv., would require but a limited number of applications. In simple catarrh five would suffice on an average. He uses this method even in the dyspepsia of consumptive patients. In dilatation of the stomach, he empties that organ with the pump every day. He performs the washing out, even in cancer, with pure water; or adds bicarbonate of soda to the water if the liquids be very acid; or permanganate of potash if these liquids show signs of fermentation; carbolic acid when they contain vegetable parasites; boracic acid as a disinfectant, and tincture of myrrh, in atonic dyspepsia with abundant secretion of mucus.

The Approaching Election at the Irish College of Surgeons.

THE meeting of the Fellows to receive the Annual Report of the Council was held on last Monday. The Report itself we present, in abstract, in another column.

Since our last notice of the matter one more candidate—Dr. Fitzmaurice, of Tralee—has entered the lists for a seat on the Council. The following ten candidates are now in competition for the honour: Drs. Mapother, Jacob, Corley, Bennett, Stoker, B. F. McDowel, Ward, Wheeler, Kilgariff, and Fitzmaurice.

We have always maintained the view that, although high surgical character ought to constitute a strong claim to the favour of voters, yet that an interest in the College and its affairs and a progressive policy with regard to all professional matters ought to be pre-eminently the first qualification of a candidate. The best surgeon in the constituency or the cleverest medical legislator is worse than useless to the College if he cannot or does not care to give his time to the administrative duties of the College. We object, in fact, to purely ornamental councillors, who inevitably injure the College and impede the action of the Council by giving an ignorant vote on the rare occasions when they enter its walls. We do not suggest that the Fellows should overlook the rank which a candidate may hold in surgery; but we submit that they should not give their vote to any man for this reason only. In order that they may be enabled to form their own opinion on the subject, we publish here the roll of attendances of out-going councillors. As regards the new candidates, only two of them, Drs. Jacob and Mapother, have ever had the opportunity of displaying their assiduity, and of these two gentlemen it will be universally admitted that they were at all times earnest and active in the devotion of their time to the College.

The Council report that they have held 37 meetings, at which the number of attendances of each Member of Council was as follows:—The President, 33 meetings; the Vice-President, 37; Colles, 25; Stapleton, 31; Butcher, 5; Macnamara, 30; Porter, 20; M'Dowel, 21; Ledwich, 34; Walsh, 26; Morgan, 23; Kidd, 18; Smyly, 27; Kirkpatrick, 17; M'Clintock, 23; Croly, 16; Hamilton (John), 8; Denham, 25; Barton, 25; Stokes, 31; Chaplin, 22.

The following were the number of meetings held by the several Standing Committees and the attendances of each Member:—

Finance Committee. Number of Meetings, 17.—President, 13; Vice-President, 9; Colles, 16; Butcher, 0; Macnamara, 15; Porter, 8; Walsh, 12; Ledwich, 16; Denham, 7.

Library Committee. Number of Meetings, 11.—President, 2; Vice-President, 8; Colles, 11; Stapleton, 4; Porter, 2; Kidd, 4; M'Clintock, 3; Smyly, 4.

Museum Committee. Number of Meetings, 5.—President, 1; Vice-President, 2; Butcher, 0; Macnamara, 2; Ledwich, 2; Morgan, 4; Walsh, 3; Smyly, 3; Barton, 2; Stokes, 3.

Education Committee. Number of Meetings, 5.—President, 5; Vice-President, 3; Stapleton, 4; Macnamara, 5; Ledwich, 4; Barton, 4; Stokes, 5.

Chicago College of Pharmacy—Honorary Members.

AT the April meeting of the Chicago College of Pharmacy, held on Thursday, the 15th, President Mill in the chair, the following named gentlemen were elected Honorary Members of the College: Dr. C. Mehu, France; Dr. O. Hesse, Germany; Dr. J. E. De Vrij, Holland; and Dr. W. Handsel Griffiths, Ireland.

Congenital Syphilis with Ascites.

DR. CHEADLE (*Brit. Med. Journ.*, May 22) relates the case of a male infant, aged 3 months, which was the subject of syphilitic eruption and snuffles, and the legs and feet were highly œdematous, as was also the abdomen. The navel was protuberant and the liver very large. The mother had had two miscarriages and a still-born child four years back. The infant took a grain of grey powder every four hours, and had mercurial ointment rubbed into it night and morning. On this treatment it recovered greatly, and the œdema and ascites decreased greatly. On May 8th, a fortnight after admission, convulsions came on, and the infant died in the evening. At the autopsy the abdomen was found to contain a large quantity of clear straw-coloured serum, free from flakes. The gall-bladder, cystic, hepatic, and pancreatic ducts were firmly matted together, and to the duodenum and transverse colon, by old and firm adhesions. There were no signs of peritonitis elsewhere, and no recent lymph. The liver was of natural size, a little enlarged, and mottled on the surface. It was irregular to the touch, the elevations being broad and flat, about the size of a split pea, and only slightly projecting, but perceptible enough to the touch. The interlobular markings were very distinct on section; the whole organ was very hard and leathery; the finger could not be forced through the tissue, even with the hardest pressure; the right lobe was more extensively involved than the left. There were no nodules. Microscopical sections of the liver hardened in chromic acid showed structural changes. The lobules were flooded by small fibro-granular deposit, which penetrated everywhere between the liver-cells, pushing them apart and pressing on them on all sides. The gland-cells were mostly shrunken and atrophied. Here and there the liver-

cells were little changed; in most parts, however, few liver-cells of normal appearance could be seen, the lobules being almost entirely occupied by the fibro-granular deposit and atrophied gland-cells. Gubler, Simpson, and others have given similar accounts of the appearances observed in the liver of syphilitic infants.

Sir James Paget on Spermatorrhœa.

In a work entitled "Clinical Lectures and Essays," by Sir James Paget, edited by Howard Marsh, F.R.C.S., there occurs the following passage, which refers to the distressing apprehension which male patients sometimes suffer from irregularities of the genital functions: "To all alike you may try to teach a judicious carelessness about these things—a state of mind which would be an inestimable blessing to many besides these sexual hypochondriacs. Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft or lying, or anything else that God has forbidden. If men will practise fornication or uncleanness, it must be of their own choice, and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to believe that a patient's health would be better for the wrong-doing. But in the case before us—and I can imagine none in which I should think differently—there is not ground enough for so much as raising a question about wrong-doing. Chastity does no harm to mind or body; its discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier after it."

Traumatic Tetanus.

MR. SPENCER SMITH relates a case where a man, æt. 27, trod on a nail fifteen days before entering hospital, and it ran into the ball of his great toe about half-an-inch. He removed the nail. On November 5th he felt a pain between the shoulders, and his friends noticed a peculiar smile on his face. On November 8th he felt aching in the jaws along the back teeth, and could not open his mouth. When admitted he could open his mouth to the extent of one inch between the edges of the incisors, and he complained of pain between the shoulders as if a knife were being stuck in. Pulse 100; temperature 99.6°. There was a small punctured wound in the ball of the great toe of the left foot. Two grains of chloral with ten grains of bromide of potassium were given every four hours. On November 11th he had passed a restless night, and complained of pain across the abdomen. Last evening he had an [attack of opisthotonos lasting three minutes, during which the pain in the back was very severe. He complained of pain in the back and abdomen, and the muscles of the belly were quite rigid. He could open his jaws about an inch. Pulse 82; temperature 99.1°. Twenty grains of chloral were given every two hours. He continued with intermittent attacks of spasms daily until the 20th November. On the 19th he had a spasm when anyone came near him, and was treated by subcutaneous injection of one-third of a grain of morphia. He gradually became convalescent under the influence of the chloral

mixture continued every two hours, and was discharged cured on the 18th December.

Acute Fatty Degeneration of the Heart.

At a meeting of the Clinical Society, on the 14th May, Dr. Green related a case of "Acute Fatty Degeneration of the Heart." The patient, a girl, æt. 16, had a severe attack of scarlatina four years previously, which was not followed by dropsy. She was admitted into Charing Cross Hospital in November, 1874, complaining of præcordial pain and shortness of breath on exertion. Slight enlargement of right ventricle with mitral regurgitation and contraction was diagnosed. There was cough, with scanty expectoration, occasionally slight hæmoptysis; pain after food, with nausea; slight albuminuria. On January 13th she was much better, when the catamenia reappeared on the 14th, with malaise and vomiting. The menstrual discharge became profuse, with persistent and uncontrollable vomiting, great anæmia and prostration, and the case terminated fatally on the 17th. At the autopsy the pericardium was found to be healthy, the heart weighing 13½ ounces. The right ventricle and auricle dilated and thickened; the left slightly enlarged. The mitral orifice was contracted and funnel-shaped, admitting the forefinger. The muscular tissue of the heart was uniformly soft and friable, and was found microscopically to be in an advanced state of fatty degeneration, the fibres being loaded with molecules soluble in ether. The aorta was much narrowed, especially beyond the arch; its lining membrane showed a few small fatty patches. Several of the voluntary muscles were also fattily degenerated, especially those of the limbs and recti abdominis.

Colotomy in Colloid Cancer.

At a meeting of the Pathological Society of London, on the 18th May, Mr. Arnott showed the parts from a case of colloid cancer of the rectum two years after colotomy. The patient was a schoolmistress, æt. 27, who came under his care in February, 1872, with symptoms of rectal disease dating back two years. Examination showed the walls of the bowel to be infiltrated with hard material, converting it into a rigid tube. Colotomy afforded great relief, and but little inconvenience, and the patient returned to her employment. Menstruation occurred after an absence of two years. In the summer of 1873 the cancer had grown outside the anus, and converted the perinæum into a solid mass of ground-glass material; there appeared to be entire obstruction, and little bleeding. She survived the operation two years. During the latter period of her life she suffered from œdema of the lower limbs and trunk, due to the gradual involvement of the retro-peritoneal glands. The whole of the perinæum, part of the vulvæ, and the bowel up to within an inch and a half of the artificial anus, were converted into a fine cartilaginous-like mass, with the microscopic characters of colloid cancer. The glands in front of the spine and over each ovary were infiltrated with this colloid.

A COMPETITIVE examination of candidates for admission into the Medical Service of the Royal Navy will take place at the University of London on Monday, August 9th.

Dying or Drunk.

THE letters which have appeared since our last in the columns of some of our daily contemporaries must have removed all doubts which existed in the public mind as to the alleged negligence displayed by the junior officers on duty at our hospitals in the recent cases of the kind under discussion. The diagnosis of injuries of the brain is very difficult, and often is quite impossible to decide for days after the receipt of the same. The best informed and most experienced among us are liable to make an occasional mistake, and this must be as well known to the Coroner as to every other member of the profession, and therefore, on reflection, he will, we are sure, regret to find he has wounded the feelings of anyone; but in the case of Truby there does appear to be some justification for the Coroner's remarks, and at all events, both he and the jury were acting under a sense of irritation brought about by the levity displayed by some of the young men present at the inquiry, and who, because a juryman exhibited ignorance of medical matters, were betrayed into a culpable forgetfulness of what is due from one gentleman to another. While presiding over a body of men assembled together to perform an onerous and solemn duty, no excuse can be offered or accepted for unbecoming conduct on the part of the meanest person present on the occasion, much less educated men.

In the case of Colley, the coachman, no blame of any kind can attach to the hospital authorities. The poor fellow was at once admitted, and most carefully attended, and was evidently making fair progress towards recovery, when, unfortunately, he was once more handed over to the tender mercies of the police, and dragged before the Bow Street police magistrate. At this time he ought rather to have been committed to the careful nursing of his friends; but he was not, and to this misfortune must be attributed the immediate cause of his death. He was, as we now know, once more charged with drunkenness, fined forty shillings, and, in default, sent off in the police-van to prison; there he remained for some days, subjected to all the hardships usually bestowed upon this class of offenders. The least we can say of this part of the ugly business is that the magistrate showed want of thought and judgment. No error of diagnosis can be urged in extenuation of his conduct, for had he fairly sifted the case, called the policeman before him who witnessed the accident, and assisted him to mount his coach-box and drive off; or had he sent for the house-surgeon of the hospital, and the police surgeon, both could have proved the nature of the injuries received, and the probability of drunkenness; at all events, the benefit of a doubt, would have turned the scales of justice in Colley's favour. It is quite clear that had the magistrate acted with due caution, Colley would have been handed over to his friends, and in all probability rest and good nursing might have subdued the inflammatory symptoms and saved his life.

For the sake of those whom poor Colley leaves behind him, and in the name of humanity and justice, we trust some reparation will be made. The fine should be remitted, the stigma of drunkenness removed, and after this a handsome sum should be added as some compensation for the gross miscarriage of justice.

NOTICE has been given that the Council of the Royal College of Surgeons of England will, on the 10th of June, proceed to the nomination of the several Professors and of the Lecturer for the ensuing year.

The Professors of Comparative Anatomy and Physiology and of Dermatology are candidates for re-election, whilst the holders of the other two appointments are not desirous of being re-elected.

LAUNDRESSES should take warning by a case which came before the magistrates at Leamington, on Wednesday, wherein Hannah Davis, a widow woman living at Radford, was charged with transmitting certain clothing infected with scarlet fever to some person unknown. Defendant has a large family, and she takes in washing. A short time ago one of her children fell sick with scarlet fever, and, in spite of warnings from the medical officer of health and an inspector, she continued to receive the washing. She was fined 12s.

IN the House of Commons last week, Captain Nolan asked the Secretary of State for War whether he intended to postpone training of the Galway Militia in consequence of the prevalence of small-pox in that county.

Mr. G. Hardy informed the hon. member that the preliminary training of the Galway Militia was postponed from the 3rd of April, the date originally fixed, on account of the prevalence of small-pox, and was waiting further information from the authorities before deciding whether it would be necessary to dispense with the training altogether this year or not.

THE Liebig Extract of Meat Company, which was originated by the late Baron Liebig, appears to be a profitable concern. According to the balance-sheet just issued the shareholders receive on this, their ninth year, 10 per cent. free of income-tax, besides a large sum being carried forward to the reserve fund.

A MEDICAL DEFENCE ASSOCIATION has been started in London, having for its objects the prevention of unqualified practice and the prosecution of quacks. The Honorary Secretary of the Association is Mr. George Brown, of 12 Colebrook Row, Islington (Editor of the *Students' Journal* and *Hospital Gazette*), who will be glad to receive the names of intending supporters. The annual subscription is half-a-guinea, and we do not know a better way of investing a small sum than in putting down quackery, which, from the first, has been one of the objects of the MEDICAL PRESS AND CIRCULAR.

THE death after inhalation of ether at Manchester turns out, as we anticipated, not to have resulted from that agent at all. In fact, ether was not administered, but a compound fluid prepared by Messrs. Robbins on the formula of Dr. Richardson for local anæsthetic purposes.

The fluid in question is a mixture of amyl-hydride and anhydrous ether, the two fluids being blended until the specific gravity is '650; it was never intended for general anæsthesia, and has, in Dr. Richardson's belief, always

been sent out by the manufacturers, Messrs. Robbins, distinctly labelled and described as for local use. Dr. Richardson believes it to be perfectly clear that the death at Manchester was not produced by pure anhydrous ether but by syncope. It appears that the patient was much perturbed mentally, and that death resulted from failure of the heart. Dr. Richardson suggests that it is important not to employ the members of the amyl family until more is known about their physiological value, as they have as yet been systematically studied as general anæsthetics only by Dr. Richardson himself and by Dr. Snow, and their combined experience is against their employment.

AN investigation has been held at Castlebar into a complaint that a delirious small-pox patient had been allowed to leave the workhouse infirmary and attempt to get over the boundary wall of the grounds. It appeared that two nurses were in charge and a third within call, but were unable to prevent the man from leaving his bed, and the investigation resulted in a complete vindication of Dr. Jordan, the surgeon of the hospital. It is, of course, proper that such a matter should be inquired into, but it is to be regretted that the medical officer should be subjected to so much annoyance without sufficient cause.

ON the appointment of Dr. H. G. Croly to a Surgical Examinership in the Irish College of Surgeons and his consequent retirement from the Demonstratorship which he held, the following well-deserved and complimentary resolution was unanimously adopted by the Professors of the College:—

That the marked thanks of this Professorial meeting be given to Mr. Croly for his constant and untiring exertions in the School of the College, and that we heartily congratulate him on his appointment to the Court of Examiners.

(Signed) PHILIP BEVAN, Chairman.
19th May, 1875.

THE DEATH OF A BOY IN THE LIMERICK WORKHOUSE.

IN a recent allusion to the death of a boy in the Limerick Workhouse, we stated that the master was in custody for participation in the transaction. This statement, which was made by us on the faith of a report in a local paper, we are informed is not accurate, and we hasten to correct the error, lest it might do an injustice to an officer who was guiltless in the matter.

THE ARMY MEDICAL SERVICE—DEPUTATION OF THE IRISH COLLEGE OF SURGEONS.

MR. GATHORNE HARDY has named Thursday next to receive the President, Mr. Tufnell, the Vice-President, Mr. Edward Hamilton, and Dr. Macnamara, who have been deputed by the Council of the Irish College of Surgeons to represent the feelings of the College in reference to the grievances of Army Medical Officers. It is hoped that the Council of the Royal College of Surgeons of England will be prepared to join in representing to the Secretary for War the injustices under which the Military Medical Department suffer.

THE WITHDRAWAL OF IRISH COUNTY INFIRMARY GRANTS.

WE learn that the action of the Grand Jury of the Co. Mayo in reducing the grant to the Castlebar Infirmary to one-half its usual amount has been challenged on the ground of illegality before the Judges, who have apparently considered that the authority of the Grand Jury to withdraw the grant is open to doubt. They have accordingly ordered that the case shall be argued by counsel on Monday next. The decision which may be arrived at will be of supreme importance to the whole of the county infirmaries of Ireland.

WE have authority for stating that Dr. George H. Kidd, Obstetric Surgeon to the Combe Hospital, will seek the honour of the Vice-Presidency of the Royal College of Surgeons in Ireland for the year 1876-7.

THE IRISH PHARMACY BILL.

DEPUTATION TO THE CHIEF SECRETARY.

ON Thursday a deputation from the Pharmaceutical Society of Great Britain waited on Sir Michael Hicks-Beach on the subject of this Bill. The solicitor of the Society read a document in which the history of the Society was given. It proceeded as follows:—

The above-mentioned Society and the above-mentioned enactments operate within Great Britain only, and it appears that the limit has been of necessity, because there never has existed in Ireland a class of persons corresponding with the "chemists and druggists" of the said part of the United Kingdom.

The Irish Apothecaries' Acts have long been, and are now, in operation, so that all persons who in Ireland have kept open shop for the dispensing of medicines have been licentiates of the Irish Apothecaries' Company, and, virtually, medical practitioners.

In Ireland a system of local public dispensaries, conducted by medical practitioners, has existed; and there have been shops in which the sale of drugs and chemicals has been carried on in conjunction with the sale of groceries and other articles; but, in fact, the comparatively few shops in Ireland similar to the shops of the chemists and druggists in England have been conducted by licentiates of the Apothecaries' Company, or other medical practitioners, which facts would appear to give a reason for the absence of Irish co-operation in the foundation of, and progress of, the Pharmaceutical Society, and the limitation hitherto of that Society's sphere of operations to Great Britain.

In the Parliamentary session of 1874, a Bill brought in by members representing Irish constituencies was laid before Parliament, and having for its object the extension to Ireland of the Pharmaceutical Society's operations, was considered by the Pharmaceutical Society, and that Society laid evidence before a select committee, disclosing its readiness to acquiesce in the legislation thus proposed, and showing that no dissatisfaction whatever with the Society or its operations prevailed in Scotland, and also that the Society was preparing to open its doors and its funds freely to Ireland, and establish in Dublin an examining Board similar to that which had always been maintained in Edinburgh.

It was not and is not desired by the Pharmaceutical Society to establish a branch Society in Ireland, but on the contrary, that the Society's operations should be extended to Ireland, so that those resident in Ireland would be part of the general body and stand on a footing of perfect equality with those already within the Society and its operations.

There is no existing society or society machinery in

Ireland to be incorporated and utilised, but it would appear that the scheme of the Bill would introduce the novelty of creating by Act of Parliament a society, appointing the President and Vice-President (each for life) and organising a Board of Examiners.

The Bill does not disclose provision either present or future for the expenses of the Society, but contemplates provision for the expenses of examinations by way of fees payable by those who may be examined. The Bill then provides that all persons examined in Ireland (whether Irish or not) shall have the right of being placed on the existing registers of the Pharmaceutical Society of Great Britain, with a qualification to trade within Great Britain, and on such registration "shall be entitled to all the rights and privileges of pharmaceutical chemists under the existing Acts."

It appears a fair assumption that candidates drawn from the lesser area of Ireland will not provide funds adequate to the expenses of examinations in Ireland, and, therefore, that unless the expenses of the proposed Society in Ireland be thrown upon the National Revenue they will only be raised by a competition which shall induce the students of the other portion of the United Kingdom to pass their examinations in Dublin.

Thus the suggested reciprocity may assume the form of a competition in which the lesser body without traditions or resources may flood the proper area of operations of the older Society, and possibly destroy or hamper the important work of that Society.

Believing that the true mode of extending to Ireland the good which has been accomplished in Great Britain is to extend the operations of the existing body, and raise in Ireland the two grades, viz., pharmaceutical chemists and chemists and druggists, the Parliamentary Committee of the Society has passed in relation to the Bill resolutions as follows:—

1. That the Pharmaceutical Society of Great Britain regards as desirable an extension of the Pharmacy Acts to Ireland, so as to embrace Ireland within the operations of the Society, as Scotland has always been.
2. That the proposals made by the Pharmacy Bill now before Parliament for the establishment of a separate Society and examining body in Ireland, appears to be at variance with the policy of not multiplying examining bodies, and to be objectionable.
3. That the Society do oppose the principle of the present Bill.

This Society will prepare and submit for consideration a Bill, having for its object to provide one law for the whole kingdom, for regulating the trade of chemists and druggists, and the sale of poisons.

Sir MICHAEL HICKS-BEACH : Well, gentlemen, there is a very strong feeling in Ireland which was manifest in the Committee of last year, and of which I have had still further proof, that they would prefer a Pharmaceutical Society of their own, as they have a College of Surgeons, and a College of Physicians of their own, to any union, so to speak, with the Pharmaceutical Society of Great Britain. It is impossible for the Government or for Parliament, I think, to ignore that feeling, and therefore I have introduced this Bill to carry out the Report of the Committee of last year, and I think that so far as regards the formation of a separate Society, that is a point of principle which I can hardly depart from. Your ground appears to me to be this, that the formation of a separate Society may interfere with your position in Great Britain.

The VICE-PRESIDENT : Quite so.

Sir M. HICKS-BEACH : I should like to know precisely in what points it would do so. I see here you stated that the Bill provides that all persons examined in Ireland, whether Irish or not, should be allowed to be placed on the existing register, and shall be entitled to all the privileges and benefit attaching to pharmaceutical chemists under the existing Acts. If there is anything in the Bill which enables persons who may belong to an Irish Pharmaceutical Society to participate in your private funds

and the advantages which you derive from being members of this Society, I shall be very happy to amend it. That is one point, but that is rather of a private nature. The public matter is, of course, with regard to keeping open shop, and there I think reciprocity is desirable—it is almost essential in fact. But that of course ought to be guarded by providing, if possible, that the examinations in both countries should be as nearly as possible similar, at any rate that there should not be a danger, if we can guard against it, that either in London, in Edinburgh, or in Dublin any body should provide an examination of an inferior character, with a view to improve its own position by attracting candidates to pass its examinations; thus flooding other countries with inferior pharmacists. That is what you wish to guard against, I think?

The VICE-PRESIDENT : Quite so.

Sir M. HICKS-BEACH : In this Bill it is proposed by Clause 12 that all the regulations to be made by the Irish Pharmaceutical Society shall be subject to the approval of the Lord Lieutenant and the Privy Council in Ireland, and be laid before both Houses of Parliament. You are subject in the same way, are you not, to the English Privy Council?

Mr. FLUX : Yes; what we are desirous of is uniformity in the examinations, and we see great difficulties about that if there are examinations over which we have no control whatever. For the purpose of securing uniformity between England and Scotland within the past year the two Boards of Examiners have visited each other, and I believe that even the officials appointed by the Privy Council interchanged visits so as to see that perfect equality and fairness prevailed. It is thought to be almost impossible to create an examining body outside of these forces which should maintain the integrity of the examinations. Even the title of pharmaceutical chemist is regarded as the private property of this body, but the Irishmen are proposing to adopt our title: they are not content to go on as apothecaries or chemists and druggists, but want to be known by a name which we have created for ourselves.

Mr. WILLIAMS : The mere framing of regulations, unless the Society had a control over the appointment of members of the Board of Examiners, would, I fancy, be of very little service. It is necessary to have that controlling power as we have in Scotland. We are afraid—as he will possess the title of pharmaceutical chemist, which is our highest title, and is to be subject to only one examination, although that might contain all the points of our three—he would probably not be so efficiently examined as our present men are. Our system is to have three examinations, Preliminary, Minor, and Major.

Sir M. BEACH-HICKS : You are assuming, what I do not admit, that the Irish Pharmaceutical Society would institute a lower class of examinations than you have.

Mr. WILLIAMS : Our theory is that it would.

Sir M. HICKS-BEACH : To go back to the suggestion I have already made—supposing these rights and privileges so far as keeping open shop is concerned, were strictly extended to all persons belonging to the Societies, having passed an examination in either country, except in cases where it might be considered necessary that there should be a further examination by the Society of the country in which the person wished to practice, leaving you or the Pharmaceutical Society of Ireland, as might be, the power of requiring persons coming from the other side and desirous of keeping open shop to pass some fresh examination—would not that meet your objection?

THE SOLICITOR-GENERAL FOR IRELAND : I think you hardly realise the suggestion of the Chief Secretary as regards the *ad eundem* degree. It would be for the Pharmaceutical Society in England to settle in the first place the conditions of the *ad eundem* examination for persons coming from Ireland; in the same way in order to practise in Ireland the Irish Society would have to settle the conditions of it; but in each case it would be subject to the control of the Privy Council in either country. Therefore, it is not likely the English Council would frame

terms too easy for the Irish candidates, nor would this be likely to happen *vice versa*.

Mr. FLUX: In Scotland last year only six persons presented themselves as candidates for the higher degree, and this consideration arises out of the observation just made—that if you examine only for the higher degree you will defeat the object of the Bill altogether; because the higher degree as it exists in this country, and as appears to be contemplated in Ireland, involves a greater amount of skill in pharmacy and chemistry than is required by those bodies who examine in medicine. Now your deficiency in Ireland at this moment arises from the fact that you only allow licentiates of the Apothecaries' Company to carry on business as chemists and druggists. When I was in Dublin last year, a physician explained to me that the cause of the dearth of chemists and druggists in Ireland was that young men had to prepare for such a high examination in order to obtain the degree of a licentiate, that they preferred taking the little additional trouble which would secure to them a degree in medicine. But that trouble would not be equal to that necessary to pass our Major examination, and so acquire our degree of pharmaceutical chemist. Thus, if you only establish in Ireland, under this Bill, an examination which shall be stiffer than the existing examination in pharmacy and chemistry, you will provide no persons to carry on the business of chemist and druggist according to the necessity indicated in your preamble. If out of the whole of Scotland there were only six candidates you cannot expect any very considerable number in Ireland.

Mr. ROBBINS: We also think that a person who is sufficiently educated to practise as a chemist and druggist in England, ought to be considered sufficiently educated to practise in like manner in Ireland.

Sir M. HICKS-BEACH: Would you put that *vice versa*?

Mr. FLUX: Certainly; if the test be the same.

Mr. WILLIAMS: We are afraid that England will be swamped by an influx of cheap and inefficient pharmaceutical chemists from the sister country. That is why we come here in the interests of our own body to call your attention to the matter. We have no objection in the abstract to a pharmaceutical society for Ireland; on the contrary, we would support such a thing.

Sir M. HICKS-BEACH: You wish there should be some provision—that if Irish pharmaceutical chemists are allowed to practise as such in England, they should have passed a proper examination.

Mr. WILLIAMS: Exactly so.

Sir M. HICKS-BEACH: If that is secured in any way, it does not much matter to you whether the Bill would provide for Ireland a sufficient number of such chemists or not.

Mr. WILLIAMS: No.

Sir M. HICKS-BEACH: Well, gentlemen, I think perhaps the best plan will be for you to consider the suggestion I have made with regard to the *ad eundem* examinations, and that you should appoint, if you would, two or three of your body to see me again upon the subject. I can assure you I am only anxious that this Bill should benefit Ireland without interfering with you.

The PRESIDENT: We understand you will not bring forward the Bill for second reading until we have seen you again.

Sir M. HICKS-BEACH: Certainly. I shall not bring it forward on Monday next. But I shall be glad if you will see me again about it as soon as possible.

The deputation having thanked the Chief Secretary for his courtesy then withdrew.

Correspondence.

DUBLIN HOSPITAL SUNDAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—To my mind for a first attempt Hospital Sunday has been a success, but is far too limited. Why not extend the

system to the country? I am sure that the country clergymen of either persuasion would gladly contribute their mite towards such a good work. By kindly inserting this, and suggesting to those who have charge of the scheme to send notices of the same to be posted on the church gates in country towns, you will much oblige,

Yours, &c.,
HOSPITAL SUNDAY.

EXCLUSION OF IRISH PHYSICIANS AND SURGEONS FROM THE HONOURS OF THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I think it but right, through the medium of your columns, to call the attention of the Irish members of the British Medical Association to the slight put on them by the exclusion of Irishmen from the list of honorary officers selected to preside at the forthcoming meeting of the Association to be held in Edinburgh in August next.

The Association numbers amongst its members many of the most distinguished Irish practitioners, yet not one has been selected to fill any of the numerous honorary offices. The selection of the honorary officers rests, we believe, with a local committee, of which Dr. Matthews Duncan is, we understand, the most active member, and to him, we presume, belongs mainly the honour! of having found out a new mode of showing contempt for Irish physicians and surgeons.

We think the Irish members of the British Medical Association should hesitate before they take part in the proceedings of the approaching Edinburgh meeting, when they find that they are thus slighted by their Scotch brethren.

I am, &c.,

A MEMBER OF THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In a late issue you report where a medical man was returned for trial for manslaughter, although he had apparently acted right. May I ask, is a medical man liable to be tried for his practice in almost any case that may end fatally? Can he be tried for manslaughter where he has unintentionally acted wrong, or where he has made a false diagnosis, and on such given improper medicines? If so, a licensed practitioner seems in a worse position than anyone else. Is it not patent that every man is fallible, and liable to make a mistake? Have not the most eminent men been deceived, and a post-mortem alone revealed their error? Can you say have those who have often given wrong medicines on a prescription been prosecuted, as in their case there might seem to be more carelessness displayed? If a medical attendant is liable, are not those in charge of a sick person equally liable if his directions are not strictly carried out?

G. S.

FORTHCOMING ELECTION OF COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have just received a copy of the Annual Report of the College for the year ending April 5th, 1875, accompanied with a list of the present Members of Council, as also the names of several young men who are thus early aspirants to college honours.

At page 15 of the Report I read as follows: "At a meeting of Council held April 1st, 1875, it was resolved that the rule requiring the attendance of four Members of Council at each Licentiate Examination be rescinded, and that one Member of Council only shall in future be summoned, who shall *preside* and *superintend* each examination, *occupying the chair*, instead of the Senior Member of the Court, as heretofore."

Now, Sir, I observe, not without a little surprise, in the list of candidates for seats on the Council, the names of several very junior men, who, I understand, are occupied in the business of teaching (being commonly known as "grinders")—a very praiseworthy employment, it must be allowed—but I cannot imagine how they can flatter themselves with the notion that they would be suitable representatives of the College, composed as it now is of 414 Fellows and 2,635 Licentiates, to "preside," and "superintend," and "occupy the chair" at examinations, a position always sustained by independent Fellows of the College, of real professional status, gentlemen who could have had no possible interest in the passing or re-

jection of candidates. *O tempora! O mores!* When I look back on the days of Peile, Crampton, Todd, Colles, Carmichael, Wilmot, Cusack, Porter, Hutton, &c., lights and ornaments of the profession and our College, I grieve and blush to think that my alma mater, with which my early days were warmly associated, should be reduced to such a condition as now apprehended.

In addition to Fellows of the College of real position in Dublin, I should like to see the county infirmary surgeons of Ireland, who, as a rule, are first-class men, taking their place on the Council, our College being a grand national institution, which would indeed be but poorly represented if the class of men whom I refer to should be chosen as Members of Council.

A LOVER OF THE COLLEGE.

Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on May 20th:—

Bevan, Adolphus, Peckham.
Cotton, Herbert, L.S.A., Ipswich.
Dixon, Thomas Arthur, Upleatham, Yorks.
Evans, David Thomas, L.S.A., Carmarthen.
Fisher, Stephen Henry, Tiverton.
Garlike, James Percie, Tulse Hill.
Hemming, William Douglas, Notting Hill.
Hitchings, Thomas John, Plymouth.
Hutchinson, Walter, Leominster.
Kelly, Augustin Bernard, Camden Road.
Massiah, Benjamin Jones, Clifton.
Matthews, Charles Edwin, Bristol.
Murrell, William, L.S.A., York Street.
Palmer, Thomas Hurlston, Warwick.
Prince, James Perrot, Boston, United States.
Sibbald, Thomas Martyn, Ontario, Canada.
Voelcker, George Henry, Kensington.
Williams, Austin Edward, L.K.Q.C.P. Irel., Liverpool.
Young, Edward William, Henley-on-Thames.

The following gentlemen passed the primary examination in Anatomy and Physiology on May 13th:—

J. C. Keer, T. Hammond, C. H. Keep, V. A. Jaynes, Guy's Hospital; T. Baker, H. Langton, T. G. Prosser, J. F. Woods, J. Russell, G. R. Maister, H. X. Browne, J. A. B. G. Messum, St. Bartholomew's Hospital; E. M. G. Whittle, Cambridge; G. S. Johnson and J. F. Grayling, King's College; John Kirkpatrick, Toronto and Westminster; A. Q. Silcock, University College; J. W. D. Dallaway, St. George's Hospital; and B. Fenwick, London Hospital.

The following gentlemen passed the first part of the professional examination for the Fellowship at meetings of the Court of Examiners on May 25th and 26th:—

N. C. Macnamara, King's College; G. Griffith, Liverpool and University College; F. R. Fisher, E. L. Robinson, and L. E. K. Shuttleworth, St. George's Hospital; B. May, Birmingham and Edinburgh; H. H. Clutton, Cambridge and St. Thomas's Hospital; L. H. Stevenson, Guy's Hospital; F. S. Eve, St. Bartholomew's Hospital; R. Atkinson, London Hospital; H. J. M. C. Todd, St. Thomas's Hospital; F. S. Edwards, W. Pye, and G. H. Cressey, St. Bartholomew's Hospital; C. F. Pickering and W. M. Evans, Guy's Hospital; W. P. Mears and W. R. Stewart, London Hospital; E. B. Turner, St. George's Hospital; G. C. Henderson, University College; F. A. Southam, Manchester; A. B. Barrow, King's College; C. E. Prouger, St. Thomas's Hospital.

The Coroners and the Magistracy of Middlesex.—At the May Sessions for the transaction of the county business, held at Clerkenwell on Friday last, Captain Morley, in presenting the Coroners' accounts for payment, reluctantly admitted "that they were more satisfactory than usual," inasmuch as less extravagance had been manifest in the Central District in the matter of post-mortems. Mr. Humphrey, he remarked, had ordered 37 inquests, as against Dr. Hardwicke's 65, Dr. Diplock's 40, and Mr. Bedford's 42; and the average cost of each inquest held by the various coroners was, Mr. Humphrey £1 14s. 7d., Dr. Hardwicke £2 6s. 8d.,

Dr. Diplock £2 9s. 10½d., Mr. Bedford £2 0s. 7d., thus showing the Central District Coroner presented a very fair average. Dr. Hardwicke had held a less number of inquests than his predecessor, Dr. Lankester, and as a cheese-paring policy is the order of the day with the Middlesex magistrates, they consider this far more praiseworthy than the safety of human life. The coroner and the medical profession know full well how extremely difficult, nay, generally impossible, it is to assign a true cause and conscientiously sign a certificate of one who has died a sudden or accidental death, without first making a post-mortem; nevertheless, as our sapient magistracy think more of saving a few pounds to the county than they do of public safety, the Coroner for the Central District must grin and bear their invidious remarks and harassing criticism while in the conscientious performance of his duty.

NOTICES TO CORRESPONDENTS.

SYPHILIS will be the subject of Prof. Lee's lectures at the Royal College of Surgeons, England, on the afternoons of Wednesday (to-day), Friday, Monday, and Wednesday, the 9th inst. Time of each lecture, 4 p.m.

DR. SAVAGE will resume the adjourned discussion "On Puerperal Fever" at the Obstetrical Society of London this evening at 8 p.m.

DUBLIN HOSPITAL SUNDAY.—Our correspondent is under a mistake; the 13th of June is fixed for the London collection. The period of that for Dublin is not named.

THE ABUSE OF MEDICAL CHARITY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Attending, as a layman, the second annual meeting of the Temperance Hospital, held on the 26th May at the London Tavern, I was much impressed with the address given by the Rev. L. Bevan, of Tottenham Court Road Chapel. The rev. gentleman, speaking of the benefits conferred by the Temperance Hospital, pointed out one phase of its operation which appeared to me to merit a very wide circulation—viz., the little likelihood of the pauperising effects so much to be deplored by the indiscriminate treatment of patients which obtains in most, if not all, of the other hospitals and dispensaries. Mr. Bevan stated as a well-known fact that very many people availed themselves of the advantages of our hospitals who were in a position to pay for medical attendance, and for whom the hospitals were not originally intended. It was also beyond dispute that in too many instances the better classes who could well afford to attend to their servants when temporarily laid aside through indisposition, shifted the responsibility from their own shoulders in such a course by an annual subscription or a donation to the funds, thus very cheaply getting out of an imperative duty, and at the same time establishing for themselves a "charitable" reputation. It was (the rev. gentleman said) quite plain to him that where servants could be afforded something could also be afforded when times of sickness overtook them.

The Temperance Hospital, however, was in a fair way to remedy such a state of things, as the endeavour there is to make the institution as nearly self-supporting as may be, by impressing upon the patients themselves the necessity of contributing according to their ability; one of the regulations in Gower Street being that each patient should, if possible, pay a small sum towards the general fund, thus avoiding the pauperising effect of granting to all alike the benefits of medical attendance and advice.

With regard to the in-patients, the Second Annual Report says: "It has been the wish of the Board to render the in-patients' department partially self-supporting, by arranging for the reception of persons willing to pay a weekly sum proportioned to their means." Out-patients are attended to by a minimum payment of 1s. per visit, thus giving them a sense of independence, and at the same time assuring them of the best advice and aid. Surely, Sir, if no other good is effected by the Hospital in Gower Street, this one must be a step in the right direction; as medical men, especially young and unknown ones, are often placed at a great disadvantage by the abuse of charity, so often commented upon and lamented in the columns of the MEDICAL PRESS AND CIRCULAR.

I am, Sir, yours faithfully,

H. P. GIBSON.

MEDICAL ETHICS.

The question of medical advertising was brought forward by Mr. James Lane in January, 1875, at the Harveian Society. His address has been more than once adverted to in a noticeable manner in the medical journals, with allusion to the memorable resolution of the London College of Physicians of June 16th, 1873. Of this resolution it were bootless to speak further, unless to observe that it appears to have been framed in order to be conspicuously violated. As a sample, on Feb. 22nd, 1875, in the *Liverpool Daily Advertiser*, appear "Lectures on the Principles and Practice of Physic," 5th edition, by a late President of the College; on March 5th, 1875, in the *Times*, "Diseases of the Kidney and Urinary Derangements," by M. D. Cantab., F.R.C.P.; and as the acme, on March 5th, 1875, in the *Times*, "Royal College of Physicians, London—Second Lecture on Addison's Disease, this afternoon, &c., &c. By order of the President, Wm. Gurner, Bedell!" We find also in the *Times* of Oct. 19th, 1874, the Medical Society of London announcing an "Inaugural Address—Case of Ulcer of the Stomach—Diseases of the Testes, &c.," with the names of the honorary secretaries subscribed in large capitals. On Feb. 21st, 1874, in the *Telegraph*, we remarked "The Aylesbury Dairy Company (Limited)," with the name of a surgeon as medical and sanitary inspector, who is editor of a widely-circulated medical periodical which affects ultra-professional purity, and gravely condemns all oblique attempts at publicity. An

M.D. and Member of the College of Physicians, a zealous Fellow, and former President of the Obstetrical Society, advertises works on feminine ailments in the *Times*, which must excite the prurient of both sexes and shock the more fastidious and better-regulated minds of others. Another physician, who (to use his own words) "is attached to two of the London Hospitals," is continually informing us in the same paper that he receives SIX RESIDENT PATIENTS. A gentleman connected with one of the skin institutions already noticed has for some years persistently advertised a shilling *brochure* on a certain cuticular disease in the *Times*, *Telegraph*, and medical journals. To render this outlay remunerative this indefatigable perseverance, at the nominal price quoted, must have accomplished the sale of some thousands of copies—a sale so unprecedented in medical literature as either to cause astonishment at the popularity of the pamphlet or to suggest less charitable thoughts. But to return to Mr. Lane. It is plain from his remarks that he has never written a book. May it not be asserted that he would become an author did he feel the divine afflatus, and if an author that he would hold his tongue? His conduct irresistibly reminds one of Faulconbridge in "King John"—

"Well, whiles I am a beggar I will rail
And say—there is no sin but to be rich;
And being rich, my virtue then shall be
To say—there is no vice but beggary."

It is said that Messrs. Churchill and others publish medical works without the author's knowledge, sanction, wish, or acquiescence. It is admitted that advertisements in lay papers do not pay, and that authors advertise to attract the public by observing their name. This motive cannot actuate publishers, who have a keen appreciation of profit, if I may judge from my own experience as an author; and if the book does not pay *directly*, the publisher must be out of pocket, unless he advertises as agent, and the author pays the cost of the advertisements, i.e., unless the author—notwithstanding his disclaimer of vulgar appeal for patients—is the real instigator and author of the announcements as well as of the book. If the author (F.R.C.P.) object to lay advertising, why does he dispose (as it is feigned he does) of his copyright, when he is aware how venal publishers are? Moreover, how many authors have written books which pay directly from advertising, or which publishers will purchase of them, if we exclude the manuals and certain standard works which are not remunerative from secular sources? Perhaps this last statement requires qualification, when it is mentioned that a few months since a large poster at Westbourne Park Station displayed the contents of one of our immaculate weeklies (the editor and proprietor being a medical man), the first article of which was "Retention of Urine"!!

Half the journals are occupied with self-commendatory announcements, endeavouring to edify and astound our provincial brethren, or with papers on frivolous or hackneyed subjects by members of their staff; and the editorial *W.*, in Johnsonian periods, assumes the intimidating Titanism of a Nasmyth hammer, and is probably as automatic and as little controlled by intellectual consciousness. Is it requisite, for example, in the year of grace 1874, to enlighten the profession (not students) with a prolix clinical lecture on scabies, or to discuss a chill theory in connection with malaria? Refreshing evidences of reform dawn in the debates at one or two of our societies. Hitherto these societies have contributed less to the elucidation of clinical, pathological, and therapeutical problems than to the exaltation of a *clique*, so as to justify a variation of Horace Smith's definition of an opera-box—as places where doctors assemble once a fortnight for the pleasure of hearing themselves talk and seeing the proceedings.

An inter-professional feud has lately prevailed between M.D.'s and L.R.C.P.'s as to their respective right to call themselves doctors and physicians. To be brief, the combatants desire to purchase what they cannot pass, and the point would never have been mooted, but that men have bought licences and degrees, and therefore still want to buy them—to be, by the perpetration and perpetuation of abuse, as good, or rather as titular, as their predecessors who rushed in shoals to "Modern Athens," annis 1835-60. It is to be feared that M.D. or L.R.C.P. often proves a white elephant to its possessor by infecting him with extravagant notions of his honours and position; and the expenditure of energy on this controversy in copious assumption and reiteration might have been profitably utilised in advancing the status of the profession in a pecuniary direction.

Some invent a forceps or scarificator, or appear in the newspapers as certifying to the virtues of wine, beer, starch, and mustard. Of course considerable advances have been effected in various instrumental and mechanical appliances, as on the gorget and obstetric forceps; but are all the multitudinous bags, gags, and trags sterling improvements, or mostly media of puffery and notoriety?

Lastly, as exhibitions of individual petulance, the efficacy of the perchloride and the battle of the aspirator a short time since menaced to assume the proportions of a Lilliputian epic in our modern medical *Batrachomachia*.

The inevitable moral to be drawn from these scandals is, that the profession should manfully unite and reject unpaid appointments; insist on equitable remuneration; repudiate hollow and empty titles; avoid undignified intestine squabbles; scorn the blandishments of satulent vendors of alcohol, instruments, corn, and condiments; and, as an elevated priesthood of enlightenment and health, it would assuredly acquire greater and universal recognition and secure legitimate reward.

"Hereditary bondsmen! know ye not
Who would be free themselves must strike the blow!"

May, 1874.

THEMUS.

Dr. TILT, late President of the Obstetrical Society of London, has had the honour conferred upon him by the Italian Government of Knight of the Crown of Italy. Two of Dr. Tilt's best known works—"On Uterine Therapeutics," and "On the Change of Life," have recently been translated into Italian.

J. A. H., St. Leonards.—It is impossible to get your letter in its present form. As it is not on a subject of general professional interest you must reduce it to at least a quarter of its present length before we can find space in our columns.

Dr. ROBERTS is thanked.

Dr. J. F. C.—The work is in the reviewer's hands. We have also many notices of books in type waiting for space.

STODKKT.—Not suitable; the *Students' Journal* would be a much more appropriate medium.

VACANCIES.

Royal Hospital for Diseases of the Chest, City Road. Physician. Honorary. Applications to be forwarded to the Secretary. (See Adv.)
Royal Free Hospital. Surgeon. Applications, with testimonials, to be forwarded to Mr. Blyth, the Secretary. (See Adv.)
Dublin Fever Hospital. Physician for temporary duty during the absence of either of the staff. Particulars of Mr. Pike, at the Hospital, Cork Street. (See Adv.)
King's College, London. Professorship of Physiology. Applicants must address the Secretary.
London Temperance Hospital. Visiting Hospital Surgeon. Candidates must be total abstainers. Address the Secretary, 112 Gower Street, W.C.
Trinity College, Glenalmond, Perth. Medical Officer. Salary, £100 per annum, with furnished apartments. Applications to the Warden.
Bristol General Hospital. Physician's Assistant. Salary, £50, with board and lodging. Applications to the Secretary.

Deaths.

ASHTON.—On the 11th May, at Watton-le-Dale, Leicestershire, Henry Ashton, L.R.C.P. Ed., aged 62.
BARRES.—On the 7th May, at Clare, Suffolk, John Barnes, Surgeon, aged 72.
CRAVEN.—On the 18th May, at Worksop, Robert Craven, Surgeon, aged 68.
GREEN.—On the 11th May, at Norwich Road, Ipswich, W. Green, Surgeon, formerly of Ixworth, aged 83.
MAGRE.—On the 23rd May, at Malone Park, Belfast, Jane Eliza, widow of the late Samuel Magre, M.D., Keady, co. Armagh, aged 75.
NANCE.—On the 15th May, at Eccleshall, Staffordshire, James Nance, F.R.C.S.E., aged 34.
SMITH.—On the 23rd May, at Talbot Road, Dr. John Smith, late of Torquay and Calcutta, aged 69.
SPURGIN.—On the 7th May, at Ipswich, Chas. S. Spurgin, M.R.C.S.E., aged 78.
TRUMAN.—On the 12th May, at Aboretum Street, Nottingham, Becket Truman, M.R.C.E., aged 72.
TURNOCK.—On the 14th May, at Leek, Richard Turnock, M.R.C.S.E., aged 59.
WOAKES.—On the 9th May, at Luton, Edward Woakes, M.R.C.S.E., aged 73.

ADMIRALTY, MEDICAL DEPARTMENT OF THE NAVY.
9 New Street, Spring Gardens, S.W.
20th May, 1874.

NOTICE OF EXAMINATION OF CANDIDATES for the NAVAL MEDICAL SERVICE.—NOTICE is HEREBY GIVEN that a Competitive Examination of Candidates for admission into the Medical Service of the Royal Navy will take place at the University of London, Burlington Gardens, on MONDAY, 9th AUGUST, 1874, and following days, at 10 o'clock.

Candidates must present themselves at this Department for Physical Examination at 11 o'clock on THURSDAY, 5th AUGUST, 1874, when should they be found in all respects eligible, they will be permitted to appear for examination.

The necessary forms to be filled up by Candidates will be supplied on application to this Department. A. ARMSTRONG, Director-General

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IRISH MEDICAL ASSOCIATION, ROYAL COLLEGE of SURGEONS.—NOTICE is HEREBY GIVEN that the 7th Annual Meeting of the Association will be held in Dublin at the Royal College of Surgeons on MONDAY, the 7th of JUNE next, at half-past Eleven o'clock a.m.
The President, Dr. HENRY J. SMITH, will give the Opening Address.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 9, 1875.

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Original Communications.

DIGITALIS AND ERGOT AS VASO-CONTRACTORS IN LOCAL CONGESTIONS WITH AND WITHOUT RUPTURE OF VESSELS. (a)

By A. S. MYRTLE, M.D.,

Consulting Physician to the Harrogate Bath Hospital.

TILL very recently the therapeutic value and *modus operandi* of these drugs were unknown, and, like the ancient and handy cold door-key application for the cure of epistaxis, they had been resorted to empirically for ages—the former as a cardiac sedative or depressant and active diuretic, which it is not; the latter as a uterine stimulant during parturition. Not so many years have passed since French, German, and English practitioners began to note that digitalis possessed certain antiphlogistic properties, that it diminished febrile conditions, slowing the pulse, lowering the temperature, opening the pores when given in acute inflammations, like pneumonia and bronchitis—also that when applied in the form of infusion, or tincture locally to inflamed joints, glands, or surfaces, it speedily reduced swelling, diminished redness and pain, and prevented suppuration. More recently the researches of independent physicians at home and abroad as to its physiological action on the lower animals as well as man, clearly prove that it acts on the cardiac ganglia as a powerful stimulant, and thereby brings about a marked increase in the intensity and duration of the peristaltic movements of the muscular fibres of the heart, and that, when pushed too far, this contraction is so great as to render the ventricles incapable of distension, death being the result. It was also shown that when the tincture was applied to the web of a frog's foot, the immediate effect was contraction of the vessels to such an extent as to put a stop to the passage of the red corpuscles almost

entirely. Other observers discovered that ergot not only excited uterine contractions, but that it arrested uterine hæmorrhages, and that when given in other internal bleedings, from the bowel, bladder, lungs, it acted in the same way; also that it proved effectual in closing the open mouths of vessels when applied topically. Then some one, I forget whom, found out it exerted a perceptible influence in congestion of the spinal cord and its coverings, and produced a marked sedative action on the circulation generally. In *Virchow's Archives*, Dr. Klebe, of Berlin, publishes some cases of poisoning by carbonic oxide. His observations led him to ascribe the symptoms produced to dilatation of vessels from paralysis of their muscular fibres. From experiments with ergotin, he maintained it is the best antidote in such cases, restoring tone to the arteries, and he states that the stupor occasioned by the free inhalation of the gas passes off much more rapidly in cases where ergotin had been given than where it had not. Again, we find Dr. Dutoit, of Berne, treating cases of aneurism on the same principle, by subcutaneous injections of ergotin over the site of dilatation, and Dr. Vogt, of Berlin, treating cases of varix, varicocele, certain forms of nævus and hæmorrhoids successfully by the same means. These facts clearly exhibit the mode of action of digitalis and ergot, and ought to satisfy us as to their influence on the vaso-motor nerves, and the power they have through them of reducing the calibre of both arterioles and venules by causing contraction of their muscular fibres.

For several years I have been in the habit of using digitalis and ergot separately and combined in cases of passive hæmorrhage, and I can add that I have had much more satisfaction in their administration than I ever had in that of the ordinary vegetable and mineral astringents. To me they seemed not only to control the bleeding more readily (that is, with fewer doses), but more permanently, and they had another great recommendation—they did so without interfering with the routine performance of the bodily functions. Having found them so efficacious in congestions with hæmorrhage, it seems to me now almost unaccountable how I never thought of using them in cases of congestion without rupture of coats. As usual,

(a) Read before the Leeds and West Riding Medico-Chirurgical Society, April, 1875.

accident opened my eyes to their value here. Fortunately, one of my patients went mad; she had been hysterical all her life; latterly had been fitful—now in the highest glee—now in the blues; at one time displaying the greatest amount of bodily activity and endurance, at another just as indolent—liable to the most violent headaches, lasting for days, and generally ending in congestion of the liver with protracted bilious vomiting. The day on which her mind became unhinged, after showing much mental and bodily excitement, she suddenly became insensible, and fell on the floor, where I found her; she looked dead drunk, and her servants supposed that such was the case. On examining her, I found that it was not so. She was evidently suffering from active cerebral congestion, and I anticipated apoplexy. I had her removed to bed; applied the usual remedies. In the evening she was more conscious, but had a dazed look and was incoherent, her face greatly congested, her head hot and painful. Light could not be borne. She slept none that night; she sat up in bed, rocking herself to and fro, holding her head, and groaning, "Oh, my head!" Next morning she became violent and unmanageable. I tried large doses of the bromide and iodide of potassium, without result; morphia and antimony no good. Feeling there was something unusual in the case, before sending her to an asylum, I asked permission to consult an expert, and Dr. Crichton Browne was sent for. I shall not easily forget the clearness of his diagnosis, not as to the insanity, but as to its cause, any more than I shall the success of his treatment. He said: "The insanity, I believe, arises from excessive congestion of the vessels of the brain, and I would recommend you to try the effect of four doses of digitalis and ergot; if these fail in causing contraction of the vessels, there will be nothing for it but removal to an asylum." She was ordered twenty drops of tincture of digitalis and thirty of liquid extract of ergot every four hours. After the second dose the head symptoms were relieved, the patient rested quietly, the face was paler, head cooler, less photophobia; slept between the second and third and third and fourth doses. The following morning I found her calm and collected, perfectly rational, and complaining only of a sense of bodily weariness. I discontinued all treatment, and she made a rapid recovery. I often regretted I did not ask Dr. Browne why he limited the number of doses to four, and it only dawned on me recently why he did so. I confess, during all my medical experience, I have never seen such truly scientific treatment applied so perfectly as to meet the exact thing required; it was like a problem in Euclid with the Q. E. D. at the end of it.

A gentleman aged seventy, of corpulent habit, after eating a hearty dinner and drinking a glass or two of strong ale, suddenly fell from his chair. On lifting him up he became sick, and threw up all he had taken. The sickness continued to recur at short intervals, and brandy and ammonia had been given to relieve it. When I saw him he was pale, half conscious, pulse quick, intermitting, heart's action tumultuous, face very pale, complained of much sickness, and vomited the brandy and water he had just swallowed; immediately after he had a fit: his face and head, from being pale, became highly congested, the extensor muscles of the body and extremities were forcibly contracted, so that I had difficulty in keeping him in his chair. In an hour he had four of these attacks, each lasting from one to two minutes. On coming to himself he said, "What is it, have I been asleep?" There was no paralysis, but he complained of great coldness in the cardiac region and at the pit of the stomach, and of great heat and fulness in the head. I applied hot bottles to spine and pit of stomach, and prescribed digitalis and ergot. He was placed on a sofa in the room; for a time he was restless, but after the second dose he fell into a quiet sleep. The pulse was now soft and regular, the appearance of face natural. He awoke at 12 p.m., feeling able to go to his bed-room, and he walked upstairs with the assistance of his servant's arm.

Next morning I found him much better. I kept him in bed, and on the following day I examined him carefully. He could see only the half of my face. On looking at anything he always saw the figure of a man at his right side. Had forgotten names most familiar to him. Could write his name and see it all but one letter, the first of his surname; this he could neither see whilst writing it nor after it was written. Complained of nothing but a queer feeling at the top of his head, as if there was a plate on it, and of a sounding in his ears like the buzz of a bluebottle fly. On asking him to read from a well-printed book, he said, "How very strange, I can't read a word almost." On moving the book into odd positions he made out some words, but he could not make out others. Wherever the letters were tailed, like "g" or "y," he was puzzled, and try as he would, he could not read them. This imperfection most probably arose from rupture of a small vessel, and the presence of a very little clot pressing on the left optic nerve before it unites with the right in the commissure. In three days he returned to business, and the double vision is slowly disappearing. The action of the digitalis and ergot forcibly reminded me of one or two cases in my early practice, where I met the same symptoms by bleeding, with similar results, the difference being that where I bled my patients made a very slow recovery, and were weeks instead of days before they were fit for anything. Nothing would satisfy this gentleman but that there was something wrong with the eye itself, so he consulted Mr. Teale, who pronounced him perfectly free from disease, and diagnosed a small clot at base of brain, without knowing anything of the history of the case from me.

(To be continued.)

ON THE TREATMENT OF PULMONARY CAVITIES BY INJECTIONS.

(Translated for the MEDICAL PRESS AND CIRCULAR from *L'Union Médicale.*)

By JOSEPH DUGGAN, L.K.Q.C.P.I., Turloughmore, Co. Galway.

NOTWITHSTANDING the progress made by therapeutics in the treatment of pulmonary tuberculosis, medical science as yet is almost powerless in arresting the course of this dire disease; so it appears opportune to point out for the attention of physicians all the means which are indicated as essential to combat this formidable disease. Amongst them is one which appears worthy of being mentioned, though as yet experience has not pronounced for or against it—I mean by passing injections directly into the pulmonary cavities through the walls of the thorax. The idea of opening into the cavities of the lung by an incision of the thoracic walls dates at all events as far back as the time of Baglivi, if not earlier, but it is difficult to prove that the operation had been performed before Barry, in the last century, or more probably in the present century by Hastings and Storke. As to the treatment of pulmonary cavities by the aid of local applications passed directly through the walls of the chest, it was only within the last few years that such an operation was seriously contemplated. The experiments of Storke and Mosler proved the tolerance of pulmonic cavities, and into which can be introduced canulas and various injections without serious injury. Dr. William Pepper, Professor of Clinical Medicine to University of Pennsylvania (a), resolved on using medicated injections in the treatment of phthisical cavities of the lungs. Those which he treated had the cavities situated in the superior lobes of the lungs: the various injections had all been passed through the first, second, or third intercostal space, at the very spot where the cavity appeared most superficial. The punctures were generally made on a line with the nipple, although in two cases he was obliged to operate at an inch and a

(a) *The American Journal of Medical Science*, Oct., 1874.

half interior or exterior to that line. The instrument which he uses consists of a very fine hollow steel needle, three inches long, and capable of containing twenty-five drops of liquid. After having anaesthetised the region by the aid of cold, he introduces the needle to the depth of an inch and a half to two inches, according to circumstances. The operation is generally painless, and does not occupy more than about thirty seconds. In case a small filament of nerve is wounded, it then causes a slight pain for a few moments. The liquid injected by Dr. Pepper is a solution of iodine prepared with one part of Lugol's solution, and six or nine parts of warm water, injecting at each operation from 0.15 centigrammes to 1 gramme. From the complete absence of irritation we are authorised to infer that there can with impunity be introduced into the pulmonary cavities a more concentrated solution of iodine or other alterative solutions, astringents, or antiseptics, &c. At present the injections are used only once a month, and in the intervals the internal treatment is continued as usual, carefully attending to the hygiene and régime of the patients. Finally, the observations reported in the memoir of Dr. Pepper prove that the treatment of pulmonary cavities by injections introduced by the aid of delicate hollow needles cause neither pain, hæmorrhage, nor traumatic irritation, and does not exclude the use of internal medications, nor the employment of any hygienic measure. The cases best adapted for this local treatment are those where there is only one superficial cavity, and surrounded by healthy tissue. But much benefit may be derived by the use of injections, even when the rest of the lung is affected, or where the opposite one is diseased. In all the cases where the injections were employed there was noted an amelioration in the local and general state, and these medicated injections into pulmonary vomices appear to act for the most part in diminishing the production of pus and the chances of general infection.

Observations.—Where we are positively sure of the existence of a well-defined cavity of the lung, and by observing the precautions pointed out above, there cannot be the slightest objection to the use of these medicated injections. But there are other medicinal substances in solution which I think would be found as effectual as the iodine solution—viz., very dilute solutions of nitrate of silver, the various solutions of carbolic acid, and tinct. benzoin comp. It has struck me that these medicated injections would be more efficacious and attended with more success if injected in the form of spray; it is quite obvious the medicated mist would moisten the whole internal surface of the cavity, and instead of the danger of local irritation from concentration at one point, as might occur from the syringe, the spray would ensure the general application of the medicament, by bathing, as it were, the entire surface of the pulmonic cavity.—TRANSLATOR.

INDIAN MEDICAL NOTES.—XXXIX.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, April, 1875.

A DELICATE SUBJECT—SYPHILIS—RHEUMATISM—NATIVE POLLUTION—ADEN—GENERAL PRACTICE.

BEFORE marching to Delhi an enormous bubo was evacuated by the pneumatic aspirator—no poulticing, merely a pad of carbolised oil, bandage, rest, the result being no sinus—the mark of the needle scarcely recognisable. Setons and ordinary exploring needles have been tried again and again—indeed, in every way have buboes received treatment for many years, including the application of strong nitrate of silver, without any rapid improvement—so have mammary abscesses. Now the wish is to encounter many more for aspiration, but I should not be disposed to trust to the ordinary hypodermic syringe, even for the very smallest collection of pus. When the Contagious Diseases Acts are in full operation we shall

stamp out syphilis, which, although not nearly so heart-breaking as in former years, still gives a deal of trouble, besides wrecking constitutions; for instance, at Delhi a large number of men contracted disease from unregistered prostitutes. As a matter of expediency the registered prostitutes should be numerous, be kindly treated, be looked upon as the only horrible alternative against masturbation, adultery, or illicit connexion with women fearfully diseased. All for encouragement of field sports, active exercise, education, religious teaching, and temperance, very many are naturally opposed to the increase of that great evil, imprudent marriages, involving so much misery, discomfort and expense. The married man is not worth his keep sometimes, is difficult to move or to carry, does not show more zeal than the bachelor, who is *semper paratus*. It is only human nature—the instinct of every living thing—the wish to pair. The love of wife, children, and his own fireside is implanted universally. Ungratified passion also leads to dyspepsia, ill health, and with women to insanity, no practitioner can deny. We cannot understand the sexual furor roused in young blood. From the pulpit we are directed to restrain: yet the preacher, possibly a curate with a small income and an enormous family, is none the more efficient for tempting Providence by improvident marriage. As a rule, out here the registered prostitutes are very clean, healthy, quiet, well-behaved, who look upon medical examinations as a regular duty. When there are but very few near a camp there is unfortunately a rush of men. When there are none at all, the females, corresponding to Curragh wrens of former times, are sure to be lurking in the bush. Thus disease and death commence. Several experienced medical officers are in favour of reverting to the weekly inspection of men for the detection of venereal diseases, for to the end of time many will conceal or think nothing of the "bit of a chafe" until constitutionally shattered. This loathsome, disgusting, horrible subject is not pleasant to write about. Thus it is so many who believe in the efficacy of the Acts decline to enter into any controversy further than from years of experience pleading anxiously, honestly, earnestly in their favour. The treatment of syphilis includes the application of nitric acid to the early recognised sore, rest, lotion, good diet, blood depurants, tonics. When it is imperatively necessary to administer mercury, some give Plummer's pill, some order fumigation, others inunction—the number of non-mercurial practitioners on the increase. The experience of all is to dread syphilis worse than ever. The cases of cancer appear so frequently to occur amongst the better classes—generals, bishops, judges—the bite of a parrot recently assigned as a cause. From 1860 to 1869, in Bengal, European troops, 35,118 had primary syphilis, 10,317 had secondary syphilis, 78 died, 875 invalided; 315 had syphilitic iritis, 35,543 gonorrhœa, 13,267 bubo, 3,048 orchitis. Rheumatism occasioned 26,155 admissions, of whom 28 died, 1,870 were invalided. In the Meerut district 78.7 per 1,000 on the ten years' average suffered from rheumatism—1863 and 1867 heavy years—every month about the same numbers, July slightly in excess. Though a safe disease, killing but few, it is very painful, crippling many; so do sciatica, neuralgia, and scarlatina rheumatica, commonly called dengue—the blood permanently poisoned. In the month of January the thermometer registered 26° in the tent in the early morning, the ice soon dissolving at sunrise. The same accurate thermometer on another march last week noted 104°, which may possibly account for agonising cricks in the neck, facial neuralgia, sciatica, only to be treated by one remedy, quinine, which suits only a certain number of persons. The poorly-fed natives, half-naked, dwellers in damp and dirt, suffer from pains in the joints. The natives who can afford to live the best, eat the most of rice, unleavened bread, or clarified butter, to counteract the constant waste of tissue. Many are crowded in mud huts nine feet long, nine wide, seven high, say four in a family—the monthly earnings eight shillings a head. Disbelieving in sanitation, they accept epidemics as fate

inevitable. "Better to suffer the evils which we have than fly to others which we know not of," reason the natives, who prefer variola to vaccination, who dig holes or use old excavations for cesspools, who every day contaminate drinking-water, making a great merit of changing the wells after prolonged pestilence. On recovering from desquamative fevers the convalescents repair to the well to wash their clothes and bodies. At the well one man neatly clad in a postage-stamp is cleaning his teeth, another blesses the Duke of Argyle, two or three squatting round discuss village politics; one is slapping and banging his wet inexpressibles; another washes his feet. "It was my father's custom and so it shall be mine," reasons the native. The well is the village club. What matter if there be a percolation of sewage, if repairs never are undertaken, if the well be never cleaned out. All will be put right to-morrow. In England you ask for a cup of tea, and receive it. In India the person appealed to calls to some one else, who writes a letter on the subject to-morrow. Sleeping out of doors in the open air, the native escapes much sickness. So would the European, where the air and soil are dry. In certain places, from rise of subsoil water, the station is beautifully green, until the hot winds parch everything. "It is an ill wind"—how runs the proverb?—at all events, the hot blast at Meerut checks intermittent fever for three months. Fever, as said before, bursts out with great vigour after the rains, about August, and continues, people say, until Christmas. It continues, believe me (a doctor in harness), until the hot winds, about the middle of April. Remittent and enteric capriciously vary, according to season, meteorological conditions, individual constitutions, stations, daily occupations, barracks, food, water supply. The impression on my mind is that the poison is endemic in many stations, and the greatest care should be taken to steer the young fresh arrivals through the different grades towards acclimatisation. A young scrofulous lad should almost be wrapped in cotton-wool the first year. The second year is trying, but in the third he is seasoned. One objection to the hills is the tendency to become slack, to be idle slovens, who, when the heat comes round, again fall sick to sigh for the hills. In all stations there should be fair play given to each place by the rigid police system of sanitation. A certain sower went out to sow; and we know how the seed grew and multiplied on certain soil, yet withered away elsewhere. Let us call the seed pestilence, and for the harvest a certain cruel reaper is always ready. By post to-day comes a letter from an old comrade, now at Aden, apparently a very healthy place in his mind compared with Meerut. His men average 5 ft. 8 in., and 39 lb. in. round the chest, have been at Aden two years, and four years previously at Bombay, and out of 100 about 2 sick, the hospital closed sometimes for a fortnight, the barracks excellent, the food satisfactory. Nothing but roads of adamant hardness to travel on—not a scrap of turf, grass, or earth, and exercise mostly taken on bicycles, the thermometer for some time past ranging between 78° and 81° day and night. Officers have to pay 16s. a month for carriage of water. An acquaintance also who has most extraordinary chronic friction sounds of the chest, like the trituration of grindstones, hopes to improve in health at Aden. Just now it is my business to ride out ten miles to visit one patient, who, taken ill on a march, cannot be moved from the solitary hut. No nurse, scanty accommodation for husband, wife, and children. The case one of abortion, hæmorrhage, followed by metritis—very interesting, yet terribly anxious, and twenty miles' riding, hammer, hammer, along the hard highroad, relieved by mulberry trees black with fruit, is somewhat trying in the April sun. Doctors, however, exposed to all inclemencies of weather, to hurried meals, to broken rest, to often undeserved abuse, to the poison of every fever, do not complain of these things, because it is their business, as it is the stars to shine. But it is hard to read that a small clique in a certain station have petitioned for the removal of the civil surgeon because he stands up for the dignity of the profession

in the matter of fees. An overwhelming majority have issued a counterblast expressive of every sympathy, every confidence in their medical attendant. The Rajah of Puttiala has recently entertained the Viceroy and a distinguished party right hospitably, by all accounts. Formerly these native princes gave execrable wine, that is to say, they were robbed by their stewards, who calculated for every lady six bottles of champagne *per diem*, and two bottles of brandy for her to drink on the drive home. Just now we have several cases of whooping-cough, the type much milder than in England. A colleague states that when vaccination does not take, variola is meteorologically absent. Also in epidemic cholera, the first and the last cases recover, while the central group, as a rule, die. A man of tremendous experience, he is asked the question, what he knows about cholera after battling with so many epidemics, and he replies—"Nothing!"

Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. RIVINGTON.)

Strangulated Left Femoral Hernia, at least Four Days' Strangulation, in a Patient of 65—Discolouration over the Tumour—Collapse—Operation—Sac Opened—Death Twenty-four hours afterwards.

DORCAS TURNER, 65, was admitted into the London Hospital on the 8th April, 1874. There was an ill-defined tumour on the right thigh not larger than a hen's egg. It yielded no impulse on coughing. The soft parts over it were discoloured. She had been under treatment outside the hospital, an erroneous diagnosis having been formed. The constitutional symptoms were—constant vomiting of a yellow, fecal fluid; constipation, which had lasted for some days; cold surface, clammy skin; small, quick pulse. She was almost in a state of collapse.

The patient had been seen by Mr. James Adams, who was in the hospital when she came in, and had been requested by the house-surgeon, as the case was urgent, to see the case. She was taken to the operating theatre, and Mr. Adams was about to operate when Mr. Rivington, who had been sent for, arrived. Mr. Adams availed himself of the opportunity of handing the case over to Mr. Rivington, who, therefore, operated in place of his colleague.

4.45 p.m.—Operation. Sac opened at once; found inflamed with lymph, effused externally, and more or less adherent to the intestine; omentum and intestine in the sac. The omentum was removed by simple tearing, so as to occlude the vessels. The intestine was very much congested, and covered with shreddy lymph. It was not perforated. The bowel became lax on division of Gimbernat's and Hey's ligaments, which no doubt originally constituted the stricture.

The patient recovered from her collapsed condition, but nevertheless she sank at the end of twenty-four hours after the operation.

Post-mortem Examination.—Intestine close to femoral ring. No perforation. Coats much thinned at the point corresponding to the seat of external constriction (Gimbernat's ligament). No peritonitis apparently. Intestine a good deal congested. Death from shock and exhaustion.

Strangulated Right Femoral Hernia in a Woman of 65—Forty-eight hours' Strangulation—Operation—Sac Opened—Death in Forty-eight hours.

Ann Snow, 65, was admitted into the London Hospital on the 5th of May, 1874. She had probably had a hernia for some time, but no connected history was obtained. On Sunday, the 3rd of May, the hernia came down. She was sick, and her bowels were constipated. She came to the hospital on Tuesday, May 7th. She had a warm bath. Taxis was tried, but failed, although she thought that the swelling

was smaller after taxis. There was a lump the size of about two hen's eggs extending below Poupart's ligament, and parallel to it. There was no impulse in it on coughing. She did not vomit after admission, but she had taken nothing, and she felt that if she did take anything she should be sick. She was put under ether, and taxis, tried for a short time, having failed, the usual operation was performed. After dividing the superficial fat, which was in strong force, access was obtained to a lebulated body covered by a smooth membrane, and evidently consisting of fat. This proved to be sub-peritoneal fat, covered by fascia propria. The finger could be introduced by the side of Gimbernat's ligament, and a small rounded body like a knuckle of bowel could be felt. This slipped up with the sudden release indicative of escaped bowel, and the ring having been found to be clear all round, the wound was sewn up, and the patient was sent to bed. She went on apparently well, taking milk and beef-tea. She was in excellent spirits, and joked freely with those about her, and seemed on the high road to recovery. The following morning, however, she was suddenly taken with collapse, and sank by 11 a.m., without any previous shivering or sickness, and but slight abdominal tenderness.

Post-mortem Examination, made by Mr. McCarthy, Mr. Rivington being present.—Very stout woman, with much increase of fat in all parts. Peritoneum intact. Two sacs existed: one old, and outside the other, next to the femoral vein, had contained at one time vermiform appendix, which was matted into a conical lump, had on it appendices epiploicæ, greatly hypertrophied, and bore the marks of one or two constrictions. The smaller sac, more recent, lay internally, next to Gimbernat's ligament, and had contained a piece of ileum about two feet from the cæcum. The ileum below it was contracted. There was "commencing peritonitis," that is to say, there was vascularity on the convexity of the coils. A piece of ileum near the abdominal ring was covered with lymph and adherent to the wall of the abdomen. Fatty liver; heart with dilated ventricles; atrophied brain; emphysema; a tumour, apparently cystic, the size of a walnut, situated on the anterior edge of the left hemisphere of the cerebellum; 7th nerve stretched over it, and 8th (auditory) also expanded by it; 5th adherent slightly. There was a large quantity of serum in the arachnoid.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 25TH.

SIR JAMES PAGET in the Chair.

ON THE TREATMENT OF NASAL LUPUS BY EXCISION.

By Mr. JOHN GAY.

THE author's object was to show that lupus exedens is a topically malignant form of ulceration; and that the alleged cures of this affection by constitutional means are probably due either to errors in diagnosis or to the inclusion under the generic term "lupus" of forms of disease with which, typically, it has no natural affinity or alliance. In its objective features it most resembles epithelioma and rodent ulcer. Mr. Hulke's investigations have shown that the latter affection is essentially a local disease, and can be eradicated by the knife; in this respect, and in the absence of glandular infection, lupus resembles it. But rodent ulcer is chiefly a disease of age, lupus of youth; and the attenuated edge of the rodent ulcer close to healthy skin offers a marked contrast with the thick everted edge of lupus, surrounded by its pink zone of vascular injection. From epithelioma lupus is distinguished histologically, as well as by the extent of the ulceration and the presence of lymphatic implication. The pathology of lupus consists in the infiltration of the corium with large oval or round nucleated cells, establishing a raw surface which is more or

less covered by the degraded epithelial elements; the subjacent fat, sweat- and hair-follicles are completely destroyed, so that the surface becomes depressed. Like rodent ulcer, essentially a local disease—for it can not only be completely eradicated by the knife, but its poison is only topically virulent, and lupoid sores are not met with at a distance from the primary ulceration—it may and certainly does occur in persons with some of the ordinary general systemic indications of struma, but not, so far as Mr. Gay has observed, with those of strumous joints or glands. The conclusion to which dermatologists have come with regard to the influence of systemic remedies is favourable to this view of its essential character, for they have been compelled consistently to deny to drugs any therapeutic influence over an established lupoid sore. The only principle upon which it can be successfully treated is that of eradication by topical means. Caustics, however, have repeatedly failed, apparently from a want of a definite aim in using them. There has been no clear mode laid down of ascertaining the depths to which the virus of lupus has penetrated from its ulcer surface, consequently the amount of tissue that has to be destroyed in order to ensure its perfect eradication has been a matter of conjecture; but the limits of the poisoned tissue may doubtless be satisfactorily determined, these not being so wide as to be beyond the reach of the destructive powers of caustic potash. These limits are especially marked by the pink vascular zone surrounding the thickened margin of the ulcer; and the caustic should be applied to destroy not only the base of the ulcer, but all the parts within this zone. The objection to caustics, however, and the great advantage of excision arise from the fact that, in "nasal lupus" especially, in which disfigurement follows in the event of its being removed by caustic, cicatrization, or an advance towards it, must be allowed to take place before any restorative operation of a plastic kind can be done—one of the most important objects in the treatment of cases of this kind. If the removal of the diseased parts be made by the knife, any such operation that may be deemed expedient may be simultaneously done, and thus tissue is saved, the loss of which would be incumbent on the use of caustic. The paper concluded by the relation of three cases in which this method of excision was adopted. The first was a young man in whom the ulcer had been unsuccessfully treated with pernitrate of mercury; excision was practised, and a plastic operation performed to make a new nose. The results of the plastic operation were marred by erysipelas, but the patient wears an artificial nose. The second case, also a male, aged 23, was one in which the ulceration had perforated the right ala of the nose, and had been apparently treated by caustics with success. The edges were cut away, and a flap of skin from the cheek brought over the raw surface. The last case was a most remarkable one; it was that of a young lady 27 years of age, who showed lupoid cicatrices in the neck; the tip of the nose, cartilaginous septum, and the alæ were destroyed by the disease, which invaded the contiguous mucous membranes. Mr. Gray removed the whole of the diseased surface to within a quarter of an inch of the nasal bone, and laterally to the naso-labial sulci, thus exposing a large triangular space, which was covered in by skin-flaps dissected from each cheek, the tip of the nose and septum being formed by a club-shaped portion of the centre of the upper lip. There was perfect union, and six months after operation there had been no return of the disease, the nose being, however, somewhat flattened.

Mr. MARNHALL spoke of the galvanic cautery, which he had himself used with tolerable success. Its great advantage was that the diseased structures, including the thickened margin, with its characteristic rosy halo, could be readily extirpated.

Dr. SPARKS advocated the employment of solid nitrate silver, which is readily bored into the diseased tissues, and does not injure the healthy parts. He believed that Hebræ now used this method solely, having given up potassa fusa and chloride of zinc.

CASE OF DOUBLE FACIAL PALSY, WITH LOSS OF TASTE IN THE FOREPART OF THE TONGUE.

By Dr. ROBERT M'DONNELL, of Dublin.

This case was of physiological interest, as tending to prove that the so-called "gustatory" nerve was a compound nerve endowed with the function of taste by fibres derived from the chorda tympani. The patient was a young healthy

man, of 24 years of age, in whom complete paralysis of the portio dura of the seventh pair of nerves followed exposure to cold and wet, the left nerve being first affected. There was no evidence of any central lesion of the brain, nor were any other cerebral nerves engaged. There was complete loss of the sense of taste in the forepart of the tongue, which the author attributed to paralysis of the chorda tympani. Tactile and thermic impressions were perceived in the forepart of the tongue quite as distinctly as in healthy persons. The defect in taste persisted longer than the motor paralysis. The secretion of saliva from the sublingual glands was not excited by irritants which produced copious flow in healthy persons. The case was chiefly of interest as supplementing one recorded by Dr. Althaus in vol. lii. of the "Medico-Chirurgical Transactions," in which there was paralysis of the fifth pair on both sides, and in which the sense of touch in the tongue was lost, that of taste persisting.

ON THE SO-CALLED PARTIAL DISLOCATION OF THE HUMERUS.

By EDMUND OWEN, F.R.C.S.

The author endeavoured to show by the aid of four recent dissections that the cases which have been recorded as examples of true partial dislocation of the humerus are due to the effects of disease rather than of accident. The case instanced by Sir Astley Cooper in his "Treatise on Fractures and Dislocations," and that described by Mr. John Soden in the "Transactions" of this Society, vol. xxv., 1841, which have hitherto been considered as evidence that this form of displacement may result from "injury," were especially referred to as lending support to the opinion advanced by the writer. The paper was illustrated by specimens.

Mr. GASCOTEN said that all these joints when examined showed evidence of chronic rheumatic inflammation; and other joints than the shoulder were in some cases found to be similarly affected. He concurred with Mr. Owen as to the non-existence of partial dislocation of the humerus from injury, for he was quite unable to see what forces could hold the bone in position when it was dislocated upwards.

Mr. GAY contended that the changes met with in these joints were secondary to the dislocation; and he had certainly met with cases in which partial dislocation had followed direct injury to the shoulder.

Mr. MARSH said that no doubt many of these cases were examples of chronic rheumatic arthritis following rupture of the long tendon of the biceps; but he fully believed in the existence of a partial dislocation of the humerus, and thought the bone would be held in position by the biceps tendon, which must be displaced when such dislocation occurs.

Mr. OWEN, in reply, said it was singular that he should have met with six cases (post-mortem) in two years, often with both shoulders dislocated, and in two with similar chronic inflammation of the knee. In four of his specimens the tendon of the biceps was ruptured.

CASE OF CONGENITAL DEFICIENCY OF THE PERITONEUM, RESULTING IN INTESTINAL OBSTRUCTION AND SIMULATING AN ABDOMINAL TUMOUR.

By LAWSON TAIT, F.R.C.S.

On the 21st of January of this year the author saw Miss M., in consultation with Dr. Hickinbotham and Mr. Pugh, of Neshells. She had been suffering for three weeks from severe symptoms of intestinal obstruction, for which no treatment gave any effectual relief. At no time had there been any symptoms of peritonitis. She was thin and of small size; the temperature was normal, and the pulse a little over 100. There was obstinate vomiting, and slight headache. A small tumour in the rectum was diagnosed as an ovarian cyst, which could have no influence in the production of the obstruction. A tumour existed in the left hypochondriac and lumbar regions, about the size and shape of a large lemon. It seemed to fluctuate obscurely. It was dull on percussion, and could not be moved freely. The patient died unrelieved on the 24th, and in the evening of the same day Mr. Pugh made a post-mortem examination in the presence of Dr. Hickinbotham and Mr. Tait. The note of the condition of the parts has the concurrence of all three. On making the usual median incision it was found that there was no appearance of an abdominal cavity, the tissue of the anterior wall seeming to run on to the stomach

and small intestines, and these latter lay matted together, looking exactly like the convolutions of the brain, only they were not covered with any glistening membrane. The coils were readily separable, and their union was due to an abundance of ordinary areolar tissue, identical with what is seen on separating fresh muscles by tearing. Nowhere was there any trace of inflammatory action, as everywhere the loose extensible tissue prevailed. The tumour in the left lumbar region was found to be composed of a number of knuckles of intestine, which were occupied by numerous nodules of hard fæces. The inability of the intestines to move these masses onward seemed to constitute the whole cause of the obstruction, as no actual constriction of the tube was found. In the pelvis none of the usual peritoneal limitations existed, so that it was impossible to identify the organs *in situ*, and it was only after very considerable dissection that the tumour, which had been diagnosed as ovarian, was found to be really so. The menstrual history of this patient was marked by no great abnormality, and there was no history of any peritonitis.

OBSTETRICAL SOCIETY OF LONDON.

ADJOURNED DISCUSSION ON THE RELATION OF PUERPERAL FEVER TO THE INFECTIVE DISEASES AND PYÆMIA.

AFTER the letter of Dr. Matthews Duncan was read, in the terms given in our last issue, the discussion was resumed by Dr. Barnes, who said he had heard the letter of Dr. Duncan with considerable satisfaction. It places the grave and great difficulty which oppresses medical practice before us in a very striking manner. If prosecutions are to go on as they are now doing, how will it be safe for anyone to practise at all. It is becoming a most serious matter. We are governed by the ignorance of the law and the ignorance of the judge. The public are taught improperly. The lawyers and the public must receive, or ought to receive, medical opinions from the medical profession, from experts, those who are skilled and know what they are talking about. It will be dangerous to the public at large unless this principle is carried out more fully than it is. With regard to the great question of puerperal fever, he said we cannot discard the term puerperal fever. The meaning attached to it is simply this: fever in a lying-in woman, the general term expressing a number of perfectly different conditions. Having admitted that simple meaning, fever in a lying-in woman, we may proceed to analyse it and to trace the different varieties. There is the form of fever in the lying-in woman which is the direct result of infection or contagion produced by some zymotic poison, as scarlet fever (perhaps the most common of all), or erysipelas, or measles, or typhoid. All these things we see and know, and we cannot for a moment dispute them. Well, then we have a large class of cases, perhaps the most numerous, which we may call heterogenetic, which have arisen outside the patient's body, and have been put into her. Then there is another class of cases, which may, perhaps, admit of more dispute—autogenetic—in which all the conditions of the fever exist or arise in the patient's system, with which infection or contagion from without has nothing to do. But the objection has been raised, and has occurred to most of us, how is it that lying-in women are especially prone to scarlet fever? Like other adult persons, the great majority of them have had scarlet fever at some previous period of their lives, and may be supposed to be more or less protected; and how is it that their protection all of a sudden breaks down under the trial of childbirth? It is said again that scarlet fever can give nothing but scarlet fever, just as an acorn can bring forth nothing but an oak. That may be true to a certain extent, but women in childbirth are in a peculiar state of susceptibility to any poison; and the specific course of scarlatina may be masked in them. Dr. Barnes said: I have seen cases traced to scarlatinal poison in which the usual symptoms of scarlet fever were absent—no particular sore-throat, no swelling of the glands, no rash—and yet the cases have gone on to a fatal issue. Then, if we go a little further, we see what was alluded to by Dr. Richardson—who was, I think, the only speaker at the last meeting who hit upon the right key. If we look at what a lying-in woman is, we there see a peculiar constitution ready to receive poisons, and ready for those poisons to ferment and go on to a disastrous issue; while in another case the poison has no such effect. Then there is a

peculiar condition following labour, where the system has been loaded with matter striving for excretion: there is the involution of the uterus, the discharge of superfluous blood, the milk process coming on—a state which is just treading on the verge of fever at any moment—the slightest excitement or the slightest noxious matter carried into the blood is ready to ferment and set up a fever. It does not matter what the poison is. I think that Semmelweis, in his investigations, showed that even a case of cancer in a ward was the starting-point of a series of puerperal cases. It may be said that a cancer-germ will produce nothing but cancer. It will produce fever in a lying-in woman. So will scarlet fever. This peculiar constitution is one which we may recognise in the range of surgery and medicine as well as obstetrics; although in obstetrics we get the most striking illustrations of this as of many other pathological forms. In surgical practice, for example, we may see sometimes persons, adults especially, who cannot be vaccinated with impunity. We all know cases of that kind. The blood is in a ferment at once. This simple, mild, laudable poison, as we may call it, vaccine lymph, will set up a ferment, and the patient may die. Sir Benj. Brodie used to tell us of a man who was killed by the sting of a bee, so great was the irritation set up by the poison; but that argued a peculiar state of the system. We know there are persons who cannot scratch themselves without a fester: all going wrong in a moment. Well, a similar condition exists in an exaggerated degree in the lying-in woman, no matter what the poison is—scarlet fever or measles, or anything else. In these, the heterogenous cases, the symptoms are manifested earlier than they are in the other class of cases where the poison arises in the patient's own system. The fever breaks out in twenty-four hours or in two or three days, whereas in the other cases it generally comes on later. With regard to scarlet fever, it is enough to set up any mischief in a lying-in woman, and produces all the mischiefs of any other form of poison. We all know that scarlet fever poison, whatever pathological change it produces in the woman herself, can propagate scarlet fever to others. Then I would pass to the autogenetic cases. These cases are as distinct in their origin as many cases of infection. For example, you see a woman in the country away from all sources of infection; a little bit of the placenta is retained, a clot of blood is there, or some change takes place in the uterus, and there is an element of infection; it runs along the veins or the lymphatics, is absorbed by the mucous membrane; then you get the blood tainted, and the slightest matter will set it going; the whole system is in a ferment, just as it was from the poison of scarlet fever or typhoid; you may call it pyæmia or septicæmia, the result is about the same. These cases come on a little later than those which have a zymotic origin, and they can often be arrested by washing out the uterus, and bringing away any superfluous matter there. Many women will succumb at once or rapidly to a single dose, no matter how small it may be, but others can resist to a certain extent; their excretory organs may be in good working order, and they may throw off a moderate dose or two moderate doses; but they cannot survive repeated doses. If you can wash out the uterus, you may prevent the renewal of the poison, and stop the disease. That principle has recently come into vogue again. It was practised and taught with success by Harvey, who, if he had not been the greatest of physiologists, would have been perhaps recognised as the foremost obstetrician in the world. This mode of infection is one of very great importance for us to consider. There was a case referred to by Dr. Huntley, who believed that infection was taken into the medical attendant's system, and might be given off by the skin. I believe it may be propagated by the breath of a medical attendant or a nurse. We must all be conscious sometimes of taking in poisons by coming into contact with poisonous patients. I have gone away from a craniotomy case, where the brain was foul, stinking of it, my breath smelling for a day or two. So with other diseases. So with dysentery, I had shivering, diarrhoea, and foul breath, from the odour of dysenteric stools, for two or three days after being in contact with a patient of that kind. A man may walk about charged with infectious disease, and those who are susceptible with whom he comes in contact may catch it; those who are not may perhaps have a little dose, which they can throw off, the system being in good working order, and there is an end of it. But a lying-in woman, with the blood ready to ferment, would be readily attacked. There is the secret of the differ-

ence. A medical man who has seen a case of scarlet fever comes in contact in the course of the day with twenty or thirty patients, and it is perhaps only the lying-in woman who takes the disease; not that he is necessarily longer with her, but there is a greater liability on her part. I had a letter this morning from the son of an old member of this Society—a former vice-president—who calls my attention to a work by his late father, Dr. Uvedale West. He gives one example which is instructive, and I thought you would like to hear it. He had an outbreak of puerperal fever in his practice; he had to deliver a woman to whom he went straight from a case of erysipelas, and this woman had erysipelas the next day; he went afterwards to another patient, whom he did not examine, and that woman escaped; the next day he went to another case, and the woman died. That is the history of a great many of the epidemics in the German lying-in hospitals, where they have the faculty, as it seems to me, of manufacturing puerperal fever on a large scale. Those women who are lucky enough (we should consider them unfortunate) to be confined in the streets, on their way to the hospital, escape puerperal fever; it is only those who are examined repeatedly that catch it. That has been observed over and over again. If I might be permitted a moment or two longer, I could give you the history of a series of cases occurring in the practice of one midwife in a short time, while all the surrounding neighbourhood was at the time pretty free. With regard to the question of bacteria, as I know nothing about it, I had better say nothing; but I may reserve my doubt, and wait till the bacteria doctrine is proved by those who understand it. With regard to the value of antiseptics in order to keep hospitals free, I think that to keep hospitals free from puerperal fever is an extremely difficult matter—more difficult than it is in a surgical hospital to keep it free from pyæmia. You cannot keep a series of patients in a hospital isolated, in the proper sense of the word. You have the same nurses going to them; you have a variety of influences acting upon one or two patients, and the consequences may be radiated to others. There is only one secret for safety, and that is to have the woman confined at her own house, where she can have her own nurse, who has not been in the way of infection, and her own medical attendant. Then the chances are that she will go on favourably and happily. Without that there is no security. A lying-in hospital is not now by any means so serious a danger as it used to be; still it is always like a volcano, which may explode at any moment.

Dr. SQUIRE could not support the idea as to the very febrile state of puerperal patients, and said: It may be one extreme of error to deny the existence of puerperal fever; it is certainly the other extreme to call every post-partum illness by that name. Almost any febrile attack in the puerperal state will cause suppression of the lochia, arrest of the lacteal secretion, and other common symptoms; so that we have to separate many febrile ailments, as well as what may happen from retained placenta, or other causes of metritis and phlebitis, from the disease under consideration. Our first duty in meeting with such cases is not to call them by the name of puerperal fever, but to diagnose their nature. Many of them we can soon relieve, and in all be sure of carrying no infection to others; while no case of puerperal fever is without this risk. I say that no form of puerperal fever is to be referred to attacks of the specific infective fevers, and assert that not only is puerperal fever not typhus, typhoid, small-pox, measles, diphtheria, nor even scarlatina, but that these diseases are little modified by the puerperal state and retain their distinctive characters, so as to be recognisable; they ought to be diagnosed under this, as under other conditions, and called by their own names, and not by that of puerperal fever. Moreover, though pregnancy and the puerperal fever may prejudice the prognosis in such complications, and abortion happens in some of them, yet the puerperal accidents are not always so grave as is supposed. Dr. Squire supported this view with quotations and cases, and then added: When we come to erysipelas, the case is very different. Dr. Rigby noticed that the children born during an epidemic of puerperal fever had erysipelas. I do not mean to say puerperal fever is erysipelas, but this shows its connection with that and hospitalism and purulent infection, and probably cancer. I believe we can connect this closely with that class of infectious diseases which the investigations of Billroth and Lister have not only enabled us to understand, but to control. I believe there is danger in those dissecting attending midwifery cases. I have seen a dissector suffer from peritonitis after operating on a bad part,

and I believe he might have been the means of conveying infection to those whom he attended.

Dr. BRUNTON: If the poison of contagious diseases is so productive of puerperal fever as it has been pronounced to be by many of the speakers in this assembly, I cannot help saying that in my own practice I have entirely failed to find it such. The reason for it is this. I come forward as a practical man. Theory is all very well, but when we come into general practice one must look at what is seen in every-day work. The first midwifery case I ever attended was in the small-pox ward of the Royal Infirmary, Glasgow. The patient was in the full bloom of small-pox, and aborted about the seventh month. She recovered without a puerperal symptom of any kind. The students at the University of Glasgow, during the time they are dissecting, are in the habit of attending midwifery cases. I did the same, and I know some gentlemen in the room who were fellow-students of mine who also did the same, and during the whole time of our practice we had no puerperal fever at all. Then I came to practise in London, and I went to see a lying-in woman who had two children lying ill with scarlet fever; she made a good recovery, with not the slightest feverish symptom whatever. Then, again, general practitioners are in the habit of making post-mortem examinations. They meet with cases of sudden death, and the coroner calls upon them to perform post-mortem examinations. I have done it over and over again. I have gone on with my obstetrical practice all the time, and not had in the whole course of my practice a single case of puerperal fever. I saw one case of scarlet fever many years ago where the patient went through the full course of the disease with very putrid discharges as offensive as could well be, and yet the patient recovered. The skin peeled off; she had the usual affection of the kidneys and so on, and yet did well. My evidence in this discussion is decidedly negative. It appears to me that if scarlet fever, typhus, measles, and small-pox are to be reckoned such very strong producers of puerperal fever, I ought to have had a great deal of it in my practice; but that has not been the case. Dr. Brunton had not found the febrile conditions spoken of by other speakers.

Dr. HUNTLEY (of Jarrow), after relating his own experience of an outbreak of the disease, said: I could not but consider it absurd in the extreme to think that for weeks, considering all the precautions which I took, frequent ablutions and change of clothes, I still kept the disease. It seemed to me then, and I have no reason to change my opinion now, that the disease was somehow or other reproduced, and the only source from which I thought it could be reproduced was from some poison generated in malassimilation, or in some defect in the secretory or excretory system. Arguing from analogy, I see no reason to doubt that many infectious diseases are propagated in this way, and not from clothing. Suppose a nurse is attending a case of scarlet fever for weeks, and does not have the germs of scarlatinal poison entering her system and being exhaled from it, we cannot suppose that the disease will be communicated. There is no proof at all that the clothes communicate the disease always. Perhaps there are instances in which they do; in the case of washerwomen it has been communicated in that way; but I think it is just as reasonable to suppose that vitalised material will be allied with the poison as unvitalised. He testified that he had never in his own practice been able to associate scarlatinal poison distinctly with puerperal fever.

Dr. BROWN: About six weeks ago I was engaged in attending a patient in her confinement. At that time a child in the house, her own house, was taken ill with a pretty severe attack of scarlet fever. She was under great apprehension at the time of her confinement, expecting daily that she would suffer from scarlet fever. About a fortnight after the rash came out on the child she was confined, and did perfectly well, without a bad symptom. The infant had no sign of scarlet fever. About ten days after that another child in the house had scarlet fever badly. I attended another similar case about two months ago. The patient had never had scarlet fever herself; she was quite positive of it. In another case I attended a woman with her own child ill with the scarlet fever in the house. For some days she was laid up for her confinement, and she got up without a bad symptom. She had never had scarlet fever. I may mention that I attend on an average three or four midwifery cases a week, and I have never had a case of scarlet fever in which I could say that I had conveyed the disease to the patient.

Dr. SWAINE (of Clifton): I think the letter read at the beginning of this meeting is calculated to do great good,

especially as regards the unfounded statement that appeared in *The Times* that medical men could retire from practice for two or three months. The statement has in some places created a panic that is becoming quite a nuisance. I will give an instance that occurred to myself. About the 16th of March last I consented reluctantly to see a bad case of puerperal fever. I listened to the solicitations of the husband, but I only saw the patient once. A gentleman whose wife I had engaged to attend at the beginning of this month happened to hear of it, and wrote to me requesting me to release him from the engagement, which, of course, I did. She is not yet confined. As to the mode in which the infection of puerperal fever is conveyed, I think it is generally conveyed by the person of the accoucheur more than by the clothes or any other way. Some men are peculiarly unfortunate in this respect. It is often observed that all the puerperal cases in a district are limited to a few practitioners. It is not only that they have the run of them at a particular time, but even after a long interval it is the same men who get them. Some men, I believe, have the power of absorbing and exhaling these poisons to a much greater extent than others; and from remarks I have made in my own experience, I am inclined to think that the poison is much more likely to be given off by the skin than by the breath of the practitioner. I have come to the conclusion that men who have very moist, perspirable skins, especially moist hands, are much more likely to exhale it than those whose hands are generally dry and cool, especially if they have to make frequent examinations during labour. With regard to the precautions to be taken to prevent the spread of puerperal fever, I cannot think that it is necessary for a medical man to exclude himself for more than a week at the outside from midwifery practice. If he is unfortunate enough to have a bad case, probably by that time the poison will have passed out of the system. He should also take the precaution of not wearing the same clothes. I am not aware of having conveyed anything of a puerperal kind to a patient except once. That was in a case of scarlet fever. As a general rule I now refuse to go to a case of scarlet fever, unless of course it should occur to a lying-in woman. I refuse to see children with scarlet fever on account of the danger of conveying it. Some years ago I did not do so. I was attending a child with scarlet fever, and I attended a lady at the same time. About a week afterwards the rash came out, with sore-throat; she did perfectly well, and did not show any symptoms of puerperal fever. But the worst case of scarlet fever I ever saw was in a lady who, about a week before her confinement, called at a house where the fever was; the children were ill, and she was afraid to go in; but most imprudently the mother came out directly from the sick room to report how they were going on, and she put her head into the carriage to talk to this lady. In that case the scarlet fever came on *pari passu* with the labour. I attended her about 10 o'clock at night. I observed that her face became red, and at the latter part of the labour the speech was rather muffled. The redness of the face did not excite particular attention, as it generally comes on at the second stage of labour. On the next day I found she had been delirious; she was covered with a thick rash, had a sore-throat, and died in two days. Immediately after seeing a case of puerperal fever I go home, and before going to bed take a warm bath and wash myself with carbolic soap; and on the next day I take a Turkish bath, which I think is an excellent way of eliminating the poison and cleansing the skin. I need hardly say that, with every accoucheur personal cleanliness is of the greatest possible importance. We know that cleanliness is next to godliness. We cannot be too particular about it, especially after seeing cases of this kind; and we should be very careful not to wear the same clothes. With these precautions in a very few days there will be little or no danger of conveying the poison from one patient to another.

Dr. GRAILY HEWITT next addressed the Society; but as we have already drawn attention to his views in a leader, we omit the report of his able speech, except the important statement he made to this effect—that concurrently with the commencement of the attack of puerperal pyæmia the uterus is found to be enlarged; in other words, in a state in which its involution is absolutely retarded. I have never seen a case of puerperal pyæmia in which this condition of the uterus was absent, and absent at the very commencement of the malady. It seems to me, if this is a fact, that it is an exceedingly important element in the explanation of cases of puerperal pyæmia, of whatever kind they may be. It has seemed to me, in endeavouring to carry out explanations of these cases,

that the thing which fails is the contraction of the uterus. That is where the break-down originally occurs.

Mr. CALLENDER thought it purely a matter of speculation (although there seems to be a common consensus that such is the case) that these affections are due to the influence of some septic matter or poison, and then beyond this it seemed quite a matter of speculation as to whence that poison is supposed to come. There are some who hold the idea that the poison is to be found in germs which come from without the patient; there are others who seem to hold the view that the septic poison is generated in the woman herself, as the result of the production of decomposition; and there are yet others who say that the septic material is due directly to the products of inflammation. All these are mere matters of speculation. He then said: There are certain points which have forced themselves on my attention—certain negative facts, such as these. I hold that in the treatment of patients in a hospital ward, the first point we have to attend to is that there must be no foulness about the wounds; the wounds must be absolutely clean. Directly we see anything unpleasant about them, we must take care to remove it. The point is that no foulness must be capable of being recognised. The wounds should be most carefully kept from any contamination from other wounds, both by nurses and dressers; and, in regard to sponges and such like materials, all possibility of contagion from this source should be avoided. This leads me to remark that in the treatment of wounds a patient will be tolerant enough of decomposition which may be set up in a wound on his own body, but will be intolerant of poison conveyed to him or her from any other wound. That is another point of which we must be extremely careful. It is a fact that is constantly forced upon one's notice, the possibility of a wound being contaminated from another wound. Then the patient should, as far as possible, be isolated. It is easy enough to do this in a surgical ward, where a case in which there is an open wound may be surrounded by cases not suffering from wounds, so that they can be for all practical purposes isolated. Then no discharge should be allowed to accumulate in a wound, not merely the discharge resulting as a consequence of the ordinary inflammatory process, but the discharge thrown out of the wound during the first few hours after it has been inflicted. I know nothing more irritating or acrid than the fluid in a wound immediately after an operation, if it is allowed to accumulate. Then, again (and I think this is another point of great negative moment), there should be no movement of the parts; the wound should be kept absolutely at rest, allowed to heal from the beginning, and not permitted by jars and jolts to reopen so as to create new wounds, through the cracks or fissures of which putrid or other foreign matters can enter. It is by such means as these that I have learned how to banish for all practical purposes such affections as those commonly called pyæmic (though I prefer the term septicæmic) from surgical wards, except now and then when we make errors, and trouble arises in consequence. No such thing as pyæmia exists in the hospital wards under my immediate care. By the experience we get from these facts we have some light thrown upon the worst of the suspicions that I spoke of—namely, the suspicion that these cases of septiciæmia are in some way connected with the presence of a poison. As to antiseptics, Mr. Callender said: I think they are of the very greatest possible use in surgical practice, and I take this opportunity, as it is a public one, of saying that although I may have seemed to differ very much from Mr. Lister with regard to carrying out his principles of antiseptic treatment, I am entirely at one with him as to that matter, and I fully acknowledge the great benefit he has conferred upon us by his advocacy of the antiseptic treatment. All I wish to show is that the treatment should be carried out on a more simple plan, without that elaborate attention to detail which Mr. Lister has thought necessary.

The discussion was again adjourned.

ARMY OFFICERS' GRIEVANCES.

AN important deputation from the Royal College of Surgeons in Ireland had an interview last Thursday afternoon with Mr. Hardy, Secretary of State for War, for the purpose of representing to that department the unfair treatment to which the medical officers of the army have for a long period been subjected. The deputationists comprised Mr. Jolliffe Tufnell, the President, Mr. E.

Hamilton, the Vice-President, Mr. Rawdon Macnamara, Member of the Council of the Royal College of Surgeons. Accompanying were the following members of Parliament:—Hon. D. Plunket, Sir P. O'Brien, E. Gibson, Dr. Lush, Dr. Brady, W. R. O'Byrne, Captain Nolan, W. Stacpoole, G. E. Browne, Sir A. Guinness, I. T. Hamilton, Dr. O'Leary, and some others. Sir W. Mure, Director-General of the Army Medical Department, was present, at the request of Mr. Hardy, and remained throughout the entire conference. Mr. Plunket, having introduced the deputation, Mr. J. Tufnell read the memorial of the President, Vice-President, and Council of the College. It stated that in pursuance of a Royal Charter they had faithfully discharged the duty of providing a sufficient number of properly educated surgeons for the service of the army and navy. Out of 938 medical officers of the army serving upon full pay on the 1st day of January, 1875, no fewer than 300 were licentiates of the Royal College of Surgeons in Ireland, while 412 possessed qualifications granted by one or other of the Universities or Colleges in Ireland. This willingness to take service has greatly diminished, and it arises from three causes:—General distrust of the permanency of warrants affecting the Army Medical Department, from a dislike to take service under the unification scheme as at present existing, and from the superior advantages offered by the Indian Medical Service. In reference to the former it is urged that a Royal Warrant once issued should be binding upon both sides, and that the signature of the Sovereign, when attached to a warrant, should be regarded in the same light as the signing of a contract in private life; that any so signed and published warrant cannot in equity be altered to the detriment of the licentiates of this or any other college taking service under it without adequate compensation being awarded to them for the loss actually sustained by the change. Without some substantial improvement the memorialists believe that surgeons of superior attainments will not in future be found willing to enter the army; nor do they think that they can reasonably be expected to do so. They have, further, consulted numerous medical officers of the army now serving with a view to ascertain the principal grievances under which they suffer, and the points they consider should be amended in order to restore the service to its former position in public favour. In advocating the claims of those members of the Royal College of Surgeons in Ireland now serving in the army, the President and Council feel that they are consulting the public welfare, and that they would be deficient in their duty to the Crown were they to allow her Majesty's Government to remain in ignorance of their views. They regard with apprehensions the aversion to the Army Medical Service, which has been steadily increasing for some time amongst Irish medical students, and they fear that unless active steps are taken to amend the present system serious public inconvenience may be felt in consequence of there being a deficiency of properly educated surgeons for the service of the army.

The President then submitted the following schedule, which he described as a fair and equitable summary of the requests which the army officers, and those who sympathised with them thought should be conceded:—

- 1st. The relative rank of medical officers to carry all allowances, which shall only bear one interpretation.
- 2nd. Every medical officer to be entitled to 61 days' leave in the year, on full pay and allowances; the arrangements for the performance of his duties to be made by the administration.
- 3rd. Medical officers requiring additional leave on urgent grounds, to be granted it on pay only, without allowances, as other officers.
- 4th. Medical officers to be placed on the same footing as officers of the rest of the army as regards sick leave.
- 5th. Exchange to be allowed, and to be "*bond fide*,"

the officer staying at home to take up the post vacated by the officer going abroad.

- 6th. Medical officers to be relieved of all the duties properly belonging to purveyors, and which do not in any way pertain to the profession in which they have been brought up.
- 7th. Promotion to the rank of surgeon-major to be fixed at twelve years of full pay service, if not previously obtained.
- 8th. Medical officers of field rank to be entitled to forage.
- 9th. Surgeons-major after twenty years' service to rank as lieutenant-colonels, deputy-surgeons general as colonels, and surgeons-general as major-generals, according to date of commission.
- 10th. The tenure of office for administrative ranks to be limited to five years in each grade, or ten years in the two; officers so retired to receive the maximum rate of half-pay.
- 11th. The retirement of officers of the administrative ranks to be obligatory at 60 years of age, but on corresponding liberal terms.
- 12th. An increase in the present rate of voluntary retirements after twenty years' full pay service, and voluntary retirement to be unconditionally permitted after twenty-five years' full pay service.
- 13th. Those medical officers who have lost the prices paid for exchanges, or otherwise suffered pecuniary loss by the unification scheme, to receive compensation according to each individual case.

Dr. Brady alluded to the great and growing discontent which prevailed among the army surgeons, and pointed out that their position was lower now than formerly. Not alone had they to work seven days in the week, but they were deprived of that sixty days' leave which the combatant officer enjoyed, unless they provided, and in many instances paid for, substitutes.

Mr. Hardy said that medical officers were quite as much entitled to their leave as the combatant officers.

Dr. O'Leary pointed out that providing substitutes and loss of pay constituted the difference.

Sir P. O'Brien said that the existing regulations lessened the *esprit de corps* that ought to exist between officers in the same regiment, and made medical men feel that they did not occupy the same position as the combatants.

Mr. Gibson recapitulated the various injustices which pressed down on the medical officers, and commented especially on the difficulties thrown in the way of exchanges.

Captain Stacpoole contended that army surgeons of all degrees should have the same facility for exchanging as any other officers.

Mr. Hardy denied that any right existed on the part of any officers to effect exchanges. He then asked was it as a purely educational body that the deputation appeared before him?

Mr. Tufnell, in reply, warmly but impressively told the War Secretary that neither he nor Sir William Muir had the most remote idea of the deep-seated and teeth-grinding chagrin with which the medical officers of the army viewed their position.

Dr. Lush, accepting Mr. Hardy's interrogation as a challenge, stated that the English and Scotch Universities were represented on that occasion, and the deputation should in every sense be considered as a representative one.

After some further conversation, in which Mr. Hamilton, Mr. Macnamara, and other gentlemen took part,

Mr. Hardy, in reply, said that last year he received a deputation from the British Medical Association, who brought before him in a different shape the alleged grievances of the medical officers of the army. Since that time the subject had never been absent from his consideration, and he had made numerous calculations with reference to it. With regard to the proposed retirement at sixty years of age, he found that so far from its being generally

advantageous, it would be extremely prejudicial to many officers, and the effect upon promotion would be very small. It often turned out on inquiry that remedies suggested from without would really be no remedies at all. The question of forage was not settled with reference to medical men only, and the regulations could not be altered without altering them far beyond the medical department. His predecessor supposed that by certain concessions that were made an equivalent was in reality given for what was taken away. Last year he was asked to make promotion at the end of fifteen years' full pay service; now he was asked to promote at the end of twelve years; so that if he had assented to the former proposal it appeared that the question would not have been settled. With regard to the unification system, there did not appear to be a general agreement among medical officers. On the whole, the communications which reached him in the shape of letters and pamphlets showed the prevailing opinion to be in favour of the system with certain modifications; and to return to the regimental system would be almost impossible. Such steps in advance had been taken under the new system, that it would be very costly to alter it; it would alter the position of medical men, which, as far as possible, had been regulated with a due regard to any interests they might have. Sir William Muir would confirm him in the statement that, as far as possible, the medical officers had been retained with the regiments. There was no desire to separate them from them; and in every respect his wish was that they should receive as full consideration as gentlemen of intelligence and education were entitled to, wherever they were placed. With regard to the question of relative rank, practically it was often only a question of choice of quarters, as to which it was almost impossible to lay down absolute rules. He had given directions that as far as possible the quarters of a medical officer should be marked peremptorily, so that he might be placed in the position best adapted to his duties; and that where they could not be so marked consideration should always be given to the peculiar character of the services to be rendered. He did not think it was possible to go beyond that. It would not be to the advantage of the service to lay down a hard-and-fast line. He was still giving his best attention to the question. He was sorry to be so long about it, but he had been endeavouring to ascertain what would really settle the question upon fair and reasonable terms, being sincerely anxious to leave no real grievance in the army, because he knew it was essential to get a good class of men to serve in it, and without fair terms they could not expect to obtain them.

Chloral in Tetanus.

In the treatment of traumatic tetanus by chloral, Dr. Gontier reaches the following conclusions. Chloral may render great service in the treatment of chronic or subacute tetanus, and is especially preferable to other drugs. It is completely inefficacious in acute tetanus, and only has a slight palliative action. It may be advantageously associated with tonics, diffusible stimulants, and diaphoretics. Intravenous injections of chloral are extremely dangerous, and should, in the present state of science, be reserved for exceptional cases only.

The Administration of Phosphates.

It is maintained by Samson, Dujardin-Beaumetz, and other leading French physicians, that the only way of administering phosphates is to employ those which Nature has already assimilated, bran bread, and beans of different kind. We never it has been wished to augment the dose of phosphate by adding soluble or insoluble phosphates to the food of animals, these phosphates have only passed through the economy without effecting any lodgment there. However, beneficial results seem to have been obtained from soluble phosphates in certain affections; and these successes M. Dujardin-Beaumetz explains by the precipitation of insoluble phosphates, as M. Mialhe demonstrated a long time since, and M. Cauler at a later period, and by the favourable action of hydrochloric and lactic acids on the digestion.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 9, 1875.

THE ELECTIONS AT THE IRISH COLLEGE OF SURGEONS.

On Monday last, the first Monday in June, the annual election of Council of the College took place. The attendance of Fellows was somewhat over the average, though not at all as large as that of last year, where the Vice-Presidency was hotly contested. The number of Fellows who voted on this occasion was 132. By the retirement of Mr. Stapleton and the election of Dr. Croly to the Court of Examiners, two vacancies in the ranks of the Council were made, and for a seat amongst its members there were as candidates—Dr. Mapother, Dr. Jacob, Mr. Corley, Dr. B. F. McDowell, Dr. Thornley Stoker, Dr. Wheeler, Dr. Kilgarriff, Dr. Montgomery Ward, and Dr. Fitzmaurice, of Tralee. The election resulted in the admission of Drs. Jacob and Mapother, Mr. Kirkpatrick being replaced by Dr. Wheeler.

MEDICAL EDUCATION IN THE UNITED STATES.

It has long been a very sore subject in the United States that European nations have regarded the education of the medical men of that grand Republic with feelings quite the reverse of complimentary. When human affairs are at their worst, however, it is clear that a change for the better must take place; and we have to notice that an association has lately been formed in the United States, entitled the Medical Editors' Association, and that the President, Dr. William Edgar, has given a very excellent address to his *confrères* on the whole question of degrees in medicine throughout the States. The address is printed in full in the *St. Louis Medical and Surgical Journal*, and is well worthy of the attention of all persons in England as well as in the United States.

According to Dr. Edgar, there is much more competition in the ranks of the profession in the States than in Europe. Hence, he estimates that the medical services rendered gratuitously by the members of the profession in the States doubtless amount to one-half of all the service rendered by

the profession to the public, the most of which, it must be conceded, is for advertisement one way or other. "Doubtless our numerous clinics and dispensaries," he says, "are so loosely conducted as to include thousands who are quite able to pay."

There is another kind of advertising which has reached a point in America which threatens the humiliation of the profession, almost without redemption, that is, the multiplication of medical schools. It is well known to the profession in America that many of these schools are organised solely to advertise the men composing the faculties. A dozen or twenty doctors, more or less, meet and organise themselves into a medical faculty, a charter is procured, and the chairs apportioned out among them, whilst circulars, scattered far and wide, herald the wonderful advantages of the new school. In this way some twenty or thirty doctors are advertised into practice over their neighbours, who are often their superiors. The worst effects of these colleges are that they send forth yearly, if not oftener, hundreds of young men certified by diploma to be competent to assume the responsibilities of medical and surgical practice, when they have not the first qualification for the duties of either.

It is a common saying in the States that "our medical schools are the curse of the profession." It is stated that there are from 90 to 100 medical schools in the United States, while a dozen would suffice for half a century to come. Germany has only 9 in an equal population. A large number of the thousand professors thus lifted into prominence, it must be conceded, rest entirely on the school advertisements for the prestige and practice they enjoy, while thousands in the profession, their superiors, remain in comparative obscurity; hence the growing opposition to the schools everywhere manifested among the profession. One of the medical journals remarks that, what with the regular colleges turning out yearly their hundreds of merely half-educated physicians, the irregular schools graduating anyone who can afford a fee, the independent candidates for professional fees who scorn a diploma, to say nothing of herb-doctors, Indian doctors, old women doctors, &c., it is believed that the lower stratum of medical practitioners in the States actually kill, or ignorantly allow to die, hundreds and thousands of the poorer and even of the richer classes. "Murder stalks in the guise of philanthropy through every by-way of our commonwealth, and enters not rarely even the palaces of the rich." The *Boston Medical Journal* of February 11th says that no one can deny that the States are fairly overrun with quacks *et hoc genus omne*.

Dr. Edgar says that some doctors profess to believe that as the masses improve so will the average doctor, and that the supply will meet the demand; but he asks in reply whether the average intelligence of the masses in the States is not more than equal to that of the masses in Europe? Yet the doctors of the States do not compare with those of European States in general culture or medical acquirements. In every country where the medical man stands high the entrance to the profession is guarded by a State board, not instituted to protect the doctor, but the community against quacks. One of the great evils in medical education in the States seems to be that students are admitted to the medical curriculum who are totally

ignorant of Latin, Greek, or the ordinary points requisite to form an average educated person. Hence, it is said by Dr. Edgar that America is fast becoming the promised land for the quacks and impostors in medicine throughout the world. The men who fail to pass the Government boards for licence either in Europe or South America flock to the United States for an open field. The schools cannot remedy the evil, because they never will act together, so that any of them which would gladly institute an entrance examination would simply drive away the incompetent without excluding them from the ranks of the profession. All this is plainly too true. Dr. Edgar, as a remedy for the great evils of which he complains, sees but one effective way, and that is, that a State board should be instituted, and that a law should be passed making it necessary for all to obtain licence to practise from this board. This would at once deter a large proportion of incompetent persons from selecting the profession of medicine for their life-business. A law to this effect exists in Germany, Austria, France, and nearly all the prominent countries in the world. From the report of examinations in Germany in the year of 1874 about 25 per cent. of the candidates were rejected, the total number graduating that year being 660. In that very same year no less than 3,000 persons graduated in the United States, with a population in both cases of some 42,000,000. He proposes that the State examining board shall examine candidates on anatomy, chemistry, physiology, surgery, materia medica, obstetrics, pathology, etiology, and diagnosis, and omit the customary examination on therapeutics or the *modus operandi* of medicines. All persons who may engage in the practice of medicine and surgery in violation of this act shall not be entitled to claim compensation in the law-courts for their services.

Dr. Edgar urges that schools should simply *teach*, and then the school most careful in preliminary education and most thorough in its method would be patronised by the best class of students. He believes that this method would meet with the universal approbation of all medical men as well as of the public. And then he adds: "That one board in a State is ample is demonstrated by the experience in Great Britain, where, heretofore, they have had in all nineteen boards; but now a law is pending, which all of the colleges concur in, recommending to substitute but one board for them all—having but one gateway to the profession—but one board commissioned to grant licences to practise medicine and surgery. If the British kingdom can do with one board, surely one in every State would serve us."

We may as well inform Dr. Edgar that *all* of the nineteen colleges by no means concur in desiring to have a Government board of examination as in Germany. Here, just as in the United States, our licensing bodies have grown up slowly; and if they are in future destined to be obliged to abandon their cherished privileges, it may be said that they will certainly not do so without a very severe struggle. But certainly nineteen examining bodies are very much to be preferred to one hundred. In this country of England, although of late years many changes have been made, we must remember that our social system has grown to its present condition slowly, and must therefore learn to deliberate, and then act. In the States, hitherto,

the wonderful power of acquiring wealth, which results from the acquisition of unbounded territory by the descendants of the most civilised members of the human race, has enabled society to get along well enough without that accuracy of scientific knowledge which is found absolutely necessary to enable nations like this, already long over-peopled, to cope with the terrible difficulties of human life, wherever the struggle for existence is well-marked, as it is here.

Dr. Edgar says, with much truth, that of course men would still persist in practising homœopathy and other special practices, even if medical men were better sifted; but he maintains that, with a better knowledge of the sciences, which they would feel themselves compelled to acquire, in order to pass the State examination, they would certainly do less harm with a partial or illogical theory than an ignoramus would with a good one, and possibly a less number of them would be found to embrace such "pathies." In the words of the *New York Tribune*, "Why should not the State, in the interest of the public health, require that all persons who practise medicine shall have a suitable medical education? Why hesitate to enforce a standard of qualification in all branches of medical learning about which doctors do not disagree, nor do laymen, as to the importance of requiring every practitioner of medicine to have a sufficient knowledge of anatomy, physiology, chemistry, surgery, obstetrics, materia medica, and pathology?"

We sincerely trust that the address we have referred to may prove the dawn of better days to the medical profession of the United States, and feel assured that the encouragement of a high standard of medical science is the chief way to educate a nation in all that is noble and good.

Notes on Current Topics.

The Arctic Expedition and Alcohol.

It has often been said that, whether at the Equator or at the Pole, it is always found that teetotallers get along better than moderate drinkers. This fact was alluded to in a debate on the value of alcohol as an article of diet, held at New York not long ago, by Dr. Willard Parker, and we believe that the fact is quite indisputable. It appears that among the crews of the Arctic expedition there are several mariners who have made several voyages to the regions of eternal snow without ever having broken the abstainer's pledge to refrain from the use of alcoholic drinks, and to encourage the same practice in others. Dr. Parker has called attention to the question of the spirit ration served out to the soldiers in the late Ashantee war, and has shown that many soldiers did admirably well without any alcoholic stimuli in that dangerous climate. Alcohol is well known from late researches to lower the temperature of the surface of the body, and hence it is of course likely to be quite contra-indicated in Arctic regions. And we hear that former expeditions have proved that it is quite impossible to keep up the normal temperature of the body if alcohol is taken, except in the very greatest moderation. Doubtless one of the results of the

present expedition will be more thoroughly to clear up this important point in diet and regimen.

Mr. Maunder on the Treatment of Fistula in Ano.

MR. MAUNDER read a paper on "A Case of Double Fistula" in the Clinical Society on May 28th. The patient, a woman, æt. 24, had a fistula on the right side of the anus, near buttocks, and twelve months afterwards a similar one on the left side. The two sinuses were very much alike. The right was laid open by the knife, and dressed with oiled lint; the left was treated with elastic ligature. There was much pain on the ligatured side, and hardly any on the other, as the wound healed rapidly. The ligature took nine days to come through. The wound left by the ligature had callous and prominent edges, and did not cicatrise for eight weeks after that produced by the knife, although in the latter case the lint had remained in forty-eight hours longer than usual. This case was strongly in favour of the knife in every way. Mr. Heath thought that in cases of fistulæ very far up it might be prudent to use the ligature in case of hæmorrhage. He would never use the ligature for the removal of tumours. Mr. Hutchinson confirmed the view that the healing after the ligature was very slow. Mr. Hulke also spoke of the painfulness of the ligature, and Mr. Thomas Smith said it was so painful that he would never again make use of it.

An Ardent Sanitary Officer.

At the last meeting of the Tullamore Guardians a report was read from the Sanitary Sub-officer of the Kilbeggan district, which gave rise to considerable merriment among the assembled guardians.

The Sub-officer in question reported Dr. Barry, sanitary officer of the district, for allowing a nuisance, highly dangerous to public health, to exist on his premises at Kilbeggan. The doctor was directed by the sub-sanitary and executive officers to abate the nuisance immediately, but instead of doing so he addressed a letter to the Guardians to show that the adjoining occupier, being the person in whose premises the defective sewer—which was the nuisance complained of—originated, should be called on to abate it.

The Guardians gave directions to the executive officer to order the immediate removal of the nuisance by perfecting the sewerage.

Scarlet Fever in Clerkenwell—Censure on the Medical Officer.

DR. HARDWICKE has been most unfortunate in his relations with the members of his profession at the inquests over which he has presided as coroner since his election to that office. Recently he deemed it necessary and consistent with his duty to severely reprimand the medical officer for inattention in two cases of sudden death. On Saturday last this unpleasant task was undertaken by the jury at an inquest held by Dr. Hardwicke respecting the death of Alice Dorrington, aged two years and eight months, of St. Helen's Place, Clerkenwell. The jury returned a verdict to the effect that the deceased died from

scarlet fever, having taken the disease from another child suffering from the disease being in the same room, and that had the child first attacked been removed the death of the child might not have taken place, and agreed to a resolution expressing their opinion that the sanitary officers of the parish, who had been examined, did not appear to have taken such measures as were desirable for checking the spread of scarlet fever, shown to be prevalent in the district, and that the chief medical officer (Dr. Griffiths) had not acted in a satisfactory manner.

Cattle Disease in Spain.

It is directed by an order in the *Dublin Gazette* that in consequence of infectious or contagious disease called sheep-pox having broken out in Spain, it shall not be lawful to import any sheep or lamb from any port or place in Spain into any port or place of Ireland.

Poly-pharmacy.

PROFESSOR DE MUSSY says, in his *Clinique Medicale* :—

"Because, in bygone times, the most heterogeneous mixtures were used, or rather abused, in medicine, some physicians cover with ridicule, and seek to crush under the nickname of poly-pharmacy, the combinations in a prescription of medicines not chemically incompatible, and tending to one end. This exclusiveness, now very prevalent in Paris, does not commend itself to my mind as logical. If you are experimenting on the action of a given remedy, isolate it by all means, as perfectly as possible; but if your object be to benefit your patient by using drugs whose action you believe you know, what possible objection can there be to combining them, if not chemically incompatible, and if the stomach will tolerate the compound? In a battle all sorts of weapons are used simultaneously, and their action is concentrated on the point judged most important. This pharmaceutical purism seems to me exaggerated; but I must not be understood as recommending mixtures when a single drug is sufficient, or as wishing to recur to the age of elixirs and electuaries. *In medio stat virtus.*"

Small-pox Inoculation in Ireland.

At Tobercurry, in the co. Sligo, a man named Charles Stenson was charged with the homicide of several children, by inoculation with variolous matter.

The informations of several persons were read, after which the parties were examined orally in support of the charges, which were brought to light under great difficulties. The Crown Solicitor called upon the Bench to send the accused for trial to the Assizes, which was done, bail being refused. There were other cases against the accused, in which deaths had not occurred, and the magistrates decided upon not adjudicating upon them until after the trial on the charge for which he was committed, and adjourned them for two months.

Memorial to the Inventor of Ovariectomy.

THE American Medical Association, at its recent annual meeting at Philadelphia, has resolved, on the motion of Dr. Marion Sims, to raise a great memorial to "The Father of Ovariectomy," Dr. Ephraim McDowell, of Kentucky. The following resolutions were adopted with acclamation :—

Whereas, it is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of the operation of ovariotomy; and,

Whereas, we believe that proper measures should be instituted to commemorate this great achievement and do appropriate honour to its author; therefore,

Resolved, That this Association recommend to each of its members and to the profession generally, to contribute annually such sums as they may think proper, until the amount of 10,000 dols. shall be accumulated, which shall be known as the McDowell Memorial Fund, the interest of which shall be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries.

Upon the adoption of the report, Dr. Gross addressed a few remarks to the Convention pertinent to the matter. He said that in 1852, in conjunction with a number of physicians of Kentucky, he had investigated the claims of Dr. McDowell to the origination of the operation that has been of such incalculable good to mankind, and it was then established beyond all question that to him belonged all the honour of having first introduced the operation. He concluded his remarks by subscribing 100 dols. to the fund.

The Treatment of Saccharine Diabetes.

It is always useful to make known all therapeutic attempts of a serious nature undertaken with a view, if not of curing, at least of ameliorating the condition of a disease about which, until this date, we know of no positive treatment. If the different agents made use of to combat saccharine diabetes have all, in certain cases, given good results, this is because there is no unity in the disease. The pathological study of saccharine diabetes leaves yet much to be desired. It is clear that the separation of the different forms of the disease will be more complete when a regular therapeutic course shall have been pointed out. In this respect the works we are rapidly about to mention are a true progress.

Dr. E. Hartnack thinks he has shown that the quantity of sugar contained in the urine of a diabetic patient is directly proportional to the hydrocarbons taken into the body. If this first point were established it would tend to confirm the theory which says that diabetes depends on an arrest in the transformation of said hydrocarbons. If this first proposition be admitted nothing appears more rational to him than the treatment he employs; after the example of Schultze, he administers glycerine, but that author thought that glycerine transformed itself rapidly into sugar in the organism, and prevented thus a quantity of starchy matters from being eliminated in the condition of sugar.

Hartnack does not admit this interpretation. The following is his treatment: he gives 100 grammes of glycerine in the form of lemonade, and in these conditions he has never seen accidents take place. It is easy, according to him, to understand the action of this medicament: we must guard against two vices of nutrition which constitute the greatest danger of the disease—first, the loss of the materials of oxidation; secondly, the loss of water. Glycerine, which is oxidised in the economy, fulfils the first indication; the second requires, above all, abstinence from starchy foods. Hartnack does not hesitate to suppress the hydrocarbons, and the less so because for diabetics they are no longer a food. Glycerine, he says,

plays on the diabetic the part of starch foods on the healthy: among other advantages, it possesses that of diminishing the desire for starchy foods, which is so great in diabetic patients.

These two parts of the treatment are absolutely indispensable. Let us, indeed, suppose that we administer animal diet to a patient without glycerine: the quantity of sugar excreted diminishes notably, it is true, as well as that of the urine, but we do not supply the loss produced by combustion; the weakness persists, and the patient succumbs to progressive consumption. It is only after the administration of glycerine that his general health improves and his flesh returns. If we give, on the other hand, glycerine, without suppressing the starchy food, the quantity of urine remains the same, and consequently exhaustion continues to progress.

Kussmaul, in common with Hartnack, has treated diabetics by glycerine, but has not obtained the same favourable results; however, he had taken care to associate glycerine with nitrogenised diet. He thinks that meat alone has better effects than when it is allied with glycerine.

He has besides employed injections of diastase into the cellular tissue and into the veins. This treatment has given the following results: first, from 10 to 20 centigrammes of diastase dissolved in water injected on several occasions into the cellular tissue of a diabetic patient had no effect on the quantity of sugar passed by the patient; secondly, 10 centigrammes of diastase injected into the large veins diminished the quantity of sugar passed.

Balfour treated diabetics by different methods. In fat patients he associated the nitrogenised diet with koumiss and a large dose of lactic acid. He relates seven severe cases treated by this method, and in which he obtained true successes, in some cases considerable amelioration, in others, at any rate, temporary cure. In diabetics with phthisis this treatment is of no value, and in these latter cases he would not be disinclined to try phenic acid.

The Demise of the "Irish Hospital Gazette."

OUR contemporary the *Irish Hospital Gazette* has ceased to appear. The fact, even if personally uninteresting, would require notice in our columns, and we record it without exultation as a proof, once again repeated, that a periodical published at frequent intervals, and being purely Irish, and wholly scientific, must, if maintained at all, be maintained at a monetary loss for collateral objects. The *Irish Hospital Gazette* was the third effort to supply some fancied want which a politico-scientific journal like the *MEDICAL PRESS AND CIRCULAR* is—upon unknown data—supposed to be incapable of satisfying. It was started with exceptionally encouraging commercial advantages at its back, for its finances were in the hands of the first money-making newspaper staff in Ireland, and its typography was assumed to have been provided for upon the easiest terms. Its literary department was in the hands of a gentleman who, while entirely competent, most energetic, and decidedly popular, was—if we may be permitted to conjecture—placed in circumstances such as to render him superior to any passing financial necessities.

So far as the advantages to which we have referred could go—and we can state that they are far from insignificant—the *Irish Hospital Gazette* ought to have com-

manded success. It has not done so. To those who think that journalism is child's play we say that the hint given them this week ought to be sufficient.

We part from the *Irish Hospital Gazette* almost with sorrow. Its editor has not played at journalism without advantage, for he has shown himself a gentleman—industrious, conciliatory, and intelligent, and it is really a subject for regret that his identity should be merged in that of our esteemed mensal contemporary the *Dublin Journal of Medical Science*; but the lesson will not be amiss if it satisfies those who are ambitious of newspaper honours that journalism is “not so easy as it looks.”

The Rotundo Lying-in Hospital.

A DECISION has been arrived at by the Irish Law Courts which seriously affects the finances of one of the best medical institutions in the three kingdoms. The Rotundo Lying-in Hospital, in Dublin, was, as all know, built and founded by Bartholomew Moss. His endowment was insignificant, but for a long time the charity lived—and lived well—by the letting of its public concert rooms, and by a certain tax upon the householders of Rutland Square, in which it is situated, which was presumed to be legal, and was never disputed. Within a few years past the finances of the institution have fallen into unmerited decay, inasmuch as other buildings have sprung up which provide superior accommodation for public performances, and the Governors of the Rotundo have had no funds to make the disposable part of the institution attractive. To make matters worse, the legality of the tax imposed upon the inhabitants of the square has been challenged by a local limb of the law, and the Governors have been beaten. It seems that in the “good old times” the square was lighted with oil-lamps, of which an occasional specimen—smoking and dismal—depended from a string across the street. For this illumination the then Governors charged each house, or each lamp—we forget which—3s. a year. But oil went out, and gas came in, and, nevertheless, the Governors continued to levy the lamp-tax as before, to which the inhabitants now emphatically object. The limb of the law aforesaid has recently joined issue, and the result is the disendowment of the hospital.

We very much regret that so fine and ancient an institution should be thus hampered in its usefulness, but we have every confidence that a little energetic mendicancy will supply the void. No institution in Dublin ought to beg with as much success, or command as much sympathy, and we have, therefore, no fear for the ultimate prosperity of the Rotundo Hospital.

Dr. Lyon Playfair on Vivisection.

At the distribution of prizes to the successful students at King's College, on Thursday last, Dr. Playfair took occasion to refer to this subject, with which his name has been so frequently associated. He said that he had communicated with Messrs. Darwin, Huxley, Burdon-Sanderson, and others with the view of framing a code of morals which might be accepted by physiologists as an example of the manner in which such experiments should be conducted, for he fully recognised the fact that the law would be powerless to restrain such operations if it were so se-

vere or unreasonable as to drive the operators to perform them in private. If the law for the restraint of cruelty was to be operative it must be so fair and reasonable as to enlist the sympathies and co-operation of humane men of science. A reasonable law would find ready acceptance. He did not agree with those who would prohibit vivisection even for the purposes of scientific investigation. Above all sciences medicine required a close questioning of nature, and it would be most disastrous if physiologists were restricted in the science of anatomy. He expressed his satisfaction that such a man as Lord Cardwell had been appointed President of the Royal Commission to inquire into vivisection.

The Irish County Infirmaries.

A POLICY initiated some years ago under the régime of Sir Robert Peel, to do away with the Irish County Infirmaries, continues, we regret to observe, to bear its fruit at the present time. In several counties the Grand Juries have withdrawn the grants in aid of these institutions, or have threatened to do so, and though in other places the efficiency of administration of the infirmaries has protected them from such a proposition, yet the feeling seems to be gradually spreading that the workhouse hospital serves all the purposes for which the infirmary was intended, and that a separate institution is not needed. This opinion arises from ignorance of the feelings of the poor and of the wants of the country, and we have frequently contested it in our columns. We observe that a proposal of the Mayo Grand Jury to close the Castlebar Infirmary has excited just indignation amongst the people, and on the motion of the Chairman of the Swinford Sessions a resolution has been adopted which must have the approval of anyone who knows the facts of the case. He said that that was the time for the cesspayers and sessions to express an opinion respecting the proposition of the Grand Jury of last Assizes to do away with the Co. Infirmary. His own opinion was that the poorhouses were not adapted to the wants of the classes who sought medical aid or ease in the County Infirmary. He thought in their present condition it would be a great hardship to send respectable peasant families, small farmers, artisans, and others, to the workhouses to be degraded to associations which the very word pauper conveys in all its repugnance to the feelings of decent and self-reliant people. The present state of the law forbade such persons from seeking admission to the workhouse—for great as the hardship might appear when one attempted to associate these places with charity, all who claimed Poor-law relief would have their names recorded on the list of paupers, and would be for ever after disfranchised as an elector for the county. These were all very weighty considerations. The whole grant out of the public cess came to little if any over a halfpenny in the pound. These hospitals did a great deal of good in the country, for they were administered under a humane law that offered no degradation to feelings or citizenship of persons who sought medical cures in the hospitals. The Co. Infirmary is the oldest institution in the county—it is much approved of by the people. The workhouses were neither suited nor acceptable, nor were they a fair or equitable substitute or compensation for the county infirmaries, the abolition of which was manifestly

premature. This opinion was but the generally expressed opinion of all those having knowledge of the cesspayers on the subject, and being assembled there to-day in large numbers, it was fair they should express their feelings.

Resolved,—“That, seeing at the last meeting of the Grand Jury of this county it was proposed that the County Infirmary be reduced at each Assizes, and thereby close the institution, it being alleged that the workhouse infirmaries were sufficient for all purposes, and that the baronies distant from the Co. Infirmary did not benefit by it in proportion with the barony in which it is situate, we desire to express our opinion that to deprive the county of an institution of which persons of all classes can avail themselves, thereby compelling respectable persons to resort to the workhouses, is most objectionable. That the workhouse infirmaries are not constituted in a way to allow separation for patients from the ordinary inmates. That to compel the class of patients who go for treatment to the Co. Infirmary to associate with the inmates of a workhouse is repugnant to the feelings of the people. That we consider the saving in the cess of a farthing in the pound, the amount of the present grant of the Co. Infirmary, would not compensate the ratepayers for the expenses that should be thrown on the rates in providing adequate accommodation and treatment for the infirmary cases, a class of persons which the workhouse was never intended for.”

The resolution was carried amidst acclamation and cries of “No poorhouse, no poorhouse.”

The Puerperal Fever Debate.

THE discussion on Puerperal Fever was renewed on Wednesday last at the Obstetrical Society. There was a large attendance of members. Dr. Arthur Farre was the opener of the debate, and he gave an outline of the views of Kirtland on the subject, written a hundred years ago. That author considered childbed fever to be merely a name which included all the varieties of fever met with in childbed. In the nomenclature of the disease proposed by the Royal College of Physicians of England, it was placed near pyæmia, and far removed from specific fevers. He knew of no form of contagious puerperal fever distinctly caused by a morbid poison. He would rather speak of puerperal fevers, and thought them divisible into—(1) simple irritation without blood infection; (2) a fever not specific in its origin, and with an incubative period, and which runs an indefinite course; (3) where specific blood infection exists. The two first varieties are strictly puerperal, but all three might be included under the term post-partum. Dr. Savage thought that the septicæmic process was at the root of all cases of puerperal fever. Dr. Wynn Williams also thought that all cases of puerperal fever were from septic influences, depending on decomposition of clots, or injuries to soft parts. Hence he recommended the use of iodine both as an intra-uterine remedy and as a means of disinfecting the medical attendant. He thought that bacteria were only the result of putrefaction. Dr. Playfair also denied the specificity of puerperal fever, and said it arose from the contact with septic material. Dr. Tilt thought the influence of zymotic diseases in the causation of puerperal fever had been over-rated, and too little attention had been given to the production of this disease through autogenetic influences.

Drainage of Brighton.

It seems that several of the houses of the western

suburb of Brighton are still unconnected with the main drains. Cesspools seem to be still common in Hove. Now, notwithstanding the occasional causation of typhoid fever from water or from milk, it cannot, we think, be doubted that one of the commonest causes of that disease is the occurrence of fœtid exhalations from badly constructed drains. That is the true reason, we opine, why typhoid fever is so prevalent in Paris as compared with London. The fœtid smells in Paris, Rome, and most Continental cities will be remembered with loathing by all travellers, and the chief mark of English civilisation is, we think, to be seen in the rapid strides our cities are making in obtaining pure air in the houses of the poorest citizens.

The River Cam.

THE river Cam, at Cambridge, has always been noted as rather an unwholesome stream. Latterly it has been especially fœtid in its exhalations, and it is high time that the municipality should bestir itself to remedy the nuisance so bitterly complained of by some dwellers in Cambridge.

The College of Surgeons of England.

WE hear that Mr. Prescott Hewett will offer himself for re-election at the next ballot at the College for Members of Council, so will Mr. Birkett and Mr. Spencer Smith, and Mr. Cooper Forster will come forward as an aspirant to a seat on the Council. Mr. Smee and Mr. Hussey, of Oxford, will also come forward as candidates.

Captain Boyton's Feat.

GREAT enthusiasm has been excited in all quarters by the successful termination of Captain Boyton's essay at crossing the Straits of Dover. We doubt not that during the present summer or autumn some brave English or French swimmers will try to follow the splendid lead set by the daring American. Captain Boyton does not seem to have suffered in health in the least by his long stay in the sea, although he was 23½ hours in making the passage. Probably this *hardness* of constitution arose from the fact that he had been training for the feat, and had been living chiefly on eggs and beefsteak. We should like to have heard whether he took alcoholic drink during the passage or not, but suppose that this was not the case, as he is reported to have drank some strong green tea to refresh him, and keep off a feeling of somnolency, which seems to have tormented him not a little.

Brompton Consumption Hospital.

LORD DERBY presided lately at the annual meeting of the Hospital for Consumption and Diseases of the Chest. It was reported that 15,500 out-patients had been under the care of the medical staff. The total receipts were some £17,000, and expenditure £16,000. There are at present 257 beds available for patients. Dr. Cotton and Dr. Quain have been made consultants. Not long ago a lady left the hospital £100,000.

THE amended Public Health Bill passed the Committee of the House of Commons on Thursday last with loud cheering.

Plague in Asia.

A VILLAGE on the frontier of Turkey and Persia is said lately to have had 100 deaths from "plague" in a population of 1,500. Was this Asiatic plague or typhus?

Examination for the F.R.C.S.

THE examination for the diploma of Fellow of the Royal College of Surgeons of England seems now to be a reasonably good and searching test of a man's abilities. In the last half-yearly examination, which terminated on Saturday week last, only 13 out of 24 candidates passed that examination. Of these 7 candidates were rejected for the first time, 3 for the second time, and 1 for the fifth time. The election of Members of Council of the College takes place on Thursday, 1st July.

Vaccination in St. Pancras.

THE Vaccination Acts are at present, it appears, well carried out in the parish of St. Pancras, London. It is stated that in one quarter's returns there were but two defaulters to be mentioned. In the four months which ended September, 1874, there were 2,637 children born in the parish, and of these 1,474 were left unvaccinated within the legal period. Official notice was sent to the parents, and 947 more were vaccinated, after which it was found that of the remaining 527, 192 cases had removed from the district, 227 were dead, and only 64 cases were contumacious. The parents of the latter obstinate babies had received fourteen days' notice to comply immediately with the Act, under penalties in case of refusal.

The Sewage of the Thames.

As a result of the increasing attention to cleanliness and good drainage which characterises the present epoch, we have to mention the fact that the towns of Staines, Wallingford, Henley, Marlow, Egham, and Lechlade no longer allow their sewage to flow into the river Thames, but have constructed intercepting cesspools. The Maidenhead sewage is put on the land. Oxford, Reading, and Windsor are imitating these good deeds, and Chertsey and Slough likewise.

The Limerick Workhouse again.

ANOTHER and a serious item is added to the notoriety which the Union Workhouse of the Limerick Union has attained. In this instance the facts, as well as we can glean them, are as follows: Matthew Brennan, aged 16 years, the son of a respectable farmer, was brought into the fever hospital about 7.30 p.m. on Saturday evening in high fever. He was seen that evening by the resident medical officer. The Master gave directions to the day nurse that she should remain up beyond her usual time for leaving, in the fever ward, and assist the paid nurse. The day nurse is said to have remained in and about the ward till 3 o'clock a.m., when she retired to rest. The pay nurse asserts that she saw the patient frequently during the night. About 5.30 a.m. the patient was missed from his bed, and was found at 6.30 a.m., an hour after he was missed from his bed, lying on the ground beneath a window of the ward in which he was seen at 5.30 a.m.; a rug and blanket were about him, and he was raving. The

window is 28 feet from the ground. An iron cross-bar appears to have been removed from the window, and placed on the window sill, as if done with coolness and deliberation; but there is no saying when or how the iron bar was removed. As to whether or not there were such marks on the body as would be produced by a fall of 28 feet, the rumours are contradictory. It would seem to us to be altogether impossible for a patient or a person in his perfect health and senses to come down from a height of 28 feet without broken bones or serious abrasions and bruises; and how he could have got on the ground otherwise is a mystery which can only be solved in one way, that the doors were open, but by what means, or how they were open, if they really were, remains to be seen. The patient lived for twenty-four hours after he was removed to the hospital.

State Medicine at Cambridge.

THE University of Cambridge has completed the regulations for the examination in State Medicine, which is to take place in October next. A Syndicate has been appointed to make the arrangements. Regulations have been issued and suggestions have been drawn up as some guide to candidates preparing for the examination. The Regius Professor of Physic (Dr. Paget), Dr. A. W. Barclay, of St. George's Hospital, London, Dr. Parkes, and the newly-elected Jacksonian Professor (Mr. J. Dewar), have been appointed examiners. A better board of examiners, one more calculated to inspire confidence in the examination, could scarcely have been selected. The examination will be open to all registered practitioners, whether they be members of the University or not.

Cholera in India.

In a private letter from India, dated May 14th, our correspondent does not draw a very enticing picture of present probabilities. He says: "Cholera is breaking out in all directions, so one must make up one's mind to face it; it is our daily bread and business, and doctors die like other people. If health permits, I have much interesting material to furnish for your columns; but this cursed climate plays the very devil with one; some grow lean, some grow fat, all grow lazy; all have livers like portmanteaus; and not a few get so cranky and irritable as to be intolerable to those about them. There are many things I want from England, but must wait till this cholera business is over; there is more yet undeveloped. In India the ranks close very rapidly: you die to-day, are buried to-morrow morning, and forgotten by dinner-time. The next day your things are sold—often at an alarming sacrifice."

Metropolitan Hospital Sunday.

THE Council of the Metropolitan Hospital Sunday Fund met on Thursday last to elect the Distribution Committee for the Fund about to be collected on Sunday next. The members selected were—Lord Ashley, Sir Sidney Waterlow, M.P., Thomson Hankey, Esq., M.P., Samuel Morley, Esq., M.P., Alderman McArthur, M.P., W. G. Callender, Esq., F.R.S., Thomas Turner, Esq., Treasurer of Guy's Hospital, Jervoise Smith, Esq., and

Dr. Sedgwick Saunders. The Lord Mayor, the Sheriffs and Members of the Courts of Aldermen and Common Council will attend Divine service at St. Paul's Cathedral in the morning, and Westminster Abbey in the afternoon, as in former years. The sermons at St. Paul's will be preached by the Rev. Canon Miller and Bishop Claughton; at Westminster Abbey, by the Rev. Canon Puckle, Vicar of Dover, and the Archbishop of York; at the Chapel Royal, Whitehall, by the Bishop of Ely; at the Savoy, by the Bishop of Bangor. The Lord Mayor, in a letter to a morning contemporary, put the Hospital Sunday Fund in an excellent way before the public, and hoped, as all differences of opinion had been fairly adjusted, this collection might prove more beneficial for the hospitals of the metropolis than that of previous years.

Cremation in Switzerland.

THE *Continental Herald* says the Executive Council of Zurich had refused to give their consent to the statutes of the Cremation Society, under the plea that so sweeping a change in the method of disposing of the dead should, in the first instance, be approved of or admitted by a special law.

Filtration of Air.

IN House of Commons Lord H. Lennox, in answer to Mr. Cawley, said the experiments made by Dr. Percy in the filtration of the air introduced into the House through cotton wool had been attended with great success. Of course there was no objection to applying this system of filtration to the House if it was thought necessary; but at present the air entering the House was filtered through the finest cambric, with almost the same effect as passing it through cotton wool. The cost of adopting the system for the two Houses would be a first outlay of about £200, and an annual outlay of between £50 and £100 for labour and material.

The Transmission of Syphilis.

MR. BERKELEY HILL analyses in the pages of the *Medical Record* a case quoted from Dr. Lewin, in which a woman with a child at the breast suckled a syphilitic infant, and then infected her husband and child. The husband died of syphilitic brain disease. The woman then married again, and the second husband escaped syphilis, although the wife had frequent syphilitic affections of the pharynx and larynx. The woman had two children by the second marriage. The child of the first marriage was treated by mercury, and its symptoms disappeared; but when examined it was found to have adhesions of the soft palate and a notch on the epiglottis, and also had suffered from her sixteenth year from lupus of the thigh and periostitis of the os frontis and tibia, which relapsed. At seventeen this child married a man not previously syphilitic, who died a year and a half subsequently from tubercular meningitis. A premature child was born, which lived fourteen days. Two years after this she married, and has now a child seventeen months old, with scrofulous lichen and gummy ulcer of the thigh. As to the mother, one of her children by her second marriage died at five and a half months; the other, a girl aged thirteen, was healthy until

her sixth year, and then syphilitic eruptions appeared which lasted for five years. "This family," says Mr. B. Hill, "is an example of the long duration of the syphilitic poison, and how deeply it penetrates the organism. Further, one of these cases shows that a child may inherit syphilis which will not become apparent for several years after its birth. Probably many cases of ulcerating skin disease, especially lupus, are really manifestations of syphilis. Lastly, that hereditary syphilis can be derived solely from the mother is also clearly shown by these histories."

IN Guernsey it appears that etherised vapour is used to tame vicious horses during the operation of shoeing, and with favourable results.

OF the Fellows elected at the annual meeting of the Royal Society of Great Britain last week, one only was from the ranks of the profession, viz., Dr. Risdon Bennett, the representative of the Royal College of Physicians of London at the Medical Council.

THE *Gazette de Pharmacologie* is good enough to inform us that M. Haydach has analysed orthoamidotoluene-sulphonic acid and diacorthoamido-paratoluene-sulphonic acid; and also affirms that the action of pewter and hydrochloric acid on nitrobromacetanilide produces hydrochloride of ethenylbromophenylenediamine.—*London Medical Record.*

IN the mountainous parts of North Italy the chestnut forests have been attacked with disease; the roots are first destroyed, and then the trees decay and topple. As chestnuts are a staple food of the inhabitants the Government has hastened to appoint a committee of scientists to examine into the disease, and apply remedies if possible.

A GRAND fancy bazaar, under the patronage of three Princesses and other notables, will be held in the Duke of Wellington's Riding School on Wednesday, Thursday, and Friday, next week, in aid of the National Hospital for Consumption, Ventnor, Isle of Wight.

PROF. GROSS, of Philadelphia, on the eve of his departure from Louisville, after attending the meeting of the American Medical Association, was the recipient of a handsome team of Kentucky horses, the gift of his medical friends and citizens of Louisville. Dr. Gross for many years was Professor of Surgery in the Louisville University, and during that time made hosts of friends among his medical brethren and the citizens. The team is valued at \$800.

ON Monday week last Dr. Cuppage, of Silverwood, about half a mile from Lurgan, was found dead in his bed. The deceased gentleman had gone to his bed the night before in his usual health and strength, and on the following morning the inmates of his mother's house, suspecting that he had slept too long, went to awaken him, but, as they thought, finding him in a sound sleep, they did not like to disturb him. During the forenoon they repeated the visit twice or three times, and at last, having become

suspicious, they went to rouse him, when it was found life was extinct.

THE *Shanghai Gazette*, alluding to the death of the late Emperor of China, conveys the information that shortly before the Emperor's death a gigantic image, the Goddess of Small-pox, was paraded round the city of Peking in solemn procession, and then taken into the very bedroom of the dying youth, where it was worshipped and honoured with many propitiatory offerings. As, however, the goddess continued obdurate, she was subjected to a severe thrashing and other insults, and finally burnt. The fatal result of the attack was, we suppose, her revenge for the mal-treatment.

"We are happy to hear that Dr. Prosser James has so much recovered from a severe attack of rheumatic arthritis as to have been able to commence a summer course of *Materia Medica* and Therapeutics at the London Hospital. The introductory lecture was very interesting, as, instead of plunging *in medias res* on the business of the drugs and their applications, he drew a bold sketch as Cox would have done of the picture which has to be filled up; but when we allude to Cox we do not mean to infer that the Professor's bold outline was at all watery, on the contrary, it was distinct and graphic, sometimes drawing attention to circumstances which the student will recollect in the future courses. Amongst the visitors to welcome the lecturer was the veteran London Hospital Professor Dr. Billing, now considerably over four-score years, looking hale and hearty, and withal delighted to see his patient back again in his accustomed chair, which we hope he may live long to fill."—*Students' Journal*.

THE Adulteration of Food and Drugs Bill passed the second reading in the House of Lords yesterday.

THE annual meeting of the Irish Medical Association took place on Monday last, and of the proceedings we give, in another part of our issue, as much as the lateness of the hour of meeting permits. The occasion derived especial interest from the fact that it was the first meeting of the Association since its reorganisation, and those who are interested in its welfare have every reason to be satisfied with its success. It was largely attended by the leading provincial and metropolitan surgeons of Ireland, and the speeches which were made evidenced an earnest interest on the part of the profession in the advancement of the objects to which the Association is devoted. The administration of the organisation has fallen into energetic hands, and it will, without doubt, be found to deserve the best support and influence of the medical men of Ireland, and especially of the Poor-law medical officers. The opportunity is now presented to join in one earnest movement for their own and the public advantage, and if the present effort at building up the Association as an influential organisation should fall to the ground the provincial medical men of Ireland will deserve to occupy the unsatisfactory position in which they have so long stood, and to labour still under their unredressed grievances.

Literature.

ON THE PSORIASIS OR LEPROA. (a)

THE preface of this book informs us "Erasmus Wilson has given us a work on eczema, as it seems to me well inspired, and not without advantage to science, and the same I would attempt with psoriasis—a disease which has something of the picturesque." We cannot fully appreciate the "picturesque" element in psoriasis, but well remember an old pupil who, when under examination at the College of Surgeons, was so delighted at his own descriptive powers that on rejoining his companions he said, "Boys, didn't I give them a beautiful *landscape* of delirium tremens." So, perhaps after all, there may be picturesque elements even in disease. It is unfortunate for the execution of Mr. Gaskoin's designs that the two eruptions, eczema and psoriasis, differ widely, that the writers on them are also different, and we fear as a result the two works produced will be found hardly of equal value, regarded either in a scientific or a practical point of view.

There are scattered through Mr. Gaskoin's pages several fragments of old lore and quaint research in the half-forgotten histories of the past. We are reminded how Themison, of Alexandria, first distinguished gout from rheumatism (p. 57); Nicholas Massa is appealed to in relation to the tendency of psoriasis palmaris to recur after months or years of apparent cure (p. 89); and there are some interesting observations made in the appendix relating to the administration of arsenic internally, in which the claims of Dr. George Pearson to be considered the introducer of the liquid commonly known as "Pearson's solution" are discussed; whilst Girdlestone's paper, published in the year 1806, receives due attention, and his successful case of lepra cured by arsenic is referred to.

Mr. Gaskoin's estimate of the value of arsenic in psoriasis is shown by his statement in page 139: "In short, to deal ably with psoriasis it is necessary in the first place to know all about arsenic, and indeed, to make a particular study of this drug." His views as to the best mode of exhibiting it and its dose are summarised at p. 151: "Arsenic should be given in full doses at first, and afterwards in decreasing doses. This is a rule which is well stated by Hunt should be rarely departed from."

The following extract will be novel to many. We believe there are few who have tried carbolic acid for psoriasis, or are likely to give it a trial unless more detailed information is forthcoming as to its positive advantages. Half-a-dozen selected cases cured by its administration, and succinctly told, would deserve letters of gold, and obtain more favour than a volume of assertions:—

"The use of carbolic acid has been pretty successful in my hands, though I deem it far inferior to arsenic in efficacy. The dose is generally about five grains. I have prescribed it in the form of glycerinum acidi carbolicum of the British Pharmacopœia, and have given pretty large doses of it. Of this I find two scruples, or half a drachm, to be a full dose, but sometimes I have even used a drachm, and continued its use with benefit for several weeks; but this dose I consider too high. It is apt to produce a sense of fulness and pain in the head and stomach, with a general discomfort."

In writing of the action of cantharides we have a fair sample of the present work, and extract the entire paragraph:—

"*Cantharides, or Lytta*.—I have frequently tested the efficacy of this remedy by giving it internally, unassisted by any local application. It is recommended in sluggish leucophlegmatic temperaments, and in these I have found it of no doubtful efficacy; but its action does not seem to be entirely confined to these. I believe it to have a great power over psoriasis, especially in conditions of debility;

(a) "On the Psoriasis or Leprosy." By George Gaskoin, Surgeon to the British Hospital for Diseases of the Skin. London: J. and A. Churchill. 1875.

but I have refrained perhaps with too much scruple from the use of it, through an impression made on me a long time since by the case of a gentleman who was a victim of its employment. Nevertheless, I have given it sometimes in pretty full doses without ever having met with such a result. The dose of cantharides scrupulously given is from eight to ten minims two or three times a day; or a drop may be given for every two years of a boy's age till ten or twelve drops is attained, and fifteen drops I have seldom overpassed. For the cure of dropsy I have been accustomed to see much larger doses prescribed. This medicine, recommended by Dr. Mead, was also much employed by Bielt, and after him by Devergie. It is perhaps not so generally known in the profession that it has been highly praised in veterinary medicine for the cure of glanders and farcy. It is certainly a strong stimulant and stomachic, and wonderfully improves the appetite for food. By some the medicinal power of cantharides is wholly attributed to the stimulus it bestows on the stomach. Its use in medicine owes much to a surgeon of the name of Robertson, who published some excellent practical works on the subject in the beginning of the century. It was by him chiefly recommended for the cure of leucorrhœa and affections of the mucous membrane of the urethra, and, moreover, for ulcers of the skin, wherein I have also prescribed it, I believe, with advantage. It would appear that all forms of complaint for which lytta has been successfully prescribed are more or less conditions of debility."

We have abstracted the above quotation in its entirety, though unable to see what connection there exists between psoriasis and glanders or farcy, or why these diseases are dragged in at all; at all events, if cantharides are of as little use in psoriasis as they are in either glanders or farcy, we fancy the profession will not regret their ignorance of the praises foolishly bestowed on them by veterinary practitioners.

We have found this work unusually hard to read; its author's modes of expression are often novel, and his sentences not very lucid in their construction. We have learned a good deal about the history and literature of the disease—little of real practical importance. Nor for this can we blame the writer; so far as others have gone he has gone, and no farther; the object of his ambition is laudable; and he who succeeds in obtaining a decided and tangible advance in the curing of psoriasis will hereafter rank in physic high amongst its illustrious benefactors. Beyond the administration of arsenic internally, the facts of which are to be found in every elementary work either on cutaneous diseases, or of pharmacy and therapeutics, and which, alas! too often fails to cure even in most careful hands, and our knowledge of tarry applications, of which Hebra is our best and most reliable exponent, we fear that psoriasis must still remain to some extent an opprobrium of our art, and we will gladly hail any increased information which may enable us to do what Dr. Gaskoin's work certainly does not accomplish—cure it more rapidly, better, or more certainly than before.

EXPERIMENTAL CHEMISTRY. (a)

THIS little book consists of a short series of lectures on chemistry introductory to the general course. They are not, therefore, by any means exhaustive in the treatment of the special points of the course, inasmuch as they are intended, not as a course of lectures on chemistry complete in themselves, but as preparing the way for the reception by the student of the facts and principles taught in a more extended course of lectures on the subject.

(a) "Six Short Lectures on Experimental Chemistry, introductory to the General Course." By J. Emerson Reynolds, F.C.S., M.R. Coll. Physicians, Dublin and Edinburgh; M.R. Coll. Surgeons, &c.; Professor of Chemistry to the Royal College of Surgeons in Ireland; Professor of Analytical Chemistry, and Keeper of the Minerals, Royal Dublin Society; Examiner in Medical Jurisprudence and Toxicology in the Queen's University, &c. Dublin: Hodges, Foster, and Co. 1874.

Professor Reynolds's aim in this course is to make the student familiar with experiments from the first moment of his commencing the study of chemistry, and by means of experiment and reasoning illustrate the method of study which is most suitable in chemistry. He thinks that without some such elementary training the study of chemistry is rendered unnecessarily difficult, and thinks it desirable that this instruction should be given to the student after he has some acquaintance with elementary physics, and before he proceeds to the systematic study of the elements as given in the ordinary text-books. Mr. Reynolds also endeavours, by making quantitative experiments, and thus connecting the idea of QUANTITY with the chemical changes occurring, to lead the student to the discovery of some of the primary laws of chemistry, and to aid him to appreciate the mode of derivation, meaning, and utility of the modern table of atomic weights of the chemical elements. We commend the book to the attention of teachers of chemistry.

POLARIZED LIGHT. (a)

THIS is a volume of "Nature Series," published by Messrs. Macmillan and Co., a series which includes Mr. Mivart's work on "The Common Frog," and Sir John Lubbock's "Origin and Metamorphoses of Insects," and also his treatise "On British Wild Flowers considered in relation to Insects," which latter volume was recently reviewed in these columns. We believe that most, if not all, of these volumes are reprints from *Nature*. The shape and size of these volumes render them very convenient to hold without tiring the hand, and the type is very clear. The get-up of the volumes, as a whole, is indeed excellent. They would have been a little easier reading if the measure of the page had been a little narrower.

The present volume contains the substance of lectures delivered by Mr. Spottiswoode to his workpeople, and he claims that they "constitute a talk rather than a treatise" on the subject of the polarization of light, and says that if a perusal of these pages "should induce some to read, and others to write, more fully on the subject, this provisional sketch will have answered its purpose." Mr. Spottiswoode has done his best to render this abstruse branch of optics as plain as possible, but it is to be questioned whether he has succeeded so well as might have been expected. We think that he has attempted too much within the limits of this small volume, and that if he had confined himself more strictly to the ground he has chosen he would have been able to elucidate it more fully. If "brevity is the soul of wit," nothing is certainly gained in a scientific treatise by attempting too much within a given space. We hope to meet Mr. Spottiswoode again on more congenial ground.

NOTICES TO CORRESPONDENTS.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£1 2s. 6d., at the offices in London, Dublin, or Edinburgh.

THE FORTHCOMING MEETING OF THE BRITISH MEDICAL ASSOCIATION AT EDINBURGH.

To the Editor of the MEDICAL PRESS AND CIRCULATOR.

SIR,—The anonymous letter to you from "A Member of the British Medical Association," which I have just read in your yesterday's issue, has caused me pain which is very little relieved by the knowledge that the charge made against me is utterly groundless. I am also sure it will cause pain to its writer, for I cannot believe that, when he knows the truth, he will leave his letter as it stands. It is bad enough to have carelessly made the charge.

I have no authority or responsibility whatever in connection with

(a) "Polarization of Light." By William Spottiswoode, M.A. LL.D., F.R.S., &c. London: Macmillan and Co. 1874.

the appointments which your correspondent represents me as making with an evil purpose.

I have never felt, far less expressed, anything but respect for my Irish medical brethren, and I have never in return experienced anything but kindness from them. This is the best of my recollection; but I have actual knowledge of many cherished Irish medical friendships.

June 3rd, 1875.

I am, Sir, your obedient servant,
J. MATTHEWS DUNCAN.

EXCLUSION OF IRISH PHYSICIANS AND SURGEONS FROM THE HONOURS OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to reply to the insinuations contained in a letter which appeared under the above title in your issue of 2nd June. There are no members of society who tend more to disturb it than those who, actuated by a vanity which springs from concealed weakness or irritability, are ever ready to resist imaginary insults.

No one who is acquainted with the sentiments of Dr. Matthews Duncan, or with the warm feeling which men of the Edinburgh school have ever entertained for their Dublin *compatriotes* will for a moment believe that either coldness or insult is implied in the omission of Irish names from the list of office-bearers of the British Medical Association at the Edinburgh meeting.

The omission, which is, I grant, a little unfortunate, may have been due to inadvertency, but even that should not be charged against the Edinburgh men, who had little to do in selecting the office-bearers of the different sections.

Whenever the Association visits a city possessed of a large medical school, it is difficult to find poets of honour to satisfy those who rightly think themselves entitled to consideration and respect, and this difficulty has, I know, been strongly felt in the case of Edinburgh.

There are, no doubt, several men of very high position and very great merit in Edinburgh itself, who might feel hurt at not having been chosen to preside over sections or to deliver addresses.

Let us trust that such men will, no less than the representative physicians and surgeons of Ireland, be magnanimous enough to believe that the omission of their names implies no coldness or slight, but that it is due to the fact that in arranging the details of such a meeting as that of the British Medical Association it is impossible to please everybody.

Although the British Medical Association is daily becoming more and more imperial and less purely English and provincial, yet when it meets in the capitals of the great divisions of the United Kingdom, it is perhaps well that it should be officered by local men, so that the independent member of the Association may have the opportunity of studying the English, the Irish, and the Scotch aspects of the medical profession.

Were I not intimately acquainted with the men who, like Dr. Matthews Duncan, are giving much of their valuable time to the organising of the August meeting of the Association, and were I not thoroughly persuaded how unjust are the insinuations of your correspondent, I might have refrained from replying to a communication which could only have been prompted by a motive to excite or embitter professional animosities.

June 6, 1875.

I remain, Sir, yours, &c.,
F. R. S.

AFTER-DINNER WIT.—Last month the large and flourishing State of California held its annual Medical Congress, which appears to have been in every way a success. America, like this country, must perform wind up with a dinner, and we learn from one of our exchanges that "in the course of an hour, the viands having been complemented by a hearty attack upon the varied dishes, toasting and speech-making broke in upon the social chat and merry laugh." To the toast of "The Asylums of California" Dr. Shurtleff, resident Physician to the Insane Asylum, responded, and in the course of his remarks said, that of the 1,800 patients only two were doctors, whereupon a voice gravely interrupted with the question, "Are you sure they have diplomas?" Of course such a query was open to more than one construction, and the august assembly, after a moment's solemn consideration, broke out into roars of hearty and continued laughter.

THE BRITISH MEDICAL DEFENCE ASSOCIATION.—In our last we gave a brief outline of the objects of this Association, and wished it every success in its mission. Our contemporary, the *Lancet*, also patted it on the back a day or two previously, and in its following number (June 5) expressed satisfaction that the Association could not do much "without incurring bankruptcy." What has the Association done within the limited space of seven days to incur the ire of Bedford Street?

Dr. JOHN TATHAM, Salford, is thanked for his communication.

Dr. CARPENTER, Croydon.—We shall be glad to witness the results of your sewage experiments, if nothing transpires to prevent our acceptance of your invitation.

Dr. BOYD MUSHETT will receive a private note.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. F. J. FAIRIE, Royal College of Physicians. Mr. ERASMUS WILSON, London. Dr. PLYATER, Toronto. Dr. TILT, London. Dr. PRICE ROBERTS, Shyl. Dr. CHURCHILL, London. Dr. BOYD MUSHETT, Birkenhead. Dr. HARDING, London. Dr. ALFRED CARPENTER, Croydon. Mr. JABEZ HOGG, London. Dr. BAYES, London. Dr. R. F. WEIR, New York. Dr. JOHN TATHAM, Salford. Surgeon-Major STAFFORD, Portsmouth Garrison Hospital. Dr. KELTY, Walsall. Mr. E. LEONARD, Sheffield. Dr. CAMPBELL BLACK, Oban. Mr. FRANCIS VACHER, Birkenhead. Dr. TUTTLETT, Isle of Wight. Dr. HALTON, Kells. Dr. DOBELL, London. Mr. BLYTH, London. Mr. BUCKLEY, High Wycombe. Mr. J. ALTON HATCHARD, St. Leonards. Dr. PEARSON, Scarborough. Dr. CAMERON, Dublin. Mr. ASHENDEN, Hastings. Mr. BLYTH, Royal Free Hospital. Mr. SQUIRE, London. Dr. MATTHEWS DUNCAN, Edinburgh. Mr. G. BROWN, Ben Rhydding. Dr. LANGLEY, London. Dr. BALTHAZAR FOSTER, Birmingham. Mr. BENNETT, London. Mr. FLEMING, Chatham. Dr. KENNEDY, Dublin. Dr. PEELE, Dublin. Dr. HOWES, Dunlavin. Dr. GAVIN, Boston. Dr. SWAN, Bourne-mouth. Dr. KAVANAGH, Limerick. Dr. GRAHAM, Dublin. Dr. HANE, Crumlin. Dr. O'KELLY, Celbridge. Dr. DUDLEY, Kinnetty. Dr. PETIT, Dublin. Dr. SHARP, Cootehill. Dr. SCOTT, Easky. Dr. YEO, Dublin. Dr. FLEMING, Omagh. Dr. WESTROPP, Limerick. Dr. HEENEY, Belfast. Dr. KANNY, Killeshandra. Professor GANGE, Manchester.

Dr. MORGAN, Dublin. Dr. SUTTON, the London Hospital. Dr. FRANCIS R. HOGG, Meerut, India. Dr. MYRTLE, Harrogate. Dr. KENNEDY, Dublin. Dr. ANDREW CLARK, London, &c., &c.

VACANCIES.

Royal Hospital for Diseases of the Chest, City Road. Physician. Honorary. Applications to be forwarded to the Secretary. (See Advt.)
Royal Free Hospital. Surgeon. Applications, with testimonials, to be forwarded to Mr. Blyth, the Secretary. (See Advt.)
King's College, London. Professorship of Physiology. Applicants must address the Secretary.
Bristol General Hospital. Physician's Assistant. Salary, £50, with board and lodging. Applications to the Secretary.
Hospital for Women, London. Physician. Particulars of the Secretary.
Hospital for Sick Children, London. House Surgeon. Salary, £80 per annum, with board and apartments. Address the Secretary.
St. Pancras Dispensary. Resident Medical Officer. Salary, £100. Testimonials to the Hon. Sec., 30 Gordon Street, W.C.
Kensington Dispensary. Resident Medical Officer. Salary, £150. Particulars of the Hon. Sec.

APPOINTMENTS.

ABBOTT, C. E., M.R.C.S., a House Physician to the Royal Infirmary, Liverpool.
ANDREW, G., L.R.C.P.L., M.R.C.S.E., a Resident Surgeon to the Birmingham General Dispensary.
BIRT, E., M.R.C.S.E., Assistant Medical Officer to the Salop and Montgomery Counties Lunatic Asylum, Bicton, near Shrewsbury.
BOND, G. W., M.R.C.S., House Surgeon to the Great Yarmouth Hospital.
CLUTTON, H. B., B.A., M.R.C.S., a House Surgeon to St. Thomas's Hospital.
COLLINS, E. W., M.D., L.K.Q.C.P.I., L.R.C.S.I., a Surgeon to the Jervis Street Hospital, Dublin.
CRITCHETT, G. A., B.A., M.R.C.S.E., a Clinical Assistant to the Royal London Ophthalmic Hospital.
ELLIOTT, F. H., M.B., House Surgeon to the Scarborough Dispensary.
FROGSON, D., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Darwen District of the Machynlleth Union.
GRAY, F. A., L.R.C.P.L., M.R.C.S.E., Medical Officer and Public Vaccinator for No. 4 District of the Honiton Union.
HARRISON, H. B., M.R.C.S.E., Assistant House Surgeon to the Metropolitan Free Hospital.
HAYWARD, W. J., L.K.Q.C.P.I., a House Surgeon to the Royal Infirmary, Liverpool.
HEFFERNAN, W. K., L.K.Q.C.P.I., L.R.C.S.I., House Surgeon to the Memorial Hospital, Jarroon-on-Tyne.
HETLEY, H., M.R.C.S.E., Resident Clinical Assistant to St. Luke's Hospital for Lunatics.
JOHN, W., M.R.C.S.E., L.M., Medical Officer of Health for the Haverfordwest Urban Sanitary District.
KILGABRIFF, M. J., L.K.Q.C.P.I., F.R.C.S.I., a Surgeon to the Jervis Street Hospital, Dublin.
LOWNDES, F. W., M.R.C.S.E., L.M., Surgeon to the Liverpool Royal Infirmary Lock Hospital.
LOWNE, B. T., F.R.C.S., a Surgeon to the Great Northern Hospital; also a Clinical Assistant to the Royal London Ophthalmic Hospital.
LUCK, J. J., M.D., Medical Officer to the Alveston District of the Stratford-on-Avon Union, Warwickshire.
MOIR, A., L.R.C.P.Ed., L.R.C.S.Ed., L.M., Medical Officer to the City Parish Dispensary, Edinburgh.
MOORE, A., L.K.Q.C.P.I., L.M., L.R.C.S.I., Medical Officer for the Collooney Dispensary District of the Sligo Union.
PACKER, H., L.S.A., Resident Obstetric Officer to Charing Cross Hospital.
PAUL, F. T., L.R.C.P.L., M.R.C.S., Resident Medical Officer to the Royal Infirmary, Liverpool.
PHILPOT, J. H., M.B., Physician to the St. Pancras Dispensary.
POTTER, H. P., M.R.C.S., a House Surgeon to St. Thomas's Hospital.
PUOBE, R. N., M.R.C.S., a House Physician to the Royal Infirmary, Liverpool.

Marriages.

AMBROSE—AMBROSE.—At the Roman Catholic Church, Newcastle West, co. Limerick, John M. Ambrose, M.D., Coroner, Newcastle West.
GRIMSHAW—HAMILTON.—On the 2nd inst., at St. Stephen's Church, Dublin, Wrigley Grimshaw, F.R.C.S.I., to Elizabeth Dorothea, eldest daughter of the late Rev. Richard Hamilton, Vicar of Kilmersdon, Somersetshire.
LYONS—CORMACK.—On the 25th ult., at the British Embassy, Paris, Richard T. Lyons, Surgeon-Major 28th Regiment Bengal Infantry, to Eliza Grace, third daughter of Sir John Rose Cormack, M.D.
SMITH—MEADEN.—On the 27th ult., at St. Saviour's Church, Bath, Francis Wm. Smith, M.B., M.C., &c., of Westbury, Wilts, to Clara, second daughter of Martin Meaden, 25 Grosvenor, Bath.

Deaths.

CARDELL.—On the 2nd June, at Wincanton, after a short illness, Geo. Cardell, M.R.C.S., and late Assistant-Surgeon Army Medical Staff, aged 41.
CHAPMAN.—On the 30th May, at Devon House, Ialworth, H. W. Chapman, F.R.C.S.E., aged 67.
HAINSWORTH.—On the 25th May, at Bradford, Yorkshire, Joseph Hainsworth, M.R.C.S.E., aged 40.
MURPHY.—On the 25th May, at his residence, Walter William Murphy, M.D., Resident Medical Superintendent Lunatic Asylum, Killylarry.

Advertisements.

METROPOLITAN HOSPITAL SUNDAY FUND.

PATRON—HER MAJESTY THE QUEEN.
The **TREASURERS** and **GOVERNORS** of 1 HOSPITALS and DISPENSARIES within the Metropolitan area who desire that their Institutions shall participate in this year's DISTRIBUTION are hereby requested to send in their applications to Mr. HENRY N. CUSTANCE, Secretary to the Hospital Sunday Fund, at the Mansion House, on or before the 12th day of June.

On receipt of applications to participate, the Committee of Distribution will send out Forms to the Secretaries of Institutions, which must be returned, fully and correctly filled up, to Mr. CUSTANCE, at his office, not later than Saturday, the 26th day of June, 1875.

A copy of the last published Report, with the Accounts and Balance Sheet of each Institution for the past year, must accompany all applications to participate, otherwise no notice will be taken of the application.

Any Hospital or Dispensary that did not participate in the Distribution for the year 1874 must forward the Reports and Accounts for the last three years.

By order of the Committee of Distribution,
HENRY N. CUSTANCE, Secretary.
Mansion House, June 8th, 1875.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The next PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on THURSDAY, JULY 22nd.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the By-laws are to be left at the same time.

Full Mail East. **HENRY A. PITMAN, M.D., Registrar.**

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENSE.—The next Examination will commence on MONDAY, JULY 5th. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENSE.—The next Examination will commence on MONDAY, JULY 12th. Gentlemen who have completed four years of Professional Study according to the College Regulations are eligible for admission to this Examination.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special By-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the By-laws are to be left at the same time.

The License of this College is a qualification to practise Medicine, Surgery and Midwifery, and is recognised by the Poor-law Board as a qualification in Surgery as well as in Medicine.

Full Mail East. **HENRY A. PITMAN, M.D., Registrar.**

THE SOCIETY OF APOTHECARIES OF LONDON

Give Notice, that the FIFTH of a Course of Six Lectures on STATE MEDICINE will be delivered at their HALL in BLACK-FRIARS, by Surgeon-Major F. DE CHAUMONT, Assistant-Professor of Hygiene in the Army Medical School at Netley, on SATURDAY, the 12th JUNE, at Three p.m. These Lectures are open to all registered practitioners.

Subjects of the Lecture.—Food and Beverages—Adulteration—Relation of Food to Work—Exercise—Limitation of Work through State Interference, according to age, sex, &c.

LONDON HOSPITAL MEDICAL COLLEGE.

ENTRANCE SCHOLARSHIPS IN NATURAL SCIENCE.—Two Scholarships, of the value of £60 and £40 respectively, will be offered for competition at the end of September, 1875. The Subjects will be the same as for the Preliminary Scientific Examination at the University of London. Further particulars may be obtained on application to the Vice-Dean, at the College, Turner Street, Mile End, E.

DUBLIN INFIRMARY for DISEASES of the EYE and EAR, Ely Place.

Ophthalmic and Aural Surgeon:
ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S., Ex-Ophthalmic and Aural Surgeon to the City of Dublin Hospital.

Consulting Physician:
EVORY KENNEDY, M.D. (Hon. Cau.) T.C.D. and Edin., Fellow and Ex-President King and Queen's College of Physicians.

Consulting Surgeon:
GEORGE H. PORTER, F.R.C.S.I.; M.Ch. T.C.D. (Hon. Cau.), Surgeon in Ordinary to Her Majesty the Queen in Ireland; Fellow and Ex-President, R.C.S.I.; Senior Surgeon to the Meath Hospital.

Obstetric Physician:
JOHN CRONYN, M.D., F.R.C.S., Professor of Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

Work, Income, and Expenditure for Twelve Months

Annual number of Dispensary patients	729
Number of visits paid by such patients	5,847
Number of patients within the Infirmary	124
Number of operations performed	163
Total gross expenditure per bed per annum	£27 15 0
Average expenditure per intern patient	1 10 6

The Infirmary is wholly dependent on private benefactions, and is in debt to the Medical Officer. SUBSCRIPTIONS ARE EARNESTLY SOLICITED

ROYAL FREE HOSPITAL. Gray's Inn Road.—There is a VACANCY for a SURGEON in the Medical Staff of this Hospital, in consequence of the death of Mr. John D. Hill. The hospital contains upwards of 100 beds, 60 of which are appropriated to Surgical cases, and the Committee contemplate increasing the number. Candidates must be Fellows of the Royal College of Surgeons of England. The election rests solely with the General Committee of Management. Applications, with Testimonials, to be forwarded to the Secretary, at the Hospital, on or before Monday, the 28th of JUNE.

JAMES S. BLYTH, Secretary.

TO INVALIDS, PARENTS, &c.—In September next a Medical Gentleman, accompanied by his wife, proposes starting by steamer for Melbourne, in charge of a Party, consisting of persons in delicate health, wishing to avoid the ensuing winter, or of those whose health might demand some period of relaxation in a genial climate.

Upon the arrival of the Party in Melbourne, a short stay would be made at an hotel previously engaged, preparatory to their departure on a nomadic tour up the Bush, through the delightful and interesting mountain region of Gippsland, where the pleasures of Hunting, Riding, Shooting, Fishing, Botany, &c., could be pursued, associated with the luxuries and appliances of civilised life.

The Party would return to England in the following May or commencement of June.

For particulars and terms, apply by letter to "G. W." care of J. Baxter Langley, Esq., 50 Lincoln's Inn Fields, W.C.

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This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

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The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

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Each donation of Five Guineas gives the donor a life-vote. Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

COUNTY DOWN INFIRMARY.

THE GOVERNORS OF THE COUNTY DOWN INFIRMARY will, at a Meeting, to be held at Twelve o'clock on the 15th day of July, proceed to elect a duly qualified gentleman to fill the office of ASSISTANT-SURGEON and REGISTRAR to the Institution. Salary—Sixty Guineas per annum, with Board, Apartments, and Washing.

Diplomas and Testimonials to be sent to me, on or before Eleven o'clock on that day, when the personal attendance of Candidates will be required. (By order)

J. K. MACONCHY, Surgeon.

Board-room, Infirmary, June 4, 1875.

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WILLIAM J. VIAN, Secretary.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 16, 1875.

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Original Communications.

DIGITALIS AND ERGOT AS VASO-CONTRACTORS IN LOCAL CONGESTIONS WITH AND WITHOUT RUPTURE OF VESSELS. (a)

By A. S. MYRTLE, M.D.,

Consulting Physician to the Harrogate Bath Hospital.

(Continued from page 494.)

A LADY, æt. 61, after great anxiety and worry, complained of feeling unable to continue any train of thought for long without painful effort. One morning she came down to breakfast, and instead of making the tea as usual, she appeared confused, and left the table twice or thrice; finally, she went to her room, and was found there, having let a washhand-basin fall; she was standing on the broken fragments, quite unconscious. Her attendants put her to bed at 10 a.m. She remained unconscious till 6.30, when I saw her. She was lying on her back, breathing gently, pulse full and regular, face and neck crimson, head hot, and, from her contracted brow, and always putting her hand to it, evidently painful. Could not get a word out of her. When lifted up to the sitting posture she vomited, and put her hands to her mouth to catch the vomit; no paralysis; extremities warm. I knew she had been for months subjected to great mental strain and annoyance, and I was quite prepared to find her in the state she was. Looking upon the marked fullness of the vessels of the head, as the most prominent symptom, I resolved to try the effect of digitalis and ergot. Shortly after the first dose the patient got very excited, got out of bed, and required two strong girls to master her. After the second she was quieter. Two hours after she had the third I saw her: face and neck no longer congested; rather pale; pain of head evidently relieved. She had taken some tea and

bread. There was a gentle perspiration over the whole surface; mind still paralysed; knew nothing that was said to her, but took anything that was given. Digitalis and ergot discontinued. Next day better. When asked to put tongue out, would say, "Better, much better—think you better." This kept on for two days, then it was, "Am really better—think you much worse;" but knew nobody, and could not recognise the suggestive act of shaking hands in saying "Good-bye." Fourth day answered in French when spoken to in French. A little excitement in cerebral vessels again occurred, when I resumed the treatment, and combined it with iodide of potassium, with marked benefit. The sixth day improved; saw Mr. Atkinson with me; evidently had a glimmer of who he was, and that he had come to see her, but answers similar to those above. On the eighth day asked, "What has happened? What made him ill? Is he better—really, truly better?" Put out her tongue when asked, and shook hands, saying "Good-bye."

Slowly the power of co-ordination of ideas returned but for days and weeks, every now and again, she lost the thought current, and picked up a fresh idea—for example, she would say to me when I went in, "Oh, how do you do?—I must get up and shake hands. How very clever of you—I am sure a hundred hundreds of pounds you deserve. Are they gone home? Don't you think it too soon? I don't quite understand, 'tis so funny—do you? Are you really, truly better?—quite sure?" In this case I doubt very much if there was any effusion or permanent pressure exerted on any portion of the brain; I rather look upon the symptoms as similar to those produced by concussion, and caused by the temporary pressure arising from a turgid state of vessels, not of a part, but of the whole encephalon. In the previous case, as well as in this, I can detect no cardiac disease, and, judging from the arterial recoil in those arteries I have examined, I do not suppose there is any, or, if any, but slight degeneration of their walls.

An unmarried lady, æt. 37, of nervous temperament, after being irregular for two or three months, complained of a sense of fullness in the head, as if it would burst, ringing in the ears, and dimness of sight; she had a dull

(a) Read before the Leeds and West Riding Medico-Chirurgical Society, April, 1875.

heavy pain at the back of the head. I had tried to establish her menses, unsuccessfully, by means of aperients and emmenagogues, and finally, without thinking of her head symptoms, prescribed ergot. After the second dose all these unpleasant feelings disappeared, and since then she has repeatedly found the most perfect relief from its use, although there has been no return of catamenia. About three months ago she applied to me on account of a sharp attack of erythema nodosum affecting both legs. She had on two previous occasions suffered from similar attacks, and several of the patches supplicated, and proved tedious in healing. I painted the spots morning and evening with tincture of digitalis, and the inflammation completely subsided in 48 hours. I have tried the same plan in another case of erythema nodosum, without any other treatment, with the same result.

A lady, *æt.* 36, came under my care last year suffering from a fibrous tumour of the uterus. For eighteen months she had been drained of blood by attacks of menorrhagia. She was blanched, and had all the wretched symptoms of *anæmia*, with constant palpitation as the most prominent of her troubles. One night I was hurriedly sent for, and found her in a state of syncope from loss of blood. She had taken ammonia and brandy in full doses, and ice had been applied to the lower spine and between thighs. The room was crowded and hot. Dismissing all the would-be nurses but one, I opened the windows and doors, and administered half a drachm of tincture of digitalis and same of liquid ergot. In an hour I repeated the dose, on which all bleeding ceased. I could not feel satisfied that the arrest of hæmorrhage was due to the action of the remedy employed, as so much had been done before my arrival, and so much blood had been lost, that there must have been little left. During the following three weeks she picked up rapidly, and I told her whenever bleeding set in to apply at once to the ergot and digitalis, and use no other remedy, either general or local. When her monthly time came round, flooding again set in, but was held in check by the very first dose, and could be regulated by amount taken with the greatest ease. Since that time every month she has gone through the same ordeal with the same result, and now she is able to walk about, and no longer presents the *anæmic* look she had. This is a common enough case, and scarcely worth taking notice of, except inasmuch as previous to coming under me her medical attendants had trusted to gallic acid, alum, and iron, without making any impression on uterine vessels.

In the last number of the *British Medical Journal* a case of hæmorrhage from carcinoma uteri is recorded where the hypodermic injection of one-third of a grain of ergotin in the forearm arrested the flux entirely in half an hour. Plugs saturated with perchloride of iron and ice had been used with a reasonable amount of success; but with an elevation of temperature to 103.5 deg. the ergotin proved much more rapid in its action, and did not cause the slightest inconvenience or elevation of temperature. In the same number there is an extract from an article by Prof. Bernheim, showing the power digitalis possesses in lowering the temperature and slowing the pulse in typhoid fever, the reduction in both taking place at the same time. I have little doubt but that we are fast approaching the time when more attention will be paid to the regulation of the temperature in the treatment of diseases of an acute character by the means of heat and cold, and also that by the exhibition of remedies known to act as dilators or contractors of blood-vessels we shall be able to correct and modify many abnormal conditions depending on a disturbed state of the circulation of the system at large or any of its parts. One fact we must bear in mind—medicines which act through the vaso-motors show their influence after a very few doses; not only so, I question if their action can be prolonged for any great length of time, for we find under any circumstances, whether produced artificially or occurring spontaneously, dilated vessels after the lapse of a certain period have a tendency to contract, and contracted, to dilate. Hence no good need be looked

for by the long-continued exhibition of such remedies; hence Dr. Crichton Browne's limitation to four doses. The effect produced by digitalis and ergot appears to me identical with that of bloodletting; they are true antiphlogistics; they remove in such cases as I have brought before you to-night the immediate cause of danger; or, if unequal to this, they certainly diminish the extent of local mischief without exhausting the vitality of our patients, and thereby place them and ourselves in a more favourable position than we should have been for future treatment.

MERCER'S HOSPITAL, DUBLIN.

AN ANALYSIS OF 2,000 CASES FALLING UNDER OBSERVATION WITHIN A TERM OF SIX MONTHS.

By THOMAS LAMBERT, late Resident Pupils.

(Continued from page 461.)

IX.—*Alcoholism.*

THE evil effects of alcohol on the urinary tract make it the imperative duty of the "Resident" to caution every patient who is liable to attacks of retention of urine to strictly avoid the use of stimulants, especially porter, as experience proves that it is the most active agent in inducing it. In every case of suspected exaggerated alcoholic poisoning a most careful diagnosis requires to be made. Apart from the fact that the patient *may* be drunk, in the absence of any history to the contrary, he may have received a fall that stunned him. Here it is that the "Resident" must exercise his own judgment, and if he acts aright, he will at once admit such a case, thus removing a certain amount of responsibility should the case terminate fatally.

X.—*Convulsions.*

There were eight cases of this affection, occurring in children between the ages of 2 and 7 years, the majority being females. The convulsions in nearly every case were due to teething or to gastro-intestinal disturbance; and the treatment carried out was to give the patient a hot bath, with a dose of castor-oil or a grain of calomel. All the cases speedily recovered without any relapses.

XI.—*Fractures.*

The total number of fractures entered was 120, comprising humerus 12, put up in straight or scored wooden splints; ulna 9, anterior and posterior splints; radius 42, Nelaton's (?) splint; fibula 15, Dupuytren's splint; tibia and fibula 3, put up in a carefully padded box-splint; nasal bones 3, support the bones by plugging the anterior nares with lint; thumb 3, wooden, scored, or gutta-percha splints; thigh 11, Liston's long splint, or thigh box-splint; fingers and toes 5, light side-splints and a bandage; ribs 26, transverse strips of plaster, to steady ribs; clavicle 7, pad in axilla, and figure-of-eight bandage; skull 1—a young child who got a fall, and received a dinge, or green-stick fracture, if it could be so called, over the right parietal bone.

In order of frequency, Collis's fracture ranked first, being the most common of all, fracture of the ribs and of the fibula coming next.

The symptoms relied upon in the diagnosis of these cases were crepitus, deformity, unnatural mobility, and the history of the case. Crepitus (an infallible sign) was elicited in 92 cases, and in 3 it was doubtful whether the crepitus was muscular or not.

CASE 46.—Mc—, *æt.* 45, admitted, suffering from an injury to the left shoulder, caused by falling on it out of bed. On examination a comminuted fracture of the middle third of the clavicle was discovered, a sharp spicula of bone being easily felt moving about under the skin. Considerable difficulty was experienced, by the fact that a small vein was caught between the fragments

of bone; it was at once disengaged, the bones brought into apposition, and the figure-of-eight bandage applied.

The patient recovered without much deformity.

CASE 36.—W— P—, æt. 6, was brought to hospital by his mother, who stated that three months previous he received a fall on the right arm, and that she brought him to a doctor in Dublin, who told her there was nothing wrong with it. On examination now, it was found that the radius was united almost at an obtuse angle, causing a great deal of deformity that might have been avoided, had a little care and intelligence been exercised at first.

CASE 12.—J— M—, a strong, healthy-looking man, came to the hospital, stating that a very heavy trap-door had fallen on his left thumb. It was found that the ungual phalanx was fractured, and dislocated through a wound on the anterior portion of the thumb. The bone was reduced and placed in proper apposition, some lint dipped in the blood being placed round the wound, after the manner of Sir A. Cooper. A neatly prepared scored splint was now applied, and after a tedious convalescence the man recovered with a very useful thumb.

CASE 1,862.—E— M— came to the extern department, having fallen down a steep stairs (a height of about ten feet). Examination proved that he had sustained a fracture of the radius and ulna about three inches from the wrist-joint, the radius being comminuted about an inch higher up; the crepitus in this case was most distinct. The fingers were bandaged up separately, and a pad of lint placed along the anterior and posterior aspects of the limb, to avoid obliteration of the interosseous space. Two straight splints were then applied, and neatly bandaged up, the arm being placed in a sling. The case is still under treatment, and progressing favourably. (a)

CASE 1,802.—E— F—, æt. 50, came to hospital, having received a blow on the top of the shoulder, caused by a basket of coals falling on it. On comparing the two joints, and examining the injured one, it was discovered that there was a comminuted fracture of the right clavicle, with dislocation forwards, of the sternal end. Placing my knee between the scapula, and drawing the shoulders back, I succeeded in bringing the bones into apposition and partially reducing the luxation. A pad was placed in the axilla and over the seat of fracture, followed by a figure of eight bandage. I have only seen the woman once since; but the bone has united, with slight deformity. As far as I am aware, the case is an exceedingly rare one, and I think it is absolutely impossible to get union without deformity. I may mention that this poor woman has been most unfortunate, as four months ago she fractured her left humerus, and now I learn it is broken a second time.

CASE 1,776.—J— Mc—, a very worn-out and cachectic-looking man, was admitted, having received an injury to the left arm, caused by falling to the ground in a scuffle. There was an oblique fracture of the lower third of the humerus. The bones were brought into position, a scored splint being applied, and the arm bandaged. Union was effected without any deformity.

CASE 972.—M— M—, æt. 20, during a fit of epilepsy, knocked her right arm against a wall. When seen, the elbow very much inflamed and painful, and it was found that the outer condyle of the humerus was fractured. The limb was put up in a flexed position, and kept so by means of an angular splint. Passive motion was set up in twenty-one days, and the arm was quite well in a month.

CASE 570.—P— N—, being slightly intoxicated, while walking on the curbstone, turned on his foot; he lay for some time unable to move, when he was brought to hospital, and there it was found that he had received an oblique fracture of the fibula, three inches from the mal-

leolus, with dislocation of the tibia forwards and outwards. The leg was extended and placed in a neatly padded box-splint, and kept there for three weeks, at the end of which time it was found that union had taken place; a starch bandage was put on, and the patient discharged in a week after.

CASE 184.—P— C—, æt. 30, a shoemaker by trade, was admitted, having fallen down stairs. He stated that when very young he received a hurt on the left leg, and that since then it has been wasted, and about three inches shorter than the other. Placing the two legs together it was found that the left was six inches shorter than the right, pain being referred to the hip. An examination was made, and it was found that there was an oblique fracture of the shaft of the femur, below the great trochanter. A Liston's splint was applied in the usual manner, extension being made by means of tapes at the bottom, and counter-extension by the perineal band. At the end of six weeks the patient was discharged without any deformity, except what he had before the present accident occurred.

CASE 14.—Mrs. J—, a woman æt. 50, was admitted to hospital, having received an injury to the left hip, caused by being knocked down in the street. An examination being made, no contusion could be observed, nor was there any evidence of a fracture, the limb lying in a perfectly natural position. No crepitus could be detected. The injured limb was laid on a pillow and a hot stupe put over the hip-joint. On examination next day, sixteen hours after the injury occurred, the appearances were as follows:—The patient lay in bed in great pain, and unable to lift up the leg, or move it in any way; it was slightly abducted, the heel lying in the hollow between the internal malleolus and the os calcis of the sound limb. Just below the greater trochanter a slight tumour was visible, painful to the touch. Manipulation immediately elicited crepitus, thus beyond a doubt establishing the fact that there was a fracture, although the symptoms did not appear for a long time. This can be easily explained by saying that shortening did not take place till the muscles had regained their tone. The fracture was at once put up in a Liston's splint, and the woman made a good recovery.

XII.—Brought in Dead.

Two cases were recorded as above; both of them dropped down suddenly in the street, and died on the way to the hospital.

In one case I made a post-mortem examination, assisted by George Harvey and P. J. Healy. The body was very well nourished, and it was evident that the deceased was one who "took uncommon good care of himself," as he had on several shirts and a chest-protector. On opening the thorax it was found that the lungs were fairly healthy, but slightly congested posteriorly. The pericardium was found to be completely covered with fat, and on being slit open, contained about the usual quantity of fluid (if anything there was an excess).

The heart itself was slightly enlarged, weak and friable, the valves, and indeed the whole surface of the heart, was studded over with cartilaginous-looking tubercles. The head, which was bald, bore evidences of an old ulceration (probably of a specific nature), and on removing the calvarium the bone was found to be partially necrosed, being in some places perfectly diaphanous.

The brain was examined, and found enormously congested throughout its structure as well as superficially.

The abdominal or urinary organs were not examined.

(To be continued.)

Sulphate of Cadmium in Gonorrhœa.

DR. GAZEAU has employed with much success in the acute stage of urethral blennorrhœas a solution of the sulphate of cadmium, one grain to two, three, or four ounces of water, used every two hours.

(a) Seen last on May 14th; doing well.

INDIAN MEDICAL NOTES.—XL.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, April, 1875.

A SUNDAY OUT.

QUITE recently a lady up from Madras alluded to Dr. Druitt, whose return to India will be greatly welcomed, by all accounts, by very many. This is Sunday; but the bells ring in vain for one black sheep, professionally engaged. Prayers by the yard are offered up for every official, when one thinks of Dean Ramsay—"Now, my friends, having prayed for everybody, let us pray for the devil—no one ever has a good kind word for the poor old devil." Nor is church attractive—no pretty decorations or fine altar, no dear little boys in white surplices, no pretty girls raising their trained sweet voices as the pealing organ sounds the note of praise, no wave of melody or elaborate anthem, no stirring sermon; nor are we played out by the exquisite performance of any gem from Rossini or Mozart. Melter Moss loves music, specially Handel, so do many others, but in this land of change, where the ranks close in so rapidly, where people sigh for England, for the hills, for those who are absent, there's no settling down in the plains, and though the natural expectation would be to find the glorious Liturgy conducted to the best of ability, our interests are elsewhere. We each worship in our own fashion, for the promised land is just as near, wherever we are. In India the habit is too common of publishing worries, and there are a number of little petty vexations and annoyances which, in the aggregate, hang too heavily around the necks of the sensitive, who become ill, despondent, morose, or selfish—the pachydermatous man winning in the race. As some one said, our hearts are but clay, like the rest of our bodies, and are apt to become hardened in the kiln of adversity. In a station where fever constantly fills the hospitals, and the same influences equally affect the doctor as the patient, the eternal battle with disease becomes at times terribly monotonous, and although Æsculapius may have endless resources at command, perhaps he has no energy to use such advantages. In the hot weather the natives huddle themselves away; not a soul will be seen, excepting an occasional doctor, or a stray official, the ubiquitous engineer driving through the hot winds as through a blast furnace. No laughter or gossip in the bazaars, the boys cease to fly kites or play tip-cat, not a sound heard excepting the dismal funereal chant of the bullock-driver directing his miserable beasts to run down hill, then to run up again, drawing water from the well. The birds who condescend to stay use frightful language, especially the panting crows, with their beaks gasping, and as a merciful man is merciful to his beast, each pet dog is sent to the hills, there to make fresh acquaintances, to acquire bad gambolling habits, and to forget his old master grilling in the plains. Neither Scripture nor Shakespeare agree with Sir Walter Scott in praising the dog, whose only faults consist in the absence of modesty, the disregard for art, science, and literature. A rigid abstainer, a believer in Sir Wilfred Lawson, still the spaniel escapes neither abscess of the liver nor symptoms allied to sunstroke. In certain parts of India—why not in all?—the horses protected about the head, neck, and spine, do not suffer much from paralysis. Here enteric fever, colic, enteritis, obstinate skin diseases greatly engage the attention of the veterinary surgeons. Concerning disease in India, for years past there have flourished very general loose assertions, which now are crumbling away. Said an amusing writer, ridiculing those who disbelieve in the contagion of virulent fevers—it is a loose assertion to deny that cows are not subject to gout, nor geese to hysterics, that herrings are exempt from small-pox, and oysters from toothache, because there are no pathological proofs. It has been stated that in certain places fever was always ushered in by the death of the rats, by the migration of birds, and the appearance of

certain insects and fungi—facts denied by others. Many of the ailments of horses, rinderpest, foot-and-mouth, hoven quarter ill, pleuro-pneumonia, diarrhoea, cystic disease, throat swelling, and ulceration are difficult to treat. Over-distension of the first stomach, through surfeit on young vegetables, the presence of *Tamias medicanellata* may induce dysentery, debilitating fever, diphtheritic ulceration of the mouth, skin eruption, the crisis in ten, convalescence in twenty days, sometimes. Congestion, extravasation, ulceration, not unfrequently found in the third, and especially the fourth stomach. Always on the look-out for any new facts about enteric fever. The following circumstances are curious: A party of the 85th Regiment, marching from Futtyghur to Meerut, in the month of October, halted near a village where typhomalarial fever was raging, and after an incubation of three weeks one man after another developed enteric fever—twenty-one cases, four deaths. The relieving party of soldiers of the same regiment, proceeding from Meerut to Futtyghur, suffered also, in a milder degree. The deaths and cases of fever gradually grew fewer in this village, and another party of soldiers passing through about Christmas escaped entirely without enteric. Surgeon-Major Skeen, who took the trouble to hunt up mortuary registers to track the cases, until he actually examined the natives stricken with enteric, doubtless will publish his interesting researches. The regiment has been some time in the country; the men were not so particularly young: nor can we be certain on the point of age, the statements so frequently being false. In justice to those who state that this fever is comparatively new, the natives themselves appear puzzled with the symptoms as well as the severity of the type. I am rather inclined to believe in the abortive treatment of enteric fever, unless the patient be young, weakly, scrofulous, debilitated by previous sickness in the hottest months, when the poison is as dangerous as a spark in a magazine of gunpowder. A case could here be quoted, were not this letter penned in a solitary little rest-house, forty miles from Meerut, on the rail, the train not returning until evening. The critical patient and family requiring all the indoor space, it is necessary to sit for hours either under a tree or out in the doorway; for what is the use of walking along the flat, dusty road? Blazing hot is the day, conducive to agonising headache or acute pain in the neck, or over the temples; but the despatch-box contains the *Medical Times*, the *Lancet*, the note-book, and writing materials. The patient, thank God, is out of danger; the husband will not be left alone, nor the several children motherless: so with a mind at ease, at all events to-day, let me read or write according to one's own sweet will. In a previous paper allusions were made to the wonderful weavers of Dacca, one of whom was chastised for allowing his cow to eat up a piece of muslin spread and left on the grass, the texture so fine that the animal could not see it on the herbage. It appears, also, that when the Emperor Aurungzebe, of Delhi boil celebrity, was angry with his lovely daughter for showing her beautiful skin through her clothes, the pretty princess retorted that she had seven suits on of priceless muslin. In 1789 a medical correspondent at Calcutta recommended rosy port in generous doses for influenza; another writer alludes to a lady in private theatricals as magnificently decorated by art and more beautifully adorned by Nature: the extravagances of the amorous Sultan seemed justified by her charms. The thermometer on May 3rd, 1795, in the shade, with tatties in the rooms before it, stood at 5 o'clock p.m. at 96°. On the 8th of April, 1794, the first intimation reached India of the public execution of Queen Marie Antoinette, which took place October 16th previously. In 1794 garden seeds from Lisbon included cauliflowers, cabbages, celery, cucumbers, parsley, turnip, radishes, leeks, parsnips, carrots, spinach, beet, asparagus, peas, and beans of sort; whether they flourished deponent knoweth not. Pale ale 14, London porter, 16, English claret 32, French brandy 24, Madeira 32 shillings a dozen at the sales, where green tea costs 7 shillings a pound. At

the subscription balls (entrance tickets two guineas) ladies would be taken out to dance minuets according to their husband's rank, but draw lots for country dances. No hookahs allowed, excepting in the supper and card-rooms. Dancing commenced at nine, supper at twelve; dancing recommenced at one. A flattering obituary of a much-esteemed gentleman closes with the information that he left behind him a widow of good morals and three helpless children. Thomas Martin, assistant-surgeon at Fort William in 1789, rushes into print to "frustrate the designs of a gentleman who, being ignorant of the profession, has been led away by the effusion of all self-sufficiency to depreciate a young professor who has hitherto made medicine his constant study." It appears a certain corporal had fever, which, treated by ipecacuanha, salines, venesection (5 oz.), bark, vegetable acids, cathartics, blisters, stimulants, epispastics, sinapisms, ran on to fatal delirium, all the more vexatious for poor Dr. Martin, who writes that he was "indefatigably zealous, attentive, and vigilant." Law, physic, divinity, all professions, squabble worse than ever, specially physic, thanks to the crowded competition and to the system of washing soiled linen in public.

Foreign Medical Literature.

M. TRELAT ON PRIMARY AND SECONDARY UNION OF WOUNDS.

(Translated from *Le Progrès Médical* by FRANCIS M. LUTHER, M.D.)

GENTLEMEN,—Before the close of our clinical course I wish to lay before you the opinions I profess on a subject interesting in many respects—the *primary and secondary union of wounds*. But this study is so vast that I can only, since time presses, indicate the principal points; so I shall be brief, and will give you a rapid review of the history of the question. I have, moreover, treated it more in detail last year in my course of lectures at the School of Medicine.

Primary union for a very long time remained unknown to surgeons; they must, doubtless, have at times witnessed such cicatrizations, but they did not seek for them. It is only in the last century that we find this mode of cure considered by them and methodically applied. The Academy of Surgery then investigated the subject, and clearly defined its meaning; still, even then we see a much-to-be-regretted source of confusion arise, and which later on will become a cause for discussion and error: the idea of *suture* is so intimately connected with that of *primary union* that the result is confounded with the means employed to obtain it. This abuse of language crops up again at the commencement of this century, as anyone may satisfy himself by consulting Lombard on "Recent Wounds."

At this period the partisans for and against it take opposite sides. Primary union is proposed by some, violently attacked by others; and whilst it counts in England numerous defenders, it is in France, particularly in Paris, systematically prohibited. Do we not even see Roux in the year 1840 defend it much and practise it little? But if the Academy of Surgery is unanimous in preferring secondary union by granulation of the opposing surfaces, at Montpellier, they were less exclusive.

In the two camps arguments of incontestable value were elicited. The partisans of primary union hold very seductive language: To obtain prompt cicatrization it is not to suppress all accidents?—to escape all the dangers inherent to long suppuration, and the weakness consecutive upon long fevers? No more erysipelas, no more purulent infection. But, it is asked, do you obtain this beautiful result? Your cicatrizations are incomplete; the deeper parts are not united; you have then gaping of temporarily united surfaces, sinuses, fistulas, retention of septic matters, which become foci of infection, while all the time, because of the

superficial union obtained, you are lulled into a false security. Is it not better to leave the wound open, to cleanse its surfaces, and survey carefully the progress of the fleshy granulations? Our method is slow, but sure. The question threatened to prolong itself *ad infinitum*; but there was a common ground where the two schools met. Must it not be acknowledged that primary union was indispensable in autoplastics, an operation accepted and practised by all surgeons? They had thus more frequent examples of primary union, its advantages could be better appreciated, and agreement on the subject became more easy.

It must not be supposed, however, that those discussions were barren; their result was to provoke useful researches. Each individual perfected his method and added to it useful improvements. The one side selected and pared their flaps with more care, watched over their nutrition, and secured their exact apposition by multiplying sutures. The others sought out the best dressings, and diminished suppuration by a judicious choice of topical applications and apparatus. They studied the diseases of granulations, and especially how to prevent them. These considerations led to the use of alcoholic dressings, carbolic acid, glycerine, occluding and sticking-plasters, and in those latter days M. A. Guérin's wadding-dressings, which have rendered such great services to surgery.

All the world profited by those experiences; it was acknowledged in presence of those successive ameliorations that both methods might, according to the case, give good results. My firm belief is, gentlemen, that *we should chiefly look for primary union*. We must not, however, employ it blindly; it has, like every surgical method, indications and contra-indications which must be determined with care.

Who, for example, would venture to propose primary union for a contused wound caused by the splinter of a shell? Would it not be absurd? In the ablation of voluminous tumours, carcinomata of the bosom, where one has to follow their multiple prolongations and to create anfractuous wounds, can primary union be effected? No, certainly. You could not place in apposition the deeper parts; the union would be only superficial, and consequently you would have accumulations of pus. This is, then, a formal contra-indication, and in such cases primary union itself be rejected.

Supposing even that this agglutination is possible, are all the conditions fulfilled? No; you must still examine to see if there be any foreign body in your wound, of whatsoever nature. Now, extravasated blood is a foreign body, which must, in order to be eliminated, undergo retrograde metamorphosis; consequently, union is contra-indicated, unless the arrest of hæmorrhage is complete, if clots accumulate under the flaps. Tendons and aponeuroses, osseous surfaces laid bare, mortify; muscular fibres deprived of their nutrient vessels sphacelate; fatty masses, bony projections in amputations, all those bodies have become foreign to the organism, and as such are condemned to be eliminated. The same considerations will hold good if the wound contain bullets, splinters, bits of cloth, or simply the threads used for ligatures. The surgeon must calculate the chances of life of the tissues which constitute his flap; he must judge of its vascularity, its vitality, and only decide after mature consideration. It is here that art really steps in; it is no longer a question of mere book-learning or of doctrine!

Still it must be confessed that, in spite of an exact appreciation of the indications, when you fancy you have counted up all the chances of success, an accident may occur to compromise the result of the operation. One cannot foresee everything—a hæmorrhage *en nappe* which may take place in the depth of the tissues, or secondary rupture of larger arteries. Blood escapes between the flaps, unseals the lips of the wound, and the cure is necessarily compromised.

Should one not even count on the want of discipline of the patient, who by un-reasonable movements may displace the apparatus and destroy adhesions in process of

formation? But particular attention should be bestowed on the general state of the patient. Too much emphasis cannot be laid on this point: a well-conducted operation will fail miserably with a feeble individual, who, during the progress of cicatrization, is more exposed than another to morbid influences. Do you remember the little patient lying in No. 5 of the women's wards, who was operated on for incomplete hare-lip? Union appeared to progress fairly, when we saw the child sicken, get diarrhoea and cough. Nutrition being imperfect, we only obtained a partial cicatrization. Accordingly you saw me waiting for a complete restoration of strength before essaying the operation anew. So in like manner you will see after an amputation the periosteum ulcerate and the bone mortify in anæmic or cachectic individuals.

You see, gentlemen, there are certain cases where the indications are delicate and difficult to seize; it is by remembering facts already observed that you arrive at rules for your guidance, which become, so to speak, a *résumé* of practical surgery. But, nevertheless, it is established that the method to be chosen is, generally speaking, to be submitted to indications and counter-indications which have to be sought after.

If the patient is weak, if primary or secondary hæmorrhage is threatening, still more if a foreign body exists, if the wound is anfractuons, if apposition is impossible, if the flaps non-vascular, poorly nourished, are ready to mortify—in those cases one can only at best try partial union at a circumscribed point of the wound.

But you must not forget that the process you employ is of incontestable importance. The mode of incision, for example, the form of the flap, its relations with the corresponding flap, may alone determine primary union. Is not that what Von Graefe did—and it is his highest title to merit—in his operations on the cornea? Is it not what is sought after in all the methods called linear? Here, by their situation, even the lips of the wound are in exact apposition, and you know, gentlemen, that this point is most important. You have frequently during this session seen me operate for phymosis, and you remember with what care I brought together the mucous membrane and the skin. For greater security I always take charge of this part of the operation myself, confiding to my assistants the application of *serre-fines*.

If I were to make a *résumé* in a few words of the indications for primary union I would say to you, *try it always whenever the close apposition of the deeper parts is possible; it is an indispensable condition, without which all your efforts will fail.*

And, moreover, this reunion of the deeper parts may be obtained more frequently than is supposed. In a discussion of the Society of Surgery I related two cases of excision of lipomas as big as the fist, and I astonished my colleagues by telling them that I had tried with success primary union. Now I owe this happy result to the method that I always employ in these conditions, and which I cannot too much commend to you:—

I make the deeper parts to meet exactly, sometimes even sacrificing the regularity of the superficial union—that is how you recently saw me proceed in removing a little tumour from the arm-pit—then I maintain the parts in contact with pieces of amadou, which exercise an elastic compression, sufficiently effective, too, to keep them in apposition; I then seek to procure the greatest immobility for the part—its absolute repose is, in fact, an important element. Recently M. Houzé de l'Aulnoit exhibited before the Surgical Society a certain number of amputations that he had practised with success: he attributed this success to the care that he took in covering the end of the bone with a flap of periosteum. Ought he not rather to have attributed it to the perfect immobility in which he maintained the limb?

Accordingly, gentlemen, you will be entitled to hope for a speedy cure as often as you ensure the conditions which I consider as indispensable—the maintaining of the deeper parts in the most perfect contact, a slight elastic

compression, and immobility. It was those principles that guided me in a recent autoplasmic operation. The case was a large canceroid of the cheek and ala of the nose; the loss of substance was considerable; it had to be filled up by a very extensive flap. After assuring myself that all effusion of blood had ceased, after having cleansed the surfaces, I carefully confronted the tissues, multiplying the points of suture so as to avoid all dragging.

You saw me then superpose along the sutures strips of amadou, with the double object of maintaining the apposition of the parts and exercising methodical compression.

After the first day or two we were able to show that adhesion was secured, and that without fever, almost without redness or swelling, that there existed nowhere any retention of pus, and that a cure was near at hand in spite of the advanced age of the patient. Is it not to the precautions taken that so fortunate a result is due?

Gentlemen, the hour is getting late, and I am far from having exhausted the subject which occupies us. Many points remain in obscurity which merited long developments; many details have been omitted which would not be without utility. I cannot finish to-day, but I shall doubtless have, either at the bedside or in the clinical lectures, which I shall resume next session, an opportunity of completing those remarks and of again pleading before you the cause of primary union.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 2ND, 1875.

W. O. PRIESTLEY, M.D., F.R.C.P., President, in the Chair.

THE RELATION OF PUERPERAL FEVER TO THE INFECTIVE DISEASES AND TO PYÆMIA.

DR. ARTHUR FARRE resumed the debate on this subject. He cited the writings of Dr. Kirtland, and entered into an explanation as to the classification of the "Nomenclature of Diseases" published by the College of Physicians. He then proceeded to notice each of the three questions submitted by Mr. S. Wells in the following terms: "The first, as you well know, relates to this—Whether there is any form of continued fever communicated by actual contagion or infection, in connection with childbirth, which is distinctly caused by a special morbid poison, and as definite in its progress as the diseases which are taken in illustration. To that question I can return a very plain answer, and say that I am not aware of any form of contagious or infectious fever connected with childbirth which is distinctly caused by a special morbid poison (if by that be intended a specific virus), and which has a definite progress. I am not acquainted with such a disease. The next question and the following one must, I think, be taken together. 'May all forms of puerperal fever be referred to attacks of some infective continued fever—as scarlet fever or measles—occurring in connection with childbirth, on the one hand; or, on the other, to some form of surgical fever, or to erysipelas, caused by or associated with changes in the uterus and neighbouring parts following the process of childbirth?' I am unwilling to give an answer to this question, because I wish to keep open another subject, which seems to be closed by the question which follows it. If I were to give an answer to that question, I should be shut out entirely by the form that is laid before us from giving a satisfactory reply to the third, which is this: 'If all cases of contagious and infectious diseases which occur under other conditions than that of childbirth are set aside, does there remain any such disease as puerperal fever?' Now, it is to the form of this question that I wish to take exception; because it appears to me that, in this question, the several infectious and contagious diseases are treated as if they occurred in the body of a man, a non-parturient woman, or a child; whereas I wish to keep together the connection which associates them with the act of parturition, and shows them as occurring in the parturient woman; and I think it is the separation of these two conditions that occasions the difficulty I

now encounter. I cannot, consistently with my experience, agree to consider these diseases as one and the same when they occur to the non-parturient woman and the parturient woman. I think here there are several circumstances that have to be taken into account. In the first place, when any of these attack a parturient woman, she is not in the same condition as a healthy person whom they may attack. Scarlatina, measles, and the like, occurring to healthy persons, do not enter the bodies of those individuals in the same conditions as they enter the body of a parturient woman. Let us remember, in the first instance, she has been in some degree weakened by the previous confinement. It may be said, 'Well, but in some cases we have a parallel—cases in which the diseases here mentioned follow after an operation.' But I will go further. We have two processes going on in the body of the lying-in woman naturally, which do not occur in the person of one ordinarily struck down by one of these diseases. First, I refer to the milk-process, the milk-secretion, and to that attendant disturbance of the constitution which we term milk-fever. That is one element to be taken into consideration, and one disturbing force. And there is another and a much more important one, and that is the change which goes on in the uterus, and which we all know as the involution process. Nothing of this kind occurs in the body of an ordinary recipient of those diseases. This natural process, as we know, goes on in the body of the woman at a time when she is most likely to be attacked with the diseases that we have met to consider; and when any of these diseases attack a parturient woman, this process is materially interrupted. Now we know that when this process is interrupted, there is an arrest of all that eliminative action which that involution process implies; and we may fairly conclude that, in consequence of this arrest, there is some accumulation in the body of those effete matters which ought to be expelled from the system; and this, added to the already existing blood-dyscrasia, must very much aggravate the disease. Nor is it quite certain that this may not add a new form of sepsis to that which is already in the blood. Before admitting, therefore, that there is no such thing as puerperal fever, I would say that all these things ought to be taken into account. It has been thought by some that such a thing as a pure and independent puerperal fever may be found. I should be sorry to shut out that idea altogether as one that is impracticable, and not to be entertained. I think it is very easy to see where we shall find a puerperal fever, if we are to look for it at all. I mean a fever not caused by any of the circumstances here suggested to us; it is quite plain that we must look for it here, in the arrest of some of these processes that I have been referring to. If we are to look for a puerperal fever at all, one that can be properly so called, a disease which is *sui generis*, we shall probably find it in the interruption of these healthy processes. Then, if I am not trespassing too long upon your attention, I should like to express a little more nearly my own views with regard to puerperal fever. I very much regret now that, when we were framing this definition, it did not occur to me to suggest that the term 'puerperal fever' should be rendered 'puerperal fevers;' and that a note should be placed to the effect that, under this name, is intended to be comprehended a class of continued fevers communicable by contagion occurring in connection with childbirth, and so on. I think we should have got over a good deal of the objection taken to this word if we had considered this not as a special form of fever, as it appears to be when it occurs in the 'Nomenclature,' but as a group of fevers connected with the act of childbirth. If I were asked how I would classify the diseases that we have been in the habit of grouping together under the name of puerperal fever, I would divide them into these three, as it appears to me, very natural classes. We have to look at this matter in a practical light, and see how we shall consider this subject, not by the teachings of the dissecting-room, but as we see it in the lying-in chamber, when asked, as we constantly are, to determine the nature of the disease that we are called in to examine and advise upon. I have been in the habit of dividing all cases that can in any shape be termed puerperal fevers into three classes. First, there are those simple fevers which may, for the want of a better term, be called irritative fevers; and under that name I would class that febrile action which results from simple mammary irritation, and is known as milk-fever; those simple febrile consequences of a traumatic origin which result from slight injuries to the soft parts, laceration, and

the like, though these are of rare occurrence; and those pyrexial states which are of a fugitive and transient nature (I think, in a second catalogue in the 'Nomenclature,' we call them puerperal ephemera). First, then, we have those irritative fevers arising from some local irritation, and not implying blood-infection of any kind. In the second class, I would place those infective fevers which are not of a specific origin, and in which the poison or sepsis does not undergo a distinct period of incubation, though I have no doubt there is a poison conveyed into the blood, in what way it is not necessary now to consider. Under the name, then, of the milder forms of infective fevers, I would class all those in which the infection is not of a specific nature, in which the process does not undergo a period of evolution, a period of development, and in which the consequences follow no definite order. Then, in the third class, I would include eruptive fevers, and those which depend upon a blood infection, the poison following a specific course, having a regular period of incubation, and terminating in those several diseases, eruptive fevers and the like, which occur, of course, to the lying-in woman in common with others. These I do not consider as in any way taking any part in the puerperal fever. The only fevers that I would acknowledge as in any connected with the puerperal state are the first two. I would entirely exclude the others from the catalogue; but, in the present imperfect state of our knowledge on these questions, I would like to retain these diseases under some name corresponding to that under which we now group them together. If I proposed any alternative I would change the name. One that I am in the habit of employing is *post-partum* fevers. I have long discarded the name puerperal fever, and have used the term *post-partum* fevers, which implies no theory at all, but simply expresses the fact that they occur to women after delivery. I think that under that head we might include all these three forms of fever. If, for the purposes of statistical registration, it were desired to know how these names should be registered, I would suggest that those cases should be registered under a separate head in connection with childbirth, never mind in what relation they stand. I would place, for instance, 'scarlatina' and 'scarlatina in the puerperal form' in parallel columns; 'erysipelas' and 'erysipelas in the puerperal form.' In this way we should satisfy the requirements of the Nomenclature Committee, and not foreclose that most important question that we have now under discussion. I dare not trespass longer upon your time; I cannot venture to offer any farther observations upon this subject; but I may at some future time, if you please, further develop my ideas, and particularly call the attention of the Society to this circumstance, which appears to me to have been left too much out of consideration—it seems to me that, in considering the pathology of these cases, we have given too much attention to the influence of a blood-poison, and have lost sight of that intermediate condition—or, rather, we have not attempted to determine it—which intervenes between the entrance of the poison into the blood and the development of it in the various ways and forms which give significant names to the diseases under which they are classed. I think we have too much left out of consideration the influence of the nervous system, the influence of these poisons upon the nervous centres; and I think if we were to direct our attention further to this particular, we should be able to throw a great deal more light upon these diseases, and, perhaps, get over some of the difficulties that now surround us."

Dr. SAVAGE, having referred to some previous statements in the debate, said: Now, is this fever in any sense of the word? First, we have decided that it is utterly distinct from such things as we have called fever. Is it fever? We all agree that there must be some heat of the skin, some elevation of the temperature in anything that you can call fever. Now, I know that you may have many of these fatal cases of septicaemia in a parturient woman running their course in eight days, without any elevation of temperature from first to last. Or it happens that there is an elevation on the second day after you discover the presence of the poison. I agree with Dr. Farre, that a great deal may happen before you discover the presence of the poison. It is not impossible that, if we kept our eyes open and watched, we might anticipate the effect of the poison; but it is seldom done—we see the cases late, and they are generally fatal. In the matter of temperature, then, I think it is clear that the disease should not be called fever at all. Then, the next point is, whether it is septicaemia peculiar to a parturient woman, not like any other septicaemia. I have seen septicaemia from operations on silly

women who are not intended to have a family, who are intended to be barren; septicæmia from the introduction of that most treacherous of all things, the uterine stem; septicæmia from legitimate operations upon the uterus; septicæmia after ovarian operations. I have seen all these, and I have also seen (but I am no authority on that point) surgical septicæmia in wards, and I can distinguish no difference between it and septicæmia in parturient women. I think it is a simple septicæmia—that is, a disease which you must set apart from every other sort of disease likely to occur in parturient women, such as the disease you call fever in connection with the secretion of milk, and other fevers. It stands quite apart and alone, and I think it of great importance that we should consider it as such. I think, if we do not, we shall be likely to overlook it in our patients; and, instead of applying, as we might with some effect at an early date, some remedy, we may let the case go on until it is past hope. Now, do we know anything of the poison? Have any of us seen or touched or felt it? Mr. Wells will tell you by-and-by, if he please, that in the course of ovarian septicæmia he sometimes taps the peritoneum with great effect, and lets out a great quantity of it. There must be poison in or about it, because the woman is better when it is let out, is worse again when it accumulates, and again better when it is let out. Then, there are the processes, which it would take too long to enter into, such as washing the peritoneum and the like. If the case be taken in time, the woman recovers. Evidently, in such a case, we are dealing with a poison in some shape or other. Is the whole fluid poisonous, or is there something special in it? Our German *confères* have helped us a good deal in this way, in a negative sense. The ordinary results of putrefactive changes in dead matter should be carefully distinguished from the changes which occur in fermentation; they are two different things, but are often confounded. We have sulphuretted hydrogen, sulphuret of ammonium, and butyric acid; there are other things, no doubt, but these have been discovered. I am referring to the experiments of Billroth and Weber. They take a solution of each of these things and throw it into the cellular tissue of dogs and horses, and produce in each instance septicæmia, the animals dying. You could not tell whether they had chills or not; still they died, and it was clear that they were killed through septicæmia. I must not forget to say that sometimes the severity of the symptoms did accord with the offensiveness of the liquid. I have had my fingers in the liquid, and could not eat any dinner for a week or two; and I have no doubt that if I had attended a parturient woman with my fingers in that state she would have had septicæmia. In the case of the peritoneum, it is clear that this question can be answered. What are the channels for the introduction of this fluid into the system? Unless the peritoneum be inflamed in the small vessels, it is clear it must be through the absorbents. There is an instructive experiment by Dr. Sanderson, in his beautiful book lately published, in which he shows that liquids may possibly enter the system through the vessels, but what he calls particulate poisons cannot—they must enter in by the absorbents. I do not know what he alludes to by those poisons, but I refer gentlemen who wish to know more about it to the book itself. It is quite clear, then, that in the case of the peritoneum the poison must enter in through the absorbents—that is, if it be particulate, because it is asserted by the more recent pathologists that all septic matter is particulate, which, I think, is a mistake. I am sure one of Billroth's experiments shows that it is a mistake, because a solution of sulphuretted hydrogen cannot be particulate. Let us apply this to the uterus. We are first in some difficulty unless you acknowledge the existence of absorbents such as you have them in the peritoneum. I think these absorbents are denied by some authorities. They are denied in a recent communication to our "Transactions." Still, they do exist. I make this remark the more, because there was a theory started by Dr. Graily Hewitt the other day (as I saw by the report), about what he called the burglar theory; that is, he said he had no doubt that in the majority of instances there was an imperfect contraction of the uterus, a clot within it and clots within the veins; and the locks being taken off the doors, and the doors thrown wide open, the thief stepped in. In the first place, I can scarcely imagine such a state of the uterus without considerable hæmorrhage. He also spoke of sinuses of the uterus. Now, there are no sinuses of the uterus in my opinion. I do not know of any open sinuses after parturition at all. I know it is exceedingly difficult in the dead subject to separate the placenta from the uterus without tearing into the veins. Nothing is so easy as to

separate the placenta, *e.g.*, in placenta prævia; you come into contact with one of the large veins, and you feel the small arteries, veins, and absorbents yielding; you separate the whole, and there is the uterus in a dilated state, and no hæmorrhage. That could not be if there were open sinuses. Even if you have clots in the veins, it is a matter of demonstration, since Virchow's discovery of the true mechanism of embolæ, that clots in the veins do not get into the circulation by themselves—they never break up. That was the old opinion of Dr. Lee, whose name has not been sufficiently mentioned except by Mr. Hutchinson. Dr. Lee showed incontrovertibly that one of the concomitants of this disease, septicæmia, was a clogging of the veins; but it was Virchow who demonstrated (it was quite a demonstration) that the clots will not break up; that is not the way that the clots pass in and disappear. Books on pathology, especially German books, describe how the veins empty themselves, but time will not permit me to refer to that. We have arrived at this, that you cannot get the poison through the veins. We have, then, to do with another channel—the lymphatics. Now, the lymphatics have been shown by Lee to be very peculiar in the mucous membrane of the uterus. The surface is highly absorbent, and the small vessels of the uterus are invaginated in these lymphatics. It is a very curious arrangement shown in Leopold's book. I fancy I have seen them. I do not say anything as to the microscope, since I find a power of fifty talked of, whereas I found a power of twelve difficult to manage. It seems to me, then, that as a matter of demonstration we have brought it down to this—that we have seen the septic matter, we have touched it, and smelled it; I have mentioned experiments in regard to the composition of it; and we now can have no difficulty in believing that some septic stuff will accumulate in the interior of the uterus and enter the circulation, as it did in the case of the peritoneum. Now we come to the difficulty about the fingers. I said that if I attended a woman in her confinement with my fingers in that state I had no doubt she would have septicæmia, and I really have no doubt of it. You remember that we had some painful statements from a gentleman in the country who seemed to have had his fingers in that condition, and who lost case after case, and was obliged to give up his practice. I know it is difficult for most of us to comprehend how it is that the mere approximation of a finger should set going this curious septic thing. Now, every old woman will tell you that, if she puts a piece of fetid meat in the cupboard, though it does not touch the rest, all will be turned in the morning. The other day, when passing a butcher's shop in a large district, I found him hard at work with all his men. Having these perplexing questions in my mind, I walked in to hear what sort of disinfectant he used, and he said, "I use no disinfectant; I wash everything with soap and water every night, hooks, cleavers, knives, and everything, then I admit the meat; if I did not, it would all be turned towards the morning." I do not myself profess to understand or explain how it is that the approximation of bad meat to good will turn the good bad; but so it is, and we can apply that fact, though I have no explanation of it, to show how contact with a fetid finger would lead to septicæmia in a woman. Then we come to the question of pyæmia and bacteria. Now, the question of bacteria has occupied the minds of leading members of our profession during six hours, at three meetings, in a sister institution, where they all contradicted one another, and arrived at no conclusion, but made shipwreck of the whole affair. Nevertheless, we have to entertain it. Why did Mr. Wells tell us of pyæmia? What is pyæmia? A woman after her confinement has a pain in the upper part of the thigh, and there is a little swelling; you think there must be an abscess; you open it, you open it, you let out a pint of matter. In a week's time there is a similar swelling in the calf of the leg; you open that, and there is half a pint of matter; and then she does well. Another woman with septic symptoms dies suddenly with clots in the heart, and numerous abscesses in the lung. Another has not only clots in the lung, but has pus in the kidneys, a breaking down of the spleen, and concretions on the valves of the heart. Now, Cruveilhier long ago injected quicksilver into the medullary cavities of dogs, and they died with all the symptoms of septicæmia; then he found numerous abscesses in the body, and in the centre of each a small globule of mercury. I mention these facts in relation to the question of pyæmia. I should like to know which you call pyæmia and which you do not. In the case of a woman with an abscess in the calf of her leg, you would call it pyæmia; but, if you have any septicæmia with

it, you would call it septicæmia; yet, the source of the pus is the same in every case. I am inclined to dismiss pyæmia, as I would puerperal fever, entirely from the catalogue; and I believe that Mr. Callender, whom we heard the other night, has the same feeling. He seemed to me to hesitate very much as to the term pyæmia.

[Pressure on our space compels us to postpone till next week the other speeches].

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 16, 1875.

DR. LYON PLAYFAIR ON PUBLIC MEDICINE.

DR. PLAYFAIR always speaks to the point, and his addresses are replete with useful hints. On the occasion of a public ceremony in King's College, London, last week, he spoke of the great advance of the science and art of medicine in modern times. He described the scene round the death-bed of Charles II., a period rendered illustrious by the life of Sydenham, when fourteen physicians signed a prescription for the dying king, recommending the actual cautery to be applied to his head, and the administration of a preparation from human skulls. When a boy, he recollected that a regular character in almost every play was the pompous physician with his gold-headed cane. This grotesque representation of the medical man had faded away, and was gone for ever. Science has now cast her mantle over the physician, and clothed him with honour. There is not a single branch of medicine that is not now under the dominion of science—in fact, he knew of no class of men and no profession of more catholic kind of education than medical students. They are now obliged to show that they have received a liberal education, by an examination, before commencing their professional studies, and then a curriculum of abstract and applied science, the fault of which consists not in its narrowness, but possibly in its too great breadth. A medical man of the present generation cannot be a narrow man; his profession is too varied to render it possible for any member of it to see society through monochromatic spectacles. And this renders the medical man both a power and a danger to society at large.

Dr. Playfair remarks that the medical man is gradually

becoming more a confidant of the inner circle than even the priest. His wide education and general knowledge often makes him a valuable counsellor, when the judgment becomes weakened by disease. A reaction against the medical man naturally arises, both in the discharge of his public and his private duties. The patient, who must passively obey when ill, is apt to resent this when he is well. Hence a positive dislike to medical interference in political life, for the public officer of health has to deal with the body politic, just as the private physician has to do with the individual body. In private, he has to consider the hereditary condition of the patient, and to study his surroundings; whilst, as a public officer of health, he has to look at all the conditions affecting the life of the community. In a state, the death of one individual and the birth of another are strictly analogous to the waste and restoration of particles in individuals. The public officer of health comes in contact with the aggregate suspicion and resentment of the community; but he cannot now be treated with ridicule. Thus, in the House of Commons, every Bill relating to sanitary matters more and more throws power and responsibility on the public officers of health.

In the late Bill for the Dwellings of the Poor he is made the moving power of the whole measure. But if we were to believe the speeches that are made, medical men, instead of being the saviours of the race, are the enemies of mankind. The country is determined not to be ruled by them, and yet it keeps continually giving them new powers. This means that communities are acting like individual patients in this matter. They try to resist the admission that they are in a state requiring an abnegation of their own will and a submission to their medical advisers. They yield, however, whilst they are remonstrating. And thus everywhere all communities are appointing their own public doctors, which will in future lead to a fine field for medical men educated up to this end. The education of a private practitioner, however, requires to be supplemented by further knowledge for the performance of public duties, because these require a special knowledge, which is gradually methodising itself into a special part of medical practice. Can there be an example of more unselfish labour than the effort of a medical man to extirpate disease, on the existence of which his daily bread depends?

Referring to the causation of epidemics, Dr. Playfair showed how Sydenham, sagacious as he was, did not look around him, but beneath him, for the origin of epidemics. He thought these originated from the bowels of the earth. Now we have learned to find their origin in our immediate surroundings. The physician has to cure his patient, trace the origin of disease, and prevent its recurrence. In the performance of such noble duties there will disappear those relics of prejudice against the medical profession still lingering in society.

On the burning question of vivisection Dr. Playfair said many wise things. He admitted that there has been much unnecessary indifference to suffering in experiments made on living animals, especially in foreign countries. This truth justifies attempts at legislation, so that experiments may be conducted with the view of obtaining the scientific object in view in the most humane

manner. In concert with Mr. Darwin, Mr. Huxley, and Dr. Burdon Sanderson, he tried to frame a code of morals which might be accepted by physiologists as an example of the manner in which such experiments ought to be conducted, for he fully recognised the fact that the law would be powerless to restrain such operations if it were so severe and unreasonable as to drive the operators to perform them in secret. No system of registration, and no inspection, would enable the law to discover individual experiments performed in private, if it were the interest of the experimenter to conceal them. To be operative the law must enlist the sympathies of scientific men on its side. Unless this were the case, it were as well to expect an experimentalist to publish the contortions of a frog as to expect a keen fisherman to tell the Society for the Prevention of Cruelty to Animals how a frog writhed on the hook when used to angle for pike. A reasonable law will find co-operators among scientific men, who would accept it as a guide, and as it would not obstruct science, but only obstruct cruelty, all nations would adopt it.

The very power, says Dr. Lyon Playfair, which we possess over the lower animals involves a responsibility in its exercise. It is no justification of voluntary infliction of animal suffering that Nature herself is cruel, and that the support of life is incident to death and suffering. If Nature were far more red-handed than she is, if the suffering we are compelled to inflict on animals daily and hourly were, as it probably is, a hundred or a thousand times greater than the physiologist ever perpetrates, this does not lessen his responsibility to avoid the deliberate infliction of pain in the prosecution of his ends. His knowledge of the structure of animals is an additional reason for applying his skill to avoid the unnecessary production of pain by all means which science can suggest. With respect to the views of those who would prohibit vivisection, even for physiological research, he, however, thoroughly disagreed with them. The investigation of vital phenomena by observation and experiment is making medicine a science, which, like all other sciences, requires a direct and careful questioning of Nature. It would be disastrous to the progress of medicine if we were to restrict the means of research in the sciences of anatomy, physiology, or even chemistry, by refusing to discoverers in these sciences the power to test their discoveries on living organisms. It is a mean view of scientific progress always to put the *cui bono* test to every experiment, though every discovery, however remote may appear its practical application, becomes ultimately beneficial to man.

Harvey had higher objects than the practice of medicine in discovering the circulation of the blood. Haller inquired into the nervous system, not with a view to the mere cure of disease, and was followed by Bell, Marshall Hall, Weber, Brown-Séguard, and many other physiologists, in a spirit of abstract physiological inquiry, though all their experiments have, like the sacrifices of old, brought collateral benefits to humanity.

This temperate and able defence of vivisection shows that the medical profession has in Dr. Lyon Playfair a most useful ally in carrying out the ideas of the scientific portion of its ranks in the House of Commons. We

doubt if any member of the House is equally imbued with the spirit of devotion to the physical sciences with Dr. Playfair.

THE PECULIAR PEOPLE.

NATURALLY the medical world has been greatly interested in the recent trials of some members of a sect which styles itself the "Peculiar People." It seems that a member of this curious sect, named John Robert Downes, surrendered last week to take his trial at the Central Criminal Court for the manslaughter by criminal neglect of his son, a child aged two years. The child is reported to have had pneumonia and pleurisy, and the parent did not obtain any medical assistance, but had it treated in accordance with the tenets of his fellow-religionists—*i.e.*, by anointing with oil and laying on of hands and prayer. The father, however, is stated to have given the child port-wine and nourishing food. The jury in this case found the prisoner guilty, but added that they considered that he was acting for the best, according to his theological beliefs, and that what he did was intended for the benefit of his child. The jury added, too, that their opinion was that the law ought to compel persons to obtain medical advice for their children when ill. The Judge (Mr. Justice Blackburn) delayed judgment in order that the Court of Criminal Appeal might consider the question of law as to the obligation to obtain medical advice, allowing the prisoner to go at large on bail in the meantime.

The question raised by this case is one of great and grave importance. It will at once be clear that in certain cases the consequence of such an act on the part of a parent would be the destruction of the child. Supposing that a child have dislocation or fracture, no one would for a moment urge that an ignorant father or mother should be allowed to have it treated by prayer and supplication, nor would it be justifiable for one moment for any parent to treat a rupture of an artery or a gun-shot wound by the simple laying-on of hands. Even in the matter of vaccination we no longer permit parents to refuse to give their children the benefit of that great boon, because, forsooth, it may counteract the will of what they are pleased to style Providence. Nay, in Prussia and elsewhere compulsory education of children is considered to be one of the duties of the State.

Taking all these things into consideration, it may be asked—Is it not equally clear that parents should always be compelled to seek medical advice whenever their children are seriously ill? This is by no means a question which admits of a very clear solution. The art of medicine, although enormously advanced in modern times, is as yet by no means a certain one; and hence it may be that in many instances the calling-in of a medical practitioner may not prove of any very signal service,—nay, it is quite possible that a medical man, even of great ability, may occasionally do harm instead of good. Thus, the excessive blood-letting of former days and the excessive stimulation of very recent times may often have done much to hasten the fatal result in patients affected with some dangerous affection; and hence we ought not too hastily to stretch the analogy of cases where diagnosis and treatment are so obvious, as are most of the surgical class, to the obscure-

and more abstruse points which call for the discrimination of the physician.

For instance, is it not clear to most of us that in calling in the assistance of a homœopathic practitioner the patient is doing very like the parent in this case? In so far as the disciples of Hahnemann follow out the precepts of their master and prescribe infinitesimal doses of drugs, what difference is there between that faith and that of the Peculiar People, but one of degree? Can anyone contend that the millionth of a grain of *pulsatella* is more efficacious than the laying-on of the hands of the elders, or than the anointing with oil? If so, he is a daring man. Well, there is in England a very large number of persons, not belonging to the sect of Peculiar People, who call in the assistance of homœopathic practitioners, whatever be the disease they are labouring under. Nor must we forget that judges on the Bench and all sorts of high dignitaries in this country and in America are of the homœopathic persuasion. And yet no one has suggested that the parents of children treated by homœopaths should be prosecuted if the children die.

Again, it is well known that any person in this country has a right to practise medicine. Bone-setters seem even yet in England to be largely employed; and in London we have heard of at least one such person who, without any diploma, was driving a good business. And in a country where so much of the doctoring of the children of the poor is done by chemists over the counter, it does seem anomalous to say that the law should compel a parent to call in a practitioner of medicine when his child is ill. As Lord Dundreary is reported to have said, this is a question which no person can understand. What between old-women doctors, midwives, and homœopaths, not to speak of dispensing and prescribing druggists, we cannot see how the public are to be compelled to call in a medical practitioner of the orthodox school, save in the very rarest exigencies.

It may be rejoined that in the case of homœopathic practitioners, the patient, at any rate, calls in a legally-qualified practitioner of medicine; but does that much alter the question? Is it not quite well known that the majority of orthodox practitioners will not meet a homœopathic practitioner in consultation? This shows that they are considered by such persons to be quite as dangerous to their patients as if totally unqualified by law.

Summing up the arguments on both sides, it may be said, we opine, that the present state of the law is perhaps the only tenable one until medical science shall have become still further advanced and more accurate than it can at present pretend to be. The rule of *caveat emptor* must be left to apply to most of the cases which occur in life. If a patient is either too stupid or too ignorant to know how to find out an able medical practitioner, we must even let him alone. There are cases, however, in which this would be absurd, and such are those of vaccination. It is, we think, now agreed upon by the whole of the medical body throughout Europe that vaccination of children is of immense importance; and as the majority must rule, it is perfectly right that all children should receive the benefit of a practice upon which there is so little doubt of the immense advantages as is the case in vaccination. In the case of fevers, pleurisies, or diseases

of the internal organs, the treatment is as yet too uncertain to admit of the majority trying to lay down any fixed laws; and hence parents ought not to be prosecuted if they omit to call in a doctor, however foolish they may be in not doing so. In surgical cases, again, there are many instances where the omission to call in skilled aid would prove fatal; and here possibly the law might force the parent to call in legal medical assistance.

The Peculiar People are doing good service to the discussion of this knotty question by affording so frequently as they are doing at present cases for the consideration of judges and juries. It is not for us to insist upon making our services obligatory on our fellow-citizens. The business of the medical man is to make himself so thoroughly acquainted with the mysteries of Nature that he shall become necessary to the well-being of the laity without force, but merely because it becomes as clear as the sun at noonday that those who neglect to call in medical aid are injuring themselves.

THE IRISH PHARMACY BILL.

THIS Bill, which has been twice postponed, was down for second reading on last Monday. On that evening Dr. Lyon Playfair had given notice that he would ask the Chief Secretary for Ireland the following questions:—(1) How many licentiates are there of the Apothecaries' Hall in Ireland who restrict themselves to pharmacy; that is, who do not at the same time practise medicine or surgery? (2) And is there any other class of chemists and druggists in Ireland who can legally dispense medicines according to prescriptions? And Mr. Salt had announced that he would move that the Bill be read a second time that day three months.

Meanwhile the English Pharmaceutical Society has been in motion. It has addressed a letter to the President of the Medical Council, in which it claims the assistance of the Council on the sole ground that the principle of separate controlling bodies for England and Ireland is at variance with the idea of uniformity of education to which the Society seems to think the Council has pledged itself. The Council has done nothing of the sort, but has expressly sanctioned the formation of a separate conjoint examination board for each division of the kingdom, and if, therefore, it is to act upon its expressed opinions, the Council must refuse its aid to the Pharmaceutical Society in the effort to centralise the entire control of British pharmacy in London. As might be anticipated, the Society has effectually frightened a crowd of its licentiates through England by crying "mad dog!" against Irish apothecaries, and of course the crowd have petitioned for protection of themselves from anything like trade competition; but we imagine such petitions will receive little consideration from Parliament. Sir M. H. Beach has accepted the principle of complete reciprocity, and desires, while making the Irish examinations and fees perfectly conformable with those of England, to accord similar privileges to the licentiates of each country. The English Society does not pledge itself to any detail whatever, but goes simply for securing the control of Irish pharmacy for themselves. Meanwhile the Irish Colleges of Surgeons and Physicians have adopted the

Chief Secretary's Bill, and petitioned in favour of its principles. In Ireland there is a unanimity of opinion throughout the entire profession in favour of the measure, while in England even the Council of the Pharmaceutical Society itself is the arena of intestine war in reference to the subject. Mr. Schacht, Mr. Sandford, and others of the most influential representatives of the pharmaceutical chemists are vehemently opposed to the proposition to extend the operations of the English Society to Ireland, and in a stormy debate on the subject in the Council on the 2nd of June, Mr. Schacht said that "there were not the materials in Ireland to carry on a society that there were in England or Scotland, and therefore to pledge themselves to at once extend the operations of this Act was a step he could not sanction for a moment. The Committee had not contented itself with opposing what was wrong, but it had proceeded to enunciate not only for itself, but for the whole body, which for the moment it was supposed to represent, sentiments which had never been fully discussed in the Council or elsewhere, and certainly had never been adopted. He had heard two or three discussions upon this subject, which had always run in this direction, that if the Irish pharmacists were anxious that the provisions of the Act should extend to that country, then the Society was willing to discuss the question with them."

The *Globe*, an influential Conservative paper, has taken up the question, and writes as follows:—

"Some years ago the directors of the Irish Apothecaries' Company conceived the idea of converting the pharmacy licence into a medical degree, and thereupon imposed on its licentiates a varied and comprehensive curriculum in anatomy, surgery, midwifery, and similar purely medical subjects. The effect of this policy has been practically to prohibit those who might desire to practise pharmacy from doing so, they being deterred by the expenses connected with fees to professors, and by the necessity of devoting time to the mastery of subjects which were not likely to be of practical value in their calling. Accordingly, the demand for the licences of the Irish Apothecaries' Hall has dwindled down from year to year until the point has been arrived at when the gross earnings of the corporation from that source fell to £10 yearly. *Pari passu* with this diminution of the demand the supply of competent pharmacutists for Ireland became manifest, and deplorably inadequate. To meet this deficiency, which was every day becoming more urgent, the Apothecaries' Company promoted a bill to enable them—while they still retained their licence as a medical degree—to create a new and subordinate class of licentiates. This proposition was vehemently resisted by the Irish College of Physicians, and by the chemists and druggists, who in a great measure supplied the want of qualified apothecaries, and the solution of the difficulty was placed last year by the House of Commons in the hands of a select committee. This committee advised that a pharmaceutical society for Ireland should be created, to whom might be confided the examination of Irish pharmacutists and the general supervision of pharmacy in that part of the kingdom. The Chief Secretary for Ireland has embodied this recommendation in his Bill now before the House. The Pharmaceutical Society of England have opposed

this measure, on the ground that the standard of qualification in this country might be lowered, inasmuch as equal privileges of practice are conceded to the licentiates of either society. The objection is not without weight, and the framers of the Bill have amply provided for it, Sir M. Hicks-Beach having not only secured as far as possible equality of educational requirement, but having suggested an *ad eundem* examination might be made a condition precedent to being admitted to practise in England. The high rank sustained by the Irish schools of medicine and surgery is well recognised in this country, and as the Colleges of both Physicians and Surgeons have pronounced themselves strongly in favour of the measure, their verdict upon it must carry considerable weight.

Notes on Current Topics.

The General Medical Council.

THE Medical Council opens its session to-morrow (Thursday) at 2 o'clock. Mr. Rolleson will take his seat as representative of the University of Cambridge, and the Executive Committee will then present its report as to the Bills before Parliament relative to registration of foreign degrees, and relative to the College of Surgeons of England. The next business will be the hearing of any further remarks of members on the reports of the visitors of the examinations of the licensing bodies which were visited in last year,—viz., the Colleges of Physicians and Surgeons of Edinburgh, the Faculty of Physicians and the University of Glasgow, the College of Surgeons and Queen's University in Ireland. The reports of visitors of examinations on the Universities of Oxford, Cambridge, Dublin, Durham, Aberdeen, and St. Andrews, and on the Colleges of Physicians and Surgeons of England, and the College of Physicians and Apothecaries' Hall of Ireland will be presented.

The question as to whether or not diplomas in State medicine are to be placed on the Register will also come under the consideration of the Council; and a communication from the Committee of Reference as to the Conjoint Examination Scheme for England will be laid before them.

It is probable that this business will more than occupy the first day's sitting; but there is other important matter for discussion.

Miss Greenstreet, who, as our readers will recollect, obtained the midwife and nurse's diploma from the Irish College of Physicians, has applied to the Council to register it as a diploma in midwifery; and Mr. Macnamara has two important motions in hand which he has given notice that he will bring under consideration. The first is a proposal "That all examinations on anatomy should, so far as practicable, include the performance, by each candidate, of actual dissections; and that all those on surgery should include the performance by each candidate of two or more operations on the dead subject;" and the second is, "That the Executive Committee, in their future selection, shall arrange that, so far as practicable, visitors shall not be called upon to report upon examina-

tions held in that division of the kingdom in which the visitors themselves may be resident."

Mr. Hardy and the Profession.

THE reply of the Secretary at War to the influential deputation of the Irish College of Surgeons which waited upon him at the War Office contained, it appears to us, little more than the usual official excuses for non-compliance with what we think to be the fair and reasonable requests made on the behalf of the 938 medical officers of the army, no less than 412 of whom possess qualifications granted by one or other of the Universities or Colleges of Ireland.

In October, 1858, clause 17 of a Royal Warrant directed that the relative rank of medical officer should "carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the precedence of courts-martial, where our will and pleasure, wrote the Sovereign, is that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging, money, servants, forage, fuel, and light, or allowances in their stead, detention, and prize-money. But where a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to preference in choice of quarters." In effect, the deputation of the Royal College of Surgeons in Ireland was asking for little more than the restoration of a former right enjoyed by the service from the close of the Crimean war until the disastrous Warrant of 1873—the compulsory retirement of the higher ranks in order that the prizes of the profession might be open to the junior officers before they would be compelled to retire, and an increase in the voluntary rate of ineffective pay, absolutely necessary as an inducement to the senior officers to leave the service and relieve the present plethora which exists and bars all hope of promotion. It seems to us that these points are of far more importance than any question of organisation. We have always thought this, and regret that differences as to relative advantages of the staff and regimental system should have been laid hold of as an excuse for a do-nothing policy on the part of the Government. Dr. Lush will again raise the whole matter on Friday in the House of Commons, and as the question is to a very great extent an Irish one, we hope that those of our readers who have Parliamentary influence will ask their friends to be present to support the honourable member in demanding for our profession the restoration of its former privileges, a definite guarantee of promotion, better terms of retirement, and a proportionate share in the good things of the service, now almost exclusively held by combatant officers.

The Council of the Irish Medical Association.

AMONGST the reasons alleged against the Irish Medical Association by the promoters of a rival organisation was the statement that the Council of the Association was a conclave of Dublin surgeons, and did not represent the Poor-law medical officers of Ireland. This charge never had any real foundation in fact, and is now totally untrue. On

examination of the list of the thirty-nine officers of the Association recently appointed at the general meeting, we find that twenty-six of them (including the president, four vice-presidents, secretary, and twenty councillors) belong to the Poor-law and Medical Charities Services, and four others have held Poor-law appointments, from which they have retired. It cannot be said that the provinces are not adequately represented, inasmuch as twenty-six of the thirty-nine officers are provincial, and thirteen metropolitan. It is right and reasonable that this numerical predominance of the country men should exist to neutralise in some respect the difficulty which they experience in attending the Council. They may aid the Association and maintain their influence in its management by communicating their views and keeping the Council fully informed by letter of the feelings and necessities of their provincial brethren, and the Council will look to them to adopt this course if it be impossible for them to be present at its meetings in person.

Vesico-Vaginal Fistula Cases by Professor Deroubaix.

THE *Presse Méd. Belge* of the 16th May contains a case of vesico-vaginal fistula operated on by Professor Deroubaix. As this is a very important operation we make the following notes from the report:—

Thérèse M., of Hal, a strong woman, aged 31, was confined seven months ago. Labour lasted for two days, and immediately after the birth of the child the urine came away by the vagina. Since that date micturition was no longer performed.

The orifice, which communicated between the bladder and vagina, was very small; it was situated in the middle line, and behind the neck of the bladder. The patient, who entered into hospital on the 24th March, 1874, was operated on on the 30th. The paring of the fistula was made circularly, and as widely and carefully as if the orifice were more considerable. Eight points of metallic suture completed the operation, which lasted only twenty minutes.

No catheter was kept in, but one was passed every three hours. The diet and regimen was that recommended for women in such a condition. Constipation was carefully kept up. The patient did not complain of anything: the appetite remained good, she slept well, and there was not the slightest reaction. The threads were removed on the 9th April, when the cure was found to be complete. The constipation was kept up until the 12th, and on that day an oily enema was administered and the bowels opened. Patient quitted hospital on the 14th.

Unregistered Ship-surgeons.

ON the motion of Captain Pim, a return has just been presented to the House of Commons "of the names, ages, and nationalities of persons who have served in the British Merchant Service during the last two years as surgeons whose names do not appear in the Medical Register." The intention of the hon. member in asking this information was obviously to expose the gross abuse which is prevalent of sending crews to sea without any competent provision for their medical care in case of illness. If this be Captain

Pim's object the return before us not only justifies him in asking for the information, but establishes beyond a doubt the fact that a most scandalous state of things exists in regard to the medical service of the Merchant Navy, and that an illicit practice is carried on under the guardianship of the law at the expense of our seamen, and under circumstances which leave them altogether without protection against incompetency of the *soi-disant* ship-surgeons.

It appears from the return that there are as many as 228 unregistered persons acting as ship-surgeons in our Merchant Service. It does not, of course, follow that because they are unregistered they must be unqualified. The office of ship-surgeon is not one of those which the Medical Act prohibits an unregistered person from holding, and, if it were, the Medical Council is sufficiently negligent in enforcing registration to allow of many unregistered practitioners holding public medical offices contrary to the law. The ages of the ship-surgeons in Captain Pim's return show, however, that in many instances registration is impossible, and it may fairly be assumed that in the great majority the persons who, being unregistered, take medical charge of ships, are not registered because—being unable to obtain any legal qualification—they are driven to accept the only medical responsibility which the law permits him to hold. Of the 228 names in the list 77 are of persons who state their ages under 25, and 16 of ages under 20. It is not improbable that such persons rather overstate their years in making such returns, and it may therefore be reasonably concluded from these figures that the charge of our merchant seamen is to a great extent in the hands of unqualified and semi-competent men. If we had a tribunal with any earnest disposition to adjust the affairs of the profession which require their interference, we might hope that this state of things would be speedily remedied. Having only the Medical Council or the Board of Trade to look to, we assume that nothing will be done.

Fatty Heart.

At a meeting of the New York Pathological Society, on April 14th, Dr. Delafield presented a specimen of fatty degeneration of the heart from a patient, a gentleman *æt.* 71, who had led a very healthy life, and been in a very healthy condition. About a year ago, when travelling in California, and walking up and down hills, he noticed that he was short-winded. This, which was only a temporary feeling, did not give him any anxiety. About five weeks ago, whilst driving, he partially lost consciousness, but found his way home by aid of a neighbour. At the autopsy it was noticed that the skin was of unnatural whiteness. The lungs were œdematous. The heart was not enlarged, but was very pale and flabby. It was very evident on looking at the left ventricle that it was fatty, and a microscopic examination confirmed this conclusion in regard to the pathological condition alluded to. On the inner side of the left ventricle the markings of the muscular tissue were entirely gone, but on the periphery of the heart the muscular tissue was less fatty. The interest of the case was connected with the existence of fatty degeneration of the heart of a well-marked character, and yet without any prominent symptoms during life. Dr. Loomis remarked that the size of the heart's cavities had a great deal to do with the cause

of death. When there was a great deal of dilatation a very small amount of fatty degeneration might be a sufficient cause of death, and *vice versâ*. Whenever there was a feeble action of the heart, and indistinct first sound, indistinct apex beat, with increased area of dullness, the prognosis was apt to be unfavourable, but when there was no evidence of dilatation the chances of living were good.—*New York Med. Record.*

Dr. Armor on Tuberculosis.

DR. ARMOR, in a clinical lecture at Long Island College Hospital, reported in the *Medical and Surgical Reporter* of May 8th, says that the relation of scrofula to tuberculosis has recently been invested with peculiar interest; therefore the views of Laennec prevailed—*viz.*, that "phthisis always depended upon tubercle." Laennec regarded tubercle as a primary neoplasm, *i.e.*, a new formation of a peculiar character, and utterly denied that tubercular matter ever had its origin in inflammation. Laennec had, and has to-day, many followers.

More recently, however, we have the new views of the German school, who teach that in many cases the disease is local, *i.e.*, due to causes acting directly upon the lungs, or to morbid conditions seated in these organs, and to this view, although educated in the Laennec school, every-day clinical observation more and more inclines him. To Niemeyer, as a representative of German thought, we are indebted for the fact that tuberculous disease is seen in persons whose lungs or other organs contain old caseous deposits, the deposit of tubercle being a secondary condition. In comparatively rare cases, however, he confesses that tubercle may proceed from other causes, of whose nature we are ignorant. At the present time, therefore, according to the German school of pathology, tubercle is represented in two typical modes of appearance—one local and inflammatory, the other disseminated and constitutional.

In the case before us you notice a tendency to enlargement of the lymphatic glands. This irritable condition of the glands often escapes observation; it appears to come on spontaneously; it is often attributed to colds; whereas in the background, if we carefully study the case, we shall detect the true scrofulous diathesis. It may first manifest itself in non-inflammatory engorgement of the lymphatic glands, in enlarged tonsils, eruptions on the face, otorrhœa, conjunctivitis, ulceration of the cornea, and tendencies to croup; all such conditions in childhood tend in the direction of pulmonary phthisis in more advanced life. I do not mean to say that the scrofulous diathesis depends upon scrofulous material in the blood. This view is almost universally abandoned, and I think justly so. The alterations that take place are evidently of an inflammatory nature; we have a low grade of inflammation in a peculiar diathesis; there is a constitutional tendency to glandular enlargement from profuse cell formation, known by the modern name "cellular hyperplasia." The tendency of this cellular hyperplasia occurring in scrofulous constitutions is in the direction of cheesy degeneration, which degenerate material, when softened, is taken up by the absorbents and capillaries, carried to the lungs, and there deposited in the form of capillary emboli, and around these emboli tubercular

matter is deposited. In some forms of pneumonia, especially chronic catarrhal pneumonia occurring in the scrofulous constitution, the same results take place.

Now, it may be asked, What good is to be derived from the change in views of the pathology of consumption? I answer that good things may be expected to follow true things. Let us seek for truth and trust to the practical application that may result therefrom. If we clearly recognise a consumptive diathesis, an underlying scrofulous inflammation that gives rise to the infiltrated granular tuberculosis of the older pathologists, it at once invests the disease with a larger element of hope. It puts us in the way of adopting a more rational prophylaxis. It suggests the importance of regulating all the agencies by which we live, such as diet, muscular exercise in the open air, sunlight, and such medicinal substances as strengthen and build up the nutrition. With children showing a tendency to scrofula in early life, a rational and efficient hygienic influence should be insisted on, and carried out to the fullest extent. The "new views" stimulate us to new endeavours to devise means for the arrest of this fearful malady; whereas, according to the old view, it is useless to attempt, even in the early stage of the disease, any rational therapeutics, as the lungs are the seat of a neoplastic deposit, the structural changes are beyond the reach of art, the result is merely a question of time. For the patient before us we shall prescribe fresh air, out-of-door life, warm clothing, good nourishing food, with cod-liver oil and hypophosphates.

We fail to see in what way the treatment recommended by Dr. Armor differs from that of the disciples of Laennec. It is confessed by all persons who have seen much of phthisis that cases of this disease occasionally recover, when the patient is carefully treated and in good hygienic circumstances. Neither Dr. Armor nor any other physician can, we assume, promise more than this. Hence, although the views of Niemeyer may seem more hopeful to Dr. Armor, they must, after all, be judged not by this standard, but by their accordance with clinical observation. And there is already a reaction against the "new views," both in England and in France and Germany.

The International Medical Congress.

THIS body meets the present year in Brussels, September 19th. The following are the questions to be discussed:—

1. On the Prophylaxis of Cholera.
2. On Alcohol in Medicine.
3. The Inoculability of Tuberculosis.
4. Anæsthesia in Surgery.
5. The Dressing of Wounds after Operations.
6. On Lying-in Institutions.
7. The Vaso-motor Nervous System.
8. The Value of Experiments on Artificial Circulation.
9. The Prophylaxis of Phosphorus Poisoning in the Arts.
10. The Organisation of Sanitary Bodies.
11. The Brewing of Beer.
12. The Military Relations of Optical Defects.
13. The Means of Measuring the Acuteness of Hearing.
14. The Military Relations of Aural Defects.

15. The Universal Pharmacopœia.

16. Is it Desirable to extend the Use of Chemical Radicals in Therapeutics?

New Books in Medicine, Surgery, and Science.

(From the *Bookseller*.)

Parliamentary.

CENSUS (Ireland) 1871. Part 2: Vital Statistics, Vol. 2. Report and Tables relating to Deaths. (Nosological Arrangement, Coroners' Inquests, Deaths in Hospitals and Sanitary Institutions, in Workhouses and Workhouse Hospitals, in Prisons and Prison Hospitals, in Reformatory Schools, in Charitable Institutions; General Mortality; Analysis of Deaths by Diseases—Zymotic or Epidemic, Endemic and Contagious Diseases; Sporadic Diseases; Violent or Sudden Deaths; Sanitary Reports upon the City of Dublin; Burials in the Cemeteries and Graveyards of Dublin.) 4s. 3d.

Public Health. Medical Officer's Report. New Series. 2. Supplementary Report to the Local Government Board on some recent Inquiries under the Public Health Act, 1858. 8vo. 7s. 6d.

Public Health. 3. Report to the Lords of the Council on Scientific Investigations in aid of Pathology and Medicine. 8vo. 1s. 4d.

Railways. Report of Inquiry concerning the Accident at Shipton-on-Cherwell, 24 Dec., 1874. Plans. 3s. 6d.

Railways. Inspectors' Reports on Accidents in 1874. Part 8. Nov. and Dec. Plans. 3s. 6d.

Railways. Inspectors' Reports on Accidents in 1875. Part 1. January. Plans. 2s.

Railways. Return of Accidents in England, Wales, Scotland, and Ireland during 1874. 3s.

Medical and Surgical.

Barber, Synopsis of the British Pharmacopœia, for the Use of Dispensers and Students. 2s.

Bastian (H. Charlton), On Paralysis from Brain Disease, in its Common Forms. With Illustrations. 10s. 6d.

Dobell (Horace), On Diet and Regimen in Sickness and Health. 6th ed. 6s.

Gray (Henry), Anatomy, Descriptive and Surgical. 7th ed. 28s.

Jackson (R. E. Scoresby), Note-book of Materia Medica, Pharmacology, and Therapeutics. 3rd ed. 12s. 6d.

Lunn (Charles), The Philosophy of Voice: showing the Right and Wrong Action of Voice in Speech and Song. 2nd ed. 1s.

Paget (Sir James), Clinical Lectures and Essays. Edited by Howard Marsh. 15s.

Tilt (Edward John), Health in India for British Women, and on the Prevention of Disease in Tropical Climates. 4th ed. 5s.

Science.

Academy of Natural Sciences of Philadelphia (Proceedings of), 1874. 30s.

Baker (T.), The Principles and Practice of Statics and Dynamics. With those of Liquids and Gases. 3rd ed. 1s. 6d.

Croll (James), Climate and Time in their Geological Re-

lations: A Theory of Secular Changes of the Earth's Climate. 24s.

Green (William Lowthian), Vestiges of the Molten Globe, as exhibited in the Figure of the Earth, Volcanic Action, and Physiography. 6s.

Major (H.), Inorganic Chemistry (Advanced). 1s. 6d.

Plattner's Manual of Qualitative and Quantitative Analysis with the Blow-pipe. From the last German edition. 21s.

Roscoe (Prof. H. E.), The History of the Chemical Elements: A Lecture. 3d.

Ure's Dictionary of Arts, Manufactures, and Mines. 7th ed. Roy. 8vo, pp. 3284. £5 5s.

Wynter (Andrew), The Borderlands of Insanity, and other Allied Papers. 6s.

A Hint to Ophthalmologists.

A YOUNG man, named Doyle, lately brought suit, in New York, against the Eye and Ear Infirmary and Dr. R. Derby, to recover 100,000 dols. for the loss of his sight.

The complainant charged that Dr. Derby had applied a brush to his eyes that contained pus from the eyes of a patient suffering with malignant ophthalmia, thereby causing his blindness. He testified that he saw Dr. Derby use the same brush on a number of patients.

The defence testified that there was no such case of ophthalmia as was mentioned in Doyle's testimony in the infirmary, from which purulent matter of the kind described could be obtained; and if there had been, and had that matter been on the brush with which Doyle was treated, the solution of nitrate of silver which was applied to Doyle's eyes would have killed the virulent properties of the pus.

The judge reviewed the whole testimony on both sides thoroughly, and then said that the question for the jury to decide was, whether Dr. Derby, in his treatment of Doyle, on the 12th of February, used a brush that he knew had been used on another patient, and that he knew had been inoculated with purulent matter, without cleansing it. If they thought he did, the verdict would be for the plaintiff. If there was any doubt, then Dr. Derby was entitled to a verdict.

The jury were out only ten minutes. Then they returned with a verdict for the defence.

College of Surgeons of England.

PROFESSOR TURNER'S lectures on the Comparative Anatomy of the Placenta were commenced on Monday. The syllabus of his course comprehends: 1. Development, Form, and Structure of the Chorion; Structure of the Mucous Membrane of the Unimpregnated Uterus. 2. Changes which occur in the Uterine Mucous Membrane during Pregnancy; Structure of the Diffused Placenta; Structure of the Polycotyledonary Placenta. 3. Structure of the Zonular Placenta.

At the preliminary examinations for the diplomas of Fellow and Member of the College, commenced on Tuesday week, at Burlington House, by the Members of the College of Preceptors, no less than 312 candidates presented themselves for examination, of whom 85 for the Fellowship and 227 for Membership.

The Peculiar People.

THE Peculiar People, several of whose members are now awaiting trial on a commitment for manslaughter for not calling in medical aid when members of their body were sick, have resolved boldly to put to practical test the question as to whether medical aid is really a necessity or whether prayer alone is not sufficiently efficacious in all cases of sickness. For some time past a large twenty-roomed house, situated in Tower Street, on the north-east side of London Fields, formerly used as a homœopathic hospital, has been let: much excitement has been caused in the neighbourhood by the appearance outside the house of a huge board bearing the following inscription:—

"HOUSE OF FAITH
FOR THE
RECEPTION OF SUCH SICK
AS ARE
CONSIDERED HOPELESS INCURABLE
TO BE
HEALED BY THE PRAYER OF FAITH."

This inscription is followed by numerous texts of Scripture.

DR. R. P. COTTON and Dr. R. Quain have been made Consultant-Physicians to the Brompton Consumption Hospital.

DR. MARION SIMS will preside at the next annual meeting of the American Medical Association at Philadelphia.

DR. ROBERT J. LEE has been elected by the Board of the London Temperance Hospital one of the Visiting Medical Officers of that institution.

PROFESSOR GROSS, at a recent meeting of the American Medical Association, read a paper recommending the revival of blood-letting. As yet, no one seems inclined to take up the idea.

THE 26th annual meeting of the Dutch Association for the Promotion of Medical Knowledge will be held on the 22nd June, at Utrecht. Papers will be read on the 23rd and 24th.

MR. CHRISTOPHER HEATH has succeeded Professor Erichsen as Holme Professor of Clinical Surgery in University College, than which no better or more popular appointment could have been made.

THE annual distribution of prizes at St. Mary's Hospital Medical School will take place in the board-room of the Hospital on Wednesday, June 23rd, at 3 p.m. Mr. Grant Duff, M.P., will preside.

IN London last week there were 1,323 deaths registered, about 63 below the average in the corresponding week of the last ten years respectively.

PROFESSOR FLOWER had a large gathering of professional men and ladies at the College of Surgeons in Lin-

coln's Inn Fields on Wednesday last. The museum of the College is now most worthy of the attention of all persons, whether medical or merely amateurs in physiology and anatomy.

NOTWITHSTANDING the unpopularity of the London Hospital Saturday movement last year, a committee has been formed to arrange and carry out a collection on a similar basis to that of 1874. We hope this year the committee will not consider it necessary to spend twenty-five per cent. of the money upon expenses.

AN appeal for £20,000 was recently made for the erection of a new County Hospital at Lincoln. This appeal has been so far successful, that the amount asked for has been slightly exceeded by the munificent donation of £1,000 from Mrs. Clayton, of Lincoln. The event was celebrated by the ringing of the cathedral bells.

IN the House of Commons on Friday night Mr. Kirk directed attention to the Registrar-General's reports of deaths from small-pox in Ireland, in which it was stated that out of 123 deaths in Ulster 109 were attributed to emigration from Scotland. Mr. McLaren said that the charge of importing the disease from Scotland should be supported by the names of the boards of guardians in fault. Sir M. H. Beach said that no doubt the reports were true, but he was unable to give any further information on the subject.

THE terrible epidemic of measles reported in the Fiji Islands is another instance of the dangers which arise to virgin people when some new disease is introduced into their midst. The way in which small-pox has decimated the Indian tribes, the history of the introduction of syphilis into Europe in 1492, and many other similar cases, might be cited as instances of the law that hereditary influences modify the severity of diseases very greatly. Probably the reason why the English people suffer at present so comparatively little from measles and from syphilis is that so many of their ancestors have suffered from these diseases.

THE UTILISATION OF SEWAGE.

It is generally admitted that the sewage question is one, if not the most difficult problem of the day. Experiments have multiplied, companies formed, and millions of money spent in endeavours to arrive at some satisfactory conclusion, with what result our readers are well cognisant. Next to our food supply, there is not a subject which so immediately concerns each individual member of the community, and medical men in particular, as this great social enigma. One sanitarian will tell you there is no method under the sun equal to the treatment of sewage by precipitation; the next finds out that your former adviser is connected with large chemical works, and advises irrigation. You are then met with the formidable obstacle that this latter process can only be carried out upon a dead level. Another advises the A B C process, because a certain company is making a good percentage on its invested capital, and therefore must be a satisfactory one. Finally, some enthusiast would tunnel the length of the country, and discharge the sewage of our millions from one gigantic mouth into the ocean. For

ourselves, we were never more strongly impressed with the value of filtration and irrigation than on Saturday last, when, in response to an invitation from Dr. Alfred Carpenter, Chairman of Committee of the Croydon Local Board of Health, we, in company with some sixty or seventy members of Parliament, members of the medical and other learned professions, inspected the Croydon Sewage Farm, which is situated at Beddington, about a mile distant. Among those present we noticed Earl Fortescue, Mr. J. Watney, and Mr. W. Grantham, the members for East Surrey; Mr. J. G. MacCarthy, M.P. for Mallow; Mr. MacLagan, M.P., Professor Voelcker, Dr. Bristoe, Dr. Gibbon, Mr. Ernest Hart, Dr. Russell, Mr. Henry Lee, Mr. Jabez Hogg, Mr. Carr Jackson, Dr. Fothergill, Dr. Gilbert, Mr. Cuthbert Johnston, Mr. Baldwin Latham, C.E., Mr. Simson, Mr. J. S. Wright, Mr. Howard Martin, &c., &c., together with many local magnates. The objects for which the inspection was invited, as Dr. Carpenter, in an admirable and very lucid manner explained to his guests, were:—

“To show that a sewage farm is not a swamp or marsh; that it does not injure the health of a neighbourhood; that it does not damage residential property, except from the ideal point of view; that it turns poor land into land capable of producing luxuriant crops; that its produce is beneficial to cattle; that cattle fed upon sewage produce are themselves healthy; that the food produced is fit for human consumption; that a large farm cannot be farmed successfully, except a large capital be invested in it; that the experience of sewage irrigation on the same land for fifteen years will justify the capitalist in putting capital into sewage agriculture.”

Now, although the weather proved to be most unpropitious, for the wind and rain together, almost before the inspection began, demolished the tent in which the visitors were expected to taste the produce of the farm, the fields were not converted into “a swamp or marsh,” nor were the roads through them very much the worse for the soaking.

Dr. Carpenter, having placed a plan of the farm in the hands of his friends, then proceeded to conduct them first to the filter, or straining-house.

The filter house is on the site of the old filtering tanks, which were immense nuisances to the neighbourhood; it is now the dust yard of a portion of the parish. By a very clever contrivance the crude sewage as it comes from the town sewers passes through one of Latham's strainers. The extraneous matters which are removed (*i. e.* lumps of *feces*, rags, paper, &c.) are mixed with dry straw and garden refuse, collected from the dust-bins of the town. The compost is thus rendered comparatively inoffensive, and is partly used on the farm and partly sold to market gardeners in the neighbourhood. The machine is self-acting, the sewage itself being the moving power. From the filters the visitors were taken to the main open sewer, and here the crude sewage was seen as it passes on to the fields. The sewage is perfectly fresh, about three hours being occupied in its transit from the most distant part of the district to the filter house.

On passing the main sewer the water makes its way to the fields, which are under cultivation, growing wheat, oats, rye-grass, potatoes, &c., in luxurious abundance. The second crop of rye-grass this year was then being cut, standing almost two feet high, and the land was shown by Dr. Carpenter to be capable of producing six crops in the year.

One field after another appeared to have been equally well farmed by the manager, Mr. Horsely. One piece of ground has been cultivated for market garden crops without other manure than sewage for three years, producing magnificent crops, the roots of grass, plants, &c., having by their chemical or vital affinity the power of attracting all the solid particles of sewage for their own fertilisation. In a meadow were seen some 100 head of cattle belonging to the Local Board, including calves, yearlings, and heifers. All the younger stock has been produced on the farm, and fed entirely on sewage produce.

Specimens of the effluent water as it passed into the river Wandle were exhibited. The analyses of Drs. Frankland and Hassall prove that this water, when it reaches the Wandle, is quite harmless, as further proved by the presence of fish, it being so clear and tasteless that many gentlemen drank of it.

A sumptuous and enjoyable luncheon, which was served in the barn, hastily provided for the purpose, consisted of—Bread and pastry from wheat grown upon the farm; beef and veal from animals bred on the farm; vegetables, salad, &c., grown on the farm; trout en *Mayonnaise*, obtained from the river Wandle, into which the effluent water passes; confectionery, made with milk, cream, &c., also from the farm. The luncheon over, a few appropriate speeches followed from the Chairman, Earl Fortescue, Mr. Grantham, and others, who all agreed that, although a farm under the management of a Local Board may not exhibit high class farming, model stock, or produce above the average in excellence, and for a good reason, because the ratepayers would not allow the expenditure of money for æsthetical purposes, common necessity alone being recognised as an excuse for the expenditure of capital, it is quite evident from what is doing at Beddington that, by the proper utilisation of sewage, our rivers may be kept from contamination and the health of the population increased, and that in that direction at least parochial boards may decrease the rates and confer a great benefit upon the community at large.

Literature.

FORTY YEARS OF AMERICAN LIFE. (a)

WE have lately had brought before us rather forcibly by the American Medical Association the condition of the profession in the United States. The picture is not altogether such as we could wish it; but those who were fortunate enough to be familiar with the writings of Dr. Nichols will not have been surprised at the revelations lately made. The first edition of the work before us was published in 1864 in two large volumes. The present edition is in a single volume, partly re-written, and with a few additions and corrections.

Dr. Nichols came to England in the first year of the great Civil War. His sympathies were all Southern. Nevertheless he was sufficiently impartial in his judgments to instruct as well as amuse the large circle of English readers which his forcible and elegant style attracted. During his residence in England, Dr. Nichols has contributed to our periodical literature, and has been the regular correspondent of a leading New York journal, and he announces that he intends to publish a companion volume to the one before us, to be entitled "Twelve Years of English Life, with Insular and Continental Explorations," which we have no doubt will be full of interest.

All who wish for information respecting America and its people may safely consult Dr. Nichols. We must, however, confine our own observations to his account of our own profession. He tells us that—

"The medical profession in America bears the evils of haste and irregularity incident to so many of its institutions. It is a country of many and violent diseases. . . . So, among a population of more than forty millions, there is work for a vast number of physicians. And the Americans, who do everything in a hurry, educate their doctors in their usual fashion. Nominally, it is required that the student shall read three years under some regular physician, during which time he must have attended two courses of medical lectures. If, however, he pay his fees, exhibit a certificate as to the time he has studied, or pretended to

(a) "Forty Years of American Life." Second edition. By T. L. Nichols, M.D. London: Longmans and Co.

study, and pass a hasty examination, made by professors who are very anxious that he should pass, he gets a diploma of *Medicina Doctor*. He has full authority to bleed and blister, set broken bones, and cut off limbs. But in most of the States there is no need of even this authorization. Anyone may practise medicine who chooses to set about it. No diploma is needed, and no licence required. This is the American idea of 'free trade and no monopoly.'

English medical reformers who advocate the one-faculty system, and those who despise specialities, may be surprised to learn that—

"There are no medical men, as distinguished from doctors; and also, as a rule, there is no distinction between physicians and surgeons. All practise medicine, surgery, and midwifery. This is necessary in a sparsely populated country; and though there are in the large towns physicians who have adopted some speciality, and surgeons of noted skill, the general practice is as I have stated it."

All the pathies flourish in America. All the thirty-seven States charter colleges and schools, and the result is that thousands of young men are dubbed doctors whose general and professional education are both lamentably defective. The profession is, then, at a very low ebb in the States, and sanitary science seems to have no place, except in the great cities. We are ourselves backward enough in this matter, but even before our recent legislation we were far ahead of America. There can be no great sanitary work without legislation—a fact clearly perceived by our author, who says:—

"Physicians are as benevolent and disinterested as men of any other profession; but it is still the evident fact that they do not devote themselves to the prevention of disease. It is not their business; and, what is more, it never will be, until they are paid for keeping the community in health."

Although we have not space to enter into other subjects, we may assure our readers that they are all treated in a manner which makes Dr. Nichols's book as readable as a popular novel.

DOBELL ON DIET. (a)

DR. DOBELL'S book on diet having reached a sixth edition, requires little notice at our hand. He intends it as one from which a medical man may refresh his memory, or which he may safely place in the hands of a patient. Its style is, therefore, popular, and the author includes much which in a book for medical men alone would be naturally omitted. Among the fresh matter in this edition we notice some remarks on smoking, extracted from the *Social Science Review*; a condemnation of the afternoon tea, which is becoming so fashionable; some remarks on the wholesomeness and digestibility of various articles of food; on getting thin and getting fat; on fat and starch in the nutrition of children; and on acid gout and rheumatism from fermented liquors.

Part II. of the work, "On the Interdependence and Prevention of Diseases, and the Diminution of their Vitality," is an abstract of some lectures delivered by the author at the Royal Hospital for Diseases of the Chest.

THE INDIAN ARMY (b).

"THIS short brochure," according to its author, "is devoted to a subject which is of the deepest interest, not only to all Anglo-Indians, but to all who have a regard for the stability of the Anglo-Indian Empire." These we find further on to be those minor reforms of a medical and

(a) "On Diet and Regimen in Sickness and Health." By Horace Dobell, M.D. Sixth edition. London: H. K. Lewis. 1875.

(b) "The Indian Army: Actual Defects and Proposed Remedies." By C. J. McNally, M.D., C.M., Surgeon Madras Army. Higginbotham and Co., Madras. 1875.

sanitary nature affecting the native army of Madras, with especial reference to the clothing, food, marriage, hospitals, diseases, and barracks of the sepoy, many improvements in which are suggested. The author points out that the loose and sensible dress of the native has given place to a uniform which makes the sepoy "little better than a caricature of the British soldier," and which gives us "the coat, but not the man." Foot-soreness is common, owing to roughly-made boots, worn without stockings, necessitating the frequent excusing of the men from wearing boots in quarters. Were it not for this, the author thinks that foot-sores would, at a moderate computation, increase the average daily sick by fully 0.3 per cent. Sandals were found scarcely less objectionable, owing to the difficulty of doubling with them, and to particles of gravel causing frequent annoyance and injury to the feet. By improvements in the cut and shape of the boot, the author thinks the difficulty might be got over, and the substitution of either stout canvas or a more pliant leather for the uppers. The trousers he thinks unsuited to the native habit of sitting on the haunches, and believes that a light zouave trousers terminating in a short canvas or leather gaiter, buttoned at the side, and fitting over the boot, would be much better. The tunic is stated to rarely fit the sepoy, and even when it does it is found to impede the free motion of the limbs. A Jersey vest and light zouave jacket would be an improvement, and not be open to any objections, "military, financial, or sanitary." An improved basket-work *topi* and the "realise equipment" are also advocated as substitutes for the present headdress and accoutrements. The diet is deficient in albuminates, and hence the poorly-nourished muscles and tissues of the native soldier. An increase in the quantity of meat, or of dhál, or some other leguminous grain, is recommended. Early marriages are shown in this little pamphlet to lead to many evils, among others the one of reducing many sepoys to a state of semi-starvation, owing to the demands of a large family. Restriction in the numbers allowed to marry is the remedy proposed. Our author advocates the re-appointment of an apothecary (European or Eurasian) to each native regiment, as being more competent than the ordinary hospital assistant to treat cases of emergency in the absence of the surgeon. The author thinks that the system as at present existing of the men dieting themselves in hospital is open to grave objection, and that owing to the scattered nature of Indian military cantonments, it would be extremely inconvenient to introduce the brigade, or division hospital system, now the subject of so much controversy at home.

Ague, which appears to be very prevalent, the author thinks might be reduced in frequency by better drainage of quarters, and more attention being given to water-supply, food, and clothing, ill-clad and under-fed individuals being naturally prone to chills and miasmatic influences. This little *brochure* concludes with some sensible remarks on climate, Guinea-worm, venereal diseases, &c., which are well worth perusing by those interested in the sanitary welfare of our sepoy army.

Correspondence.

QUESTIONS OF AURAL SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the heading of "Contributions to Aural Surgery," in the *Lancet* of May 29, Mr. Dalby coincides in the opinion held by successive generations of writers on aural surgery, that the most usual accident occurring in the ear is that of rupture of the membrane of the tympanum, and he gives the well-known causes which are the most frequent producers of this injury. But out of the twenty-two cases he details, he states that in ten the perforation did not heal. Now this is an unusually large proportion, and the question naturally arises if this was not due to the over-zealous attention of the surgeon. The less the interference in these cases,

the more certain will Nature prove all sufficient in the repair of the injury. But the examples given by Mr. Dalby of the loss of continuity in the membrane co-existing with defective hearing power, and not unreasonable to suppose influenced by such a condition of parts, will, I trust, be another plea in favour of the non-mutilation of the membrana tympani for the experimental treatment of deafness. Introduced by an eminent surgeon of this city, the hobby was ridden to death, and its—to use the mildest term—uselessness in ninety-nine cases out of a hundred induced Sir A. Cooper to abandon it. But of late years it has been revived, its most apparent and practical object being the opportunity it affords for extracting an operating fee from the patient. I cannot help thinking that Mr. Dalby arrives at a rather illogical conclusion from the deductions to be gathered from the cases he quotes; he states—and it is no doubt borne out by many authentic cases—that oftentimes the hearing capacity of an ear in which the membrane of the drum has been ruptured, and a perforation remains, is greater than in a similar injury where the membrane heals. But it by no means follows from this that the loss of hearing power is due to nervous shock. To quote Mr. Dalby's own words, "from the time of the occurrence of these accidents the hearing never varied;" in fact, instantaneous with the injury came the loss of hearing power. Now if this deterioration was due to nervous shock, it cannot be supposed but that the nerve would to a certain extent recover; other nerves would—why not the nerve of hearing? How are these conclusions arrived at? By the application of a tuning-fork to the cranial bones, the result being that the vibrations were less distinguishable on the side on which the membrane was injured. Mr. Dalby then says: "In fact, the perception to sound was affected, while the conduction through the tympanum was not." I confess I feel great difficulty in following this line of reasoning. It cannot be asserted that the vibrations of a tuning-fork arouse the action of the sense by the irritation of its centre? Then how does it act? Unquestionably in the most powerful degree by the same means that the undulations of sound waves produce hearing by the vibrations of the membranes communicated by their attachments to the bony parietes through which the vibrations of the tuning-fork are transmitted. The mere fact of the hearing power being less impaired where an aperture exists in the membrane than where it has healed is no guide to the diagnosis of the extent and complication of the injury. The extent and situation of the rupture may have been much more injurious in one case than in the other, and I have long come to the conclusion that it is in by far the majority of these injuries the transmittory gear has suffered, not the nerve, which is so wondrously protected. It is a very doubtful point that the deafness arising from a blow on the ear, or the effects of a loud explosion, with the consequent powerful agitation of the sonorous impulses, is dependent on injury sustained by the nerve. When we remember that it is by the chain of ossicles that the contents of the labyrinth is set to work, that from the impaction or loss of the stapes hearing is lost, is it unreasonable to suppose that the force with which the membrane is assaulted in either of these cases is sufficient so to derange the ossicular chain to which it has such intimate attachment as in some cases to depress the power of the sense and in others to annihilate its action? In cases where suppuration takes place in the tympanum, we have here a foreign body interfering with the ingress of sound waves by the natural channel; but the application of a vibrating tuning-fork to the vertex is communicated to the fluid in the tympanic cavity, which tends to intensify the vibrations, not to speak of the hyper-sensibility of a part in a condition of acute or subacute inflammation. The strongest argument in the cases given by Mr. Dalby against his opinion that when rupture occurs in the membrane of the tympanum followed by deafness, that it arose from nervous shock, is that the deafness never varied in any of these cases. The subject is one of considerable interest and of much practical utility, but its elucidation is surrounded with difficulty.

I am, Sir, yours obediently,

J. P. PENNEFATHER.

Harley Street, June 1st, 1875.

THE EXCLUSION OF IRISH MEDICAL MEN FROM THE HONORARY OFFICES OF THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I hasten to express my regret that, misled by the

report that Dr. Matthews Duncan had taken an active part in organising the arrangements made for the forthcoming meeting of the British Medical Association, I charged him with being a party to, if not the main cause of, the slight put upon the Irish members of the Association. Dr. Matthews Duncan states that he has "no authority or responsibility whatever in connection with these appointments." Of course, therefore, he is not a member of the committee, on whom devolved the task of making the necessary arrangements. Although I was, I freely admit, wrong in attributing blame to Dr. Matthews Duncan, the fact remains that not one of the numerous members of the Association resident in Ireland have been deemed worthy of filling any of the honorary offices—thirty in number—which are comprised in the various sections.

Your correspondent "F.R.S." does not mend matters much. He insinuates that, "actuated by a vanity which springs from concealed weakness," I have "disturbed" "society." I beg to inform him that I merely stated what everyone spoke of here—namely, that a slight had been put upon Irish physicians and surgeons. He admits that what he calls the "omission" was "a little unfortunate," and that it "may" have been due to inadvertency. Such is not possible. He evidently speaks with a full knowledge of how the matter should be arranged, and that "inadvertency" is impossible. The Society is British, and the rule acted on hitherto was to have three divisions of the kingdom represented on some of the sections. Of course "it is impossible to please everybody," and I am not advocating the claim of one individual in preference to that of another. I merely advocate the claim of the Irish School of Medicine to be represented at our annual meetings, and I indignantly repudiate the imputation of having been prompted to take the course I have adopted from "a motive to excite or embitter professional animosity."

I am, &c.,

A MEMBER OF THE BRITISH MEDICAL ASSOCIATION.

Medical News.

Royal College of Surgeons of England.—The following members, having passed the required examinations were duly admitted Fellows of the College at a meeting of the Council held on the 10th inst. :—

Brietzcke, Henry, L.R.C.P. Lond., H.M. Prison, Millbank.

Chicken, Rupert Cecil, L.R.C.P. Lond., Nottingham.

Cripps, William Harrison, Pall Mall, S.W.

Doran, Alban Hy. Griffith, L.S.A., Lansdowne Rd., W.

Eastes, Thomas, L.S.A., Folkestone.

Green, Frederick King, L.S.A., West Dulwich.

Herman, George Ernest, L.S.A., Bethnal Green.

Ley, John William, L.S.A., Poplar Hospital.

Lowe, Walter G., M.B., L.R.C.P. Lond., Burton-on-Trent.

Macnamara, Nottidge Chas., Medical College, Calcutta.

Pye-Smith, Rutherford J., L.R.C.P. Lond., Guy's Hosp.

Repe, Henry John, Blaxhall, near Wickham Market.

Walsham, Wm. Johnson, M.B., C.M. Aberd., Camden Road, N.W.

London Hospital Sunday Fund.—Up to the time of our going to press between £5,000 and £6,000 had been received at the Mansion House, which is considered satisfactory, as there were still over a thousand places of worship from which the collections had to come in.

The Apothecaries' Hall (Ireland).—In the House of Commons last evening Sir M. Beach, in reply to Dr. Lyon Playfair, said there were very few licentiates of the Apothecaries' Hall in Ireland who restricted themselves to pharmacy, and who did not at the same time practise medicine or surgery, and there was no other class of chemists and druggists in Ireland who could legally dispense medicines.

NOTICES TO CORRESPONDENTS.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and

avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1874—£12s. 6d., at the offices in London, Dublin, or Edinburgh.

COLLEGE OF SURGEONS OF IRELAND ELECTION.—By a typographical error in a portion of our last edition the number of candidates given was 80; it should have read—"There were as candidates," &c.

J. ALTON HATCHARD.—The points you raise are most important to the health of so large a residential community, and also to the visitors, of whom, as you rightly observe, there are a large number of invalids. We shall not fail to keep the matter under notice, and should occasion arise—we trust it will not—we shall not hesitate to express an opinion upon the subject *pro bono publico*.

The following specimen of poetical effort of a druggist in England, who has stimulated his trade by the publication of an idyll called "The Poetry of Health," is quoted by the *Chemist and Druggist* in its last issue :—

If you are troubled with a cough,
And thick phlegm your throat does stuff:
Take some squills, Ipecacuanha,
And nitre in a regular manner.

When infants' eyes and nose drizzles
With red rash—oft have the measles;
Keep them warm, give saffron tea,
And a powder—soon well they'll be.

When you have an attack of bile,
Out-pour a dose of castor-oil;
If of plethoric habit—ought
To take a blue bill and black draught.

DR. GARRETT AND "PUBLIC OPINION."—Dr. Garrett has written a book on "The Human Voice: its Anatomy, Physiology, and Ailments." Dr. Garrett (or the publisher, Churhill) sends the work to *Public Opinion* for review. The reviewer criticises the work and its author thus :—

"Our little friend cuts but a sorry figure in the literary world. Did he only explain whether this is a popular or a medical work we might know better how to deal with him. Is it not slightly dangerous most learned doctor, to advise non-professional people to take such drugs as prussic acid, hemlock, &c., for a sore-throat? All this is doubtless very beautiful in the author's eyes," &c., &c.

To begin with, Dr. Garrett is not a little friend of anybody's; he is a man beyond the average size, and wears large spectacles. Moreover, he has seen this criticism in the paper called *Public Opinion*, and strongly objects thereto. Dr. Garrett's letter is too long for us to quote at length but the following extracts will explain his feelings as expressed in the offending journal of June 5th :—

"The law assumes that every published work is public property, and amenable to just and fair criticism. The law, at the same time, gives protection to authors against the reckless scribbler—the pseudo-critic, who, under pretence of reviewing your work, labels your professional reputation, falsifies fact, suppresses truth, and indulges in a simian grin of satire at a few fragments which he selects for his purpose, and fully suppressing the context, and wholly ignoring the subject-matter of the book. Now, Sir, I charge your reviewer of my treatise with all these acts of misconduct, and further with having garbled and mutilated the extracts he has quoted so as to make them perfectly incomprehensible nonsense."

Further on our author says, "Let us proceed with this contemptible review, *pauca majora canamus*," and winds up with the following advice to the editor :—

"I have now proved every charge I set out with, and I advise you, Sir, to employ for the future men competent to deal with scientific subjects, and to discharge their duties with fairness, honesty, and courtesy."

This comes of submitting medical works to lay criticism. Dr. Garrett has lost his temper, which is unwise. Dr. Garrett would have shown better judgment not to have sent his book in the first instance, but when sent, should have submitted to the criticism its editor deemed the work deserving of. *Public Opinion* is neither a medical nor a scientific journal, and does not pretend to be.

VACANCIES.

Royal Free Hospital. Surgeon. Applications, with testimonials, to be forwarded to Mr. Blyth, the Secretary. (See Advt.)

Limerick Union. Resident Medical Officer. Salary, £50 per annum, with rations. (See Advt.)

Hospital for Consumption, Brompton. Resident Medical Officer. Salary, £200 per annum, with board and residence. Applications, with testimonials, to Mr. Henry Dobbin, at the Hospital.

County Down Infirmary. Assistant Surgeon and Registrar. Salary, 60 guineas, with board and apartments. (See Advt.)

Kenington Dispensary. Resident Medical Officer. Salary, £150. Particulars of the Hon. Sec.

Hospital for Women, London. Physician. Particulars of the Secretary.

Hospital for Sick Children, London. House Surgeon. Salary, £80 per annum, with board and apartments. Address the Secretary.

St. George's Hospital Medical School. Teacher of Physiological Chemistry. Applicants must address the Dean.

Westminster Hospital Medical School. Lectureship on Materia Medica. Particulars of the Dean.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 23, 1875.

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GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION. SESSION 1875.

In presenting our readers, according to our annual custom, with a detailed, though necessarily abbreviated report of the proceedings of this august body, we would crave the indulgence of its members by anticipation for any errors which may occur. The faulty acoustical properties of the theatre in which the meetings take place must be held responsible for our shortcomings.

THURSDAY, JUNE 17th.

Present—Dr. Ackland, President, in the chair; Dr. Bennett, Mr. Quain, Mr. Bradford, Dr. Humphry, Dr. Pyle, Dr. Storrar, Dr. Andrew Wood, Dr. Fleming, Mr. Turner, Dr. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Sir D. Corrigan, Bart., Dr. Sharpey, Dr. Parkes, Dr. Quain, Sir W. Gull, Bart., M.D. Dr. Stokes, Dr. Francis Hawkins, Registrar.

PRESIDENT'S ADDRESS.

At the last session of the Medical Council a review of the work of the Council was made by our late President. The absence of Dr. Paget from the chair and from the Council is felt by all of us as a grave loss. There was something in the gentle wisdom of that sterling man which gave us the confidence we feel when crossing slippery paths with a sure-footed mountain guide. Only one change has taken place in the Council since we parted. Oxford sends us no stranger in one who brings from the sister Univer-

sity to that which Paget adorns mature experience for our common duties.

Only a third of the members of the Council who formed it in 1858 remain. Not half, therefore, know how great is the change which has come over the opinions of the medical profession since eighteen representatives of nineteen universities and corporations, all distinct, some in admitted rivalry, met six nominees of the Crown as representatives of the public at large, and proceeded to construct a sound and uniform system of medical education, general, scientific, and professional. It is well known in the Council how rapidly, though silently, the promotion of the general good superseded solicitude for particular interests, and how soon the arduous task of harmonising diversities in national sentiment, of seeking the good in every existing system, of purging the evil from every usage, however time-honoured, became the aim of every member of the Council. It would ill become me to dwell on this topic, or even to have touched on it, but for the purpose of our strengthening each other's hands in the discharge of our complex duties.

The construction of the Register, the removal of offenders from it, the completion of the Pharmacopœia, the visitation of old institutions, and freely reporting on them—all, a few years since, arduous tasks in prospect—seem now to us a matter of course and a page in history. What the old universities would have thought twenty-five years ago of giving up their examination papers to strangers without resistance it is not easy to realise. They now heartily recognise our endeavours, and aid in promoting our success.

I am far from wishing to be understood as implying that our work is nearly done. That is not my opinion. On the contrary, it would seem we have only lately made our tools, and sharpened them for their work. A glance at the subjects to which the attention of the Executive Committee has been drawn during the recess, and at the programme of business, will show this.

The Committee has had a correspondence with the Registrar-General, on his invitation, as to the working of the certificates of death under the new Act. The machinery of the Council, and your individual care and atten-

tion, enabled the President to forward a final answer, which was the result of much thought by representatives of opinion all over the country, without the labour to you of a meeting of the Council.

The Committee has had occasion to address the Home Office on the subject of legal proceedings for offences under the Medical Act. They hope that the letter sent on behalf of the Council will meet your approval.

They have also been compelled to draw the attention of the Local Government Board to Art. 178 of the General Consolidated Order of the Poor-law Board, which is contrary to the spirit of the Medical Act. It excludes from certain important professional duties all surgeons not being members of the College of Surgeons of London. The Board have undertaken to reconsider the clause.

The various letters thus addressed will be laid before you.

It is within the knowledge of the Council that the Executive Committee was summoned in April last to consider the effect of two Bills, brought in by private members, for the amendment of the Medical Act.

First, the Bill of Sir John Lubbock, to enable the College of Surgeons of London to take part in the Conjoint Scheme of Examination in England, was to be opposed by Mr. Stansfeld, in order, if we are to believe report, to make it compulsory on that College, or on the Conjoint Scheme, to admit women to their examinations. Whatever may be the merits of this real or supposed act of justice to women, it could not receive your sanction or approval, that a Conjoint Scheme—an admitted good for England—should be impossible, except under a condition to which many entertain the strongest objection.

His Grace the President of the Council, having received the Executive Committee, clearly appreciated the force and the fairness of this view, and promised the fullest attention of the Government.

The second Bill, that of Mr. Cowper Temple, to compel the Council to register degrees granted to women by certain foreign Universities, was open to still graver objection on grounds of public policy. The effect of this Bill would be fatal to two principles of the Medical Act of 1858. That Act makes the Medical Council responsible for the courses of study and examination undergone by all persons placed on the Register. It is clear they could not, without much diplomatic negotiation and great expense of visitations, if at all, be responsible for foreign degrees; and, secondly, it would be impossible to refuse to men so dangerous a privilege if it were accorded to women. His Grace the President of the Privy Council, and Lord Sandon, the Vice-President, considered with courtesy and prolonged attention this subject also. They undertook to lay the matter before the Cabinet. They further assured your Committee they no steps would be taken in respect of medical legislation except after the fullest communication with the Medical Council.

To the subject of these Bills we shall have to return.

Since we parted, medical and surgical examinations in the Universities of Oxford, Cambridge, Durham, Edinburgh, Aberdeen, St. Andrews, Dublin, and examinations in the College of Physicians and College of Surgeons in London, and the College of Physicians, the College of Surgeons, and the Society of Apothecaries in Dublin, have been visited. The reports on them have, for the most part, been circulated among you, and will all shortly be laid on the table. We have to thank the visitors, both those of the Council and those appointed by the Council, for their cordial co-operation. When all the arrangements are complete the matter seems simple enough, but the Council owes a debt of gratitude to Dr. Quain and Dr. Bennett, for the pains they have bestowed on the work assigned by you to the Executive Committee.

It has been truly said that the Medical Council is limited in its powers. It is no doubt bound, and happily, within the four corners of the Medical Act. Nevertheless, the functions which have to be discharged by the Council are wide enough, as the various subjects already

enumerated show, heavily to tax our time and attention. Yet these subjects imperfectly represent what is still before us. When I said just now that we had been much employed in making tools, implying that much work had still to be done, I had in my mind many other things which will come before the Council, as year by year it considers what it is the public want from the medical profession, and lays down the conditions under which the profession can fulfil the just expectations of cultivated men. We have only to take three instances from progressive subjects before Parliament—the duties of officers of health, the qualifications of analysts, the medical duties of women.

It may be reckoned as certain that the eminent and experienced persons who from all the seats of medical study come to sit round this Council-table, will sooner or later have to consider the due qualification of all these persons, under their several heads. For, first, as to the highest sanitary officers; are they to be all on the Register, all debarred from practice, all equally experts? and, if so, how educated, examined, and certificated? Secondly, are analysts, who are to arbitrate in doubtful cases of chemical analysis, to adjudicate without appeal on what is and what is not injurious to health?—a subject on which we have certainly much yet to learn in this country; or are they to judge only of the purely chemical question of adulteration? Thirdly, are midwives to be licensed? if so, by whom, how educated, how examined, how certificated?

The Council will not fail to remember that these questions have been the subjects of special reports by committees of the Council. The report on Public Health, 1869, the report on the Medical Education of Women, 1873, and the report with reference to Public Analysts, 1874, show that the Council is not unprepared whenever public opinion or Government inquiry calls upon it for advice.

Such reports, however, and such visitations are but the framework, or mould, or machinery by which our work is to be proved. They are not the work. When once the public is satisfied that the preliminary and most obvious end has been gained, of securing perfectly righteous examination, then, indeed, two difficult problems still remain—how to secure good teaching, and what to teach.

Unjust, indeed, would it be to say that the question of teaching, as far as professional subjects are concerned, has not been handled. The report of 1869 on professional education, condensing the reflections of no less than 131 teachers of experience, has laid down certain definite principles from which few bodies dissent, and, on the whole, few schools depart. The consequence is that teaching, though not perhaps uniform throughout the country, is without doubt greatly improved, and the results obtained most encouraging. For many deficiencies that captious critics might point out, for usages prior to 1858, and for the transitional character of the age we live in, neither the medical profession nor the Medical Council is responsible. The State has endowed no medical schools, and but very few medical teachers. It has maintained no medical colleges. All has been done by voluntary and unconnected effort. Hence our freedom and our success, but also the cause of our failings.

When, however, the testing machinery, for which the Council is responsible, is in perfect order, there will be much need of sober thought as to the period, quality, plans, and extent of literary, scientific, and professional instruction to be absolutely required of all youths destined for the medical profession. Not seldom is there a tendency to require too much of youth. We see clearly what is needed in the profession as a whole; we ought not to expect that whole to be found in every unit of it. The method of optional subjects is becoming urgent. In the optional subjects limitation of range is every year more necessary, although we must not forget that the average children of modern educated races acquire the higher knowledge more readily than the children of the past.

When the Council, now sixteen years ago, decided to leave the education in arts to the national educating institutions—i.e., mainly the universities—it did so in the conviction that they would represent the full experience

and wisdom of the age. Yet opinion is by no means settled even in the universities as to the basis on which the scientific mind should be moulded. Neither the opponents nor the disciples of Bentham, Mill, Darwin, or Herbert Spencer have said their last word on the whole theory of human existence and human aims. When men are divided on the fundamental conception of humanity, they will not be agreed on the objects of practical life in the world. And yet we here have to fit men for some of the most practical, most necessary, most human, most beneficent work, for every climate, for every race—as well for the millions of all castes in India and the protected negroes of Africa, as for our own poor, our own nobles, and our toilers and defenders by sea and by land. While educational theories are being discussed, we have to act.

I have touched upon these topics, however slightly, because a motion will be brought before you referring to the whole of the reports upon education: and because the Council has from the first emphatically laid stress on the supreme importance of general education, has delegated in full confidence to the national educational bodies the charge of that education, and has maintained its right to inquire into the mode in which that education is carried on.

It were not to be desired that we should, with all our other duties, be needlessly entangled in this thorny path; but once the professional examinations arranged, their extent and their method happily agreed upon in the three branches of the kingdom, this fundamental work may not be forgotten. The general, nay the scientific education of the lower and the middle classes is making enormous strides. For the sake of our successors in our profession, we must not use the standard of our younger days as the touchstone for their attainments in general culture; not if we mean them to keep their place in the brotherhood of true and thoughtful men.

The withdrawal of Lord Ripon's Bill in 1870, however necessary that withdrawal was, under circumstances which accidentally complicated it, has no doubt delayed the consideration of several important subjects. Perhaps no real harm has ensued. Time is an element in all healthy growth. The progress which has been made since the Reports to the Council on Professional Study in 1869 is shown by the Report of 1873 to have been great indeed. The papers which will be laid before you, together with your own opinions, as expressed up to last year (1874), and the Reports of your Committees on Education in 1869, 1870, 1871, 1872, may be brought by a committee into a condition for your full discussion, and indeed form a very complete statement as to the present condition of the attainments of the medical students in this country. Nor, I am convinced, need you shrink from the survey. I wish I could say that I am as convinced that the energy, knowledge, high character, and opportunities of our staff of teachers were arranged with the least loss to the students or waste of power to the teachers. The observations of the Teachers' Association in Appendix II. of the Report of 1869 will partly illustrate this.

I return now, as I promised, to the subject of two Bills at present before Parliament—viz., Sir John Lubbock's and Mr. Cowper Temple's Bills. It was important that you should meet in time to express an opinion, should you desire it, on these Bills. These Bills touch the very eye of the Medical Act.

Sir John's Bill, if passed, will make at length possible the combination of all the licensing bodies in England. There may then be one pass examination uniform for all England. If defeated, it would be defeated, so report says, because it does not enter into the question of the registration of women, which it leaves unaltered. Your Executive Committee had reason to hope that the Government would not permit so important a measure to fall on a collateral issue. I am happy to say that the Bill passed through Committee on Tuesday night last, the Vice-President of the Privy Council having satisfied Mr. Stansfeld with respect to the intentions and effects of the Bill.

The effects of Mr. Cowper Temple's Bill have been already described. A letter bearing upon it, written by direction of the Lord President of the Privy Council, will be laid before you. His Grace requests that at this meeting of the Council the Bill shall be brought under consideration, and that the Council will make to him their observations upon it. He is of opinion that Mr. Cowper Temple's Bill, though limited in its direct scope, can hardly fail to raise in Parliament the general question whether women ought to be able to look to medical practice, or certain branches of it, as open to them equally with men as a profession and means of livelihood; and, as Government may have to express an opinion on this general question—with regard, on the one hand, to women who desire to obtain legal status as medical practitioners in this country, and, on the other hand, to the examination, rules, or other conditions which prevent them from accomplishing their wish—he desires that our observations should not be restricted to the particular proposal of Mr. Cowper Temple's Bill, but should discuss as fully as you may see fit the object to which that proposal would contribute.

One more topic—that of the public health—must be noticed. On no question of first-class social importance has the public mind changed more in the memory of most of us than on this. The prevention of diseases as a subject of common national interest, strange as it now may seem to us, is but of comparatively recent growth, except as regards our prisons, our armies, and our fleets. Foresight would have prevented evils which have grown up unnoticed, both in our villages and in our towns, and are now causing great labour in the removal, as well as greater trouble in the prevention in future. The prevention of disease has become a great branch of our profession. The Universities have taken the matter up as well as the profession and the public at large. Education, certificates of qualification to practise, and diplomas already exist in Dublin, Edinburgh, London, and Cambridge, and are in preparation at Oxford. I forbear to dwell on this topic any further than to say that it may be a question whether the Council should ask for power to regulate this education and enter these diplomas or certificates on the Register. The desirability of conjoint boards of examination in this branch of knowledge may also demand consideration.

And now I have performed, as simply as I am able, the honourable task which you have in your goodness imposed on me, of opening a new session of the Medical Council. I ask of you that which you will certainly grant, your support, as I endeavour to second your efforts. Our hope is, by the agency of ancient and progressive institutions, to make medical education uniformly adequate through the whole kingdom; to bring former experience into harmony with the lessons of true culture and modern science; and to provide, as far as human agency can provide, a constant supply of persons qualified to promote the individual and the public health in a nation, whose destiny calls her children to every form of human labour, in all climates, and every condition of human life.

Professor Rolleston, M.D., who has recently been elected the representative on the Council for the University of Oxford, vice Dr. Acland, promoted to the Presidency, was then formally introduced by Dr. Sharpey. It was then decided that the address of the President, on the motion of Dr. Andrew Wood, seconded by Dr. Bennett, should be entered on the minutes.

The following Business Committee was then formed, consisting of—Dr. Andrew Wood (Chairman), Drs. A. Smith, Leet, Haldane, and Pyle;

The Finance Committee being—Dr. Quain (Chairman), Drs. Bennett, Sharpey, A. Smith, Fleming, and Mr. Quain.

These preliminaries over, the following official communications, made by the Executive Committee to the Registrar-General, to the office of the Secretary of State

for the Home Department, and the Local Government Board, were read, and ordered to be inserted on the minutes.

The first was "On the Registration of Births and Deaths," from the Registrar-General:—

GENERAL REGISTER OFFICE,
SOMERSET HOUSE,
October 14th, 1874.

SIR,—When the Act for Civil Registration of Births and Deaths came into operation in 1837, the Registrar-General derived the greatest assistance from the kind co-operation of the President of the Royal College of Physicians, the President of the Royal College of Surgeons, and the Master of the Society of Apothecaries, who "pledged themselves to give, in every instance which might fall under their care, an authentic name of the fatal disease."

They also entreated all authorised practitioners throughout the country to follow their example; thus the important object of procuring a good registration of the causes of death might be attained.

Since the year 1845 I have supplied all authorised practitioners with copies of blank forms of certificates; and it is gratifying to me to be able to say that the medical practitioners throughout the country have supplied those certificates in a great majority of cases; so that, including the causes of death returned by coroners after inquests have been held, in only 5 or 6 per cent. of the deaths annually registered the fatal disease recorded is uncertified by medical authority.

By the statute which comes into operation on 1st January, 1875, the Legislature has sanctioned the course I had adopted, directing me to supply blank certificates to every registered medical practitioner; and it is enacted that the medical attendant of a person deceased shall supply a certificate of the cause of death duly filled up.

This duty is enforced by penalty; I therefore propose to slightly modify the form of certificate, so as to remove some difficulties which have occurred to some minds, and thus facilitate the operation of the measure, preserving all the essential features of the old form of certificate, which has been in operation nearly thirty years.

A few years ago the College of Physicians appointed a committee which published a "Nomenclature of Disease," which work, by direction of Her Majesty's Government, I distributed to every authorised practitioner in England and Wales.

I avail myself of this opportunity of printing in the new book of forms of certificates, a list of the names of fatal diseases as sanctioned by the Committee of the Royal College of Physicians.

I venture to take the liberty to submit to you the new form of certificate which I propose to issue, the introduction, and the list of sanctioned names, hoping that you will favour me with any suggestions that may occur to you as likely to render it more useful to science, and more acceptable to the medical profession.

I have the honour to be, Sir,
Your faithful servant,

GEORGE GRAHAM,

To the President,
General Council of Medical Education.

To which the following is the President's reply:—

MEDICAL COUNCIL OFFICE,
315 OXFORD STREET, LONDON,
October 29th, 1874.

SIR,—I have the honour to inform you that one of the proof copies of the book of forms, with which you were so good as to supply the Medical Council, in answer to my application, has been forwarded to every member of the Council.

In the communications which I have received from each, there is a general recognition of the great value of the course which you propose to take.

There is, indeed, so much general approval of the Book of Forms, that I have few suggestions, such as you invite, to make on the part of members of Council.

Your attention may, nevertheless, be drawn to the follow-

ing particulars, which are noted in the correspondence with the Council, and which appear to deserve consideration before a final decision is taken on so important a step as a new Form of Certificate of Death, although probably several have been already maturely considered by you:—

It is objectionable that medical men should be required by law to give information which they do not possess from personal information.

The words "as I am informed" should be printed in the body of the certificate after the word "died."

The marginal note should then stand thus:—Should the medical attendant feel justified in taking upon himself the responsibility of certifying the fact of death, he may strike out the words "as I am informed."

The medical attendant ought not to have the duty imposed upon him of sending to the registrar or to anyone else. The registrar should apply to him.

In Scotland, the registrar forwards to the medical attendant a certificate, with the blanks filled up as far as possible, with a stamped envelope addressed to himself (the registrar), if the certificate has not been forwarded by the attendant within ten days. This plan works admirably.

In the form of death-certificate, the words "whose apparent age was" should be substituted for "whose age was stated to be."

In case of alleged irregularities or frauds in respect of certificates, the Registrar-General or the magistrates, and not the Medical Council, should be prosecutors.

In the column "the duration of disease," there should be four divisions, for years, months, days, and hours, as in the Scotch certificate.

The Registrar-General's abstracts should be gratuitously sent, as formerly was the case, to many registered medical practitioners—to all, indeed, who annually apply for them. Every health officer, at the least, should have them officially. They should be kept at the office of every sanitary authority. Nor is there any reasonable doubt that statistical and sanitary science, as well as the progress of accurate medical knowledge, would be thus greatly promoted at a comparatively trifling cost to the public funds. The services of those who supply the basis of the registration returns would also be gracefully acknowledged. A precedent may be found in Scotland and Ireland and, formerly, in England.

I have to observe that this was a question for which it seemed to me undesirable to summon a special meeting of the Council, which you are aware is attended with considerable expense. But if any fresh circumstances should arise which require a reconsideration of that conclusion, I shall be ready to give the fullest attention to them.

Meanwhile, on behalf of the Medical Council, I have to thank you for enabling its members to consider a subject to which you have given so much consideration, and for which your office has done so great service to the science of vital statistics.

I have the honour to be, Sir,

Your obedient servant,

HENRY W. ACLAND,

President of the Medical Council.

To the Registrar-General, Somerset House.

PROSECUTIONS UNDER THE MEDICAL ACT.

The following letter was addressed by the President to the Secretary of State on this subject:—

MEDICAL COUNCIL OFFICE,
315 OXFORD STREET,
November 13th, 1874.

SIR,—I have been requested, as President of the General Medical Council, to draw your attention to a subject adverted to in a letter of the 26th of September, addressed to the Secretary of the Medical Council by the Under-Secretary of State for the Home Department.

The question of the General Medical Council undertaking to prosecute in the case of offences under the Medical Act of 1858, was brought before the Council in 1859, on a complaint made to the then Secretary of State. The subject was fully considered, and the opinion which the Council then formed was to the following effect, viz:—

"That it is legally no part of the functions of the Council,

according to the Medical Act, to institute proceedings at large for offences against the Act."

"That the funds at the disposal of the Council were quite inadequate for the purpose."

Experience since 1859 has shown that these offences, unfortunately, are not infrequent, and that they occur in all parts of the United Kingdom. It is obvious, even if it were otherwise desirable, that it would occasion very serious expense if the Council were to act as public prosecutors, and to employ solicitors in every locality where an offence occurred to get up the evidence for the prosecution; and that, in any case, the funds raised by the Council entirely from the medical profession could not in fairness be applied to purposes strictly within the province of public justice.

In Scotland and in Ireland the difficulty has been supposed to be met. But, in point of fact, though there is a public prosecutor in each of these branches of the kingdom, there has been found practically to be as great a difficulty as in England.

In the case of many offences under the Medical Act, they are rather offences against the Commonwealth than against individuals; as, for instance, in the case of fraudulent death certificates, and indeed in the case brought before you by the Coroner of Ellesmere, it is obvious that the offender ought to be prosecuted for forgery—his offence under the Medical Act being merely punishable by fine.

There is, however, another reason why the Council should not be required to undertake duties of this kind, viz.: The time of the Medical Council is, by its constitution, very valuable, its members being summoned at considerable expense from various parts of the United Kingdom. Any criminal investigation or procedure would be attended with much difficulty, and distract the Council from other important duties assigned by the Act.

Under these circumstances I am justified, I hope, in requesting you to take into your consideration this subject, which the Council considers one of great public importance, adding the assurance that the Council will be ready to give the utmost consideration to any further point which you may do them the honour to bring before them.

I have the honour to be, Sir,

Your obedient servant,

HENRY W. ACLAND,

President of the Gen. Med. Council.

To the Right Hon. the Secretary of State
for the Home Department.

THE DISTINCTION BETWEEN QUALIFIED AND REGISTERED PRACTITIONERS.

MEDICAL COUNCIL OFFICE,

315 OXFORD STREET,

November 13th, 1874.

SIR,—I have been requested, as President of the General Council of Medical Education and Registration of the United Kingdom, to draw your attention to the subject adverted to in a letter, of the 19th August last, addressed to the Registrar of the Medical Council by the Secretary of the Local Government Board.

In that letter it was stated that whenever the Board revised the Consolidated Order, which they will probably do before long, they will take care that the point raised by the Registrar of the Medical Council, in his letter of the 1st August, shall be duly considered.

With a view to that consideration, I would take leave to point out that the policy of the Medical Act (1858) was to abolish any distinction between qualified and registered practitioners within her Majesty's dominions; and accordingly by Sect. 31, "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery as the case may be, in any part of her Majesty's dominions."

It seems, therefore, contrary to the spirit of the Act to stipulate that certificates, required by Article 178 of the General Consolidated Order, should be received only from members of the Royal College of Surgeons of England.

On these grounds I would venture to urge that the Consolidated Order should be amended so as to include all registered practitioners.

In every case a medical officer under the Local Government

Board should make such selection of a registered practitioner for consultation as he judges to be best. But the central authority can only, by an oversight, seek to impose a restriction on their selection, which it was part of the intention of the Medical Act (1858) to remove, and which it is the special province of the Medical Council, by constant labour, to make unnecessary, viz., the preference of one legal qualification before another on account of more or less supposed value in such qualifications.

I have the honour to be, Sir,

Your obedient servant,

HENRY W. ACLAND,

President of the Medical Council.

To the President of the Local Government Board,
Whitehall.

It was then moved by Dr. Andrew Wood, seconded by Mr. Quain, and agreed to:—

"That the table of results of professional examinations for degrees, diplomas, and licences, granted in 1874 by the bodies in Schedule (A) to the Medical Act, be received and entered on the minutes."

An analysis of this table shows that during the past year for the Primary and Final Examinations at the—

Royal College of Physicians of London—For the Licence 14 were rejected, 85 passed. For the Membership 3 were rejected, 21 passed.

Royal College of Surgeons of England—For the Membership 129 were rejected, 349 passed. For the Fellowship 19 were rejected, 10 passed.

Society of Apothecaries of London—For the Licence 15 were rejected, 190 passed.

University of Oxford—For the M.B. 1 passed. For the M.D. none presented themselves.

University of Cambridge—For the M.B. 13 passed. For the M.D. 3 passed.

University of Durham—For the L.M. 2 passed. For the M.B. 2 passed. For the M.D. 1 passed.

University of London—For the 2nd. M.B. 6 were rejected, 19 passed. For the M.D. 5 were rejected, 14 passed. For the B.S. 5 passed.

Royal College of Physicians of Edinburgh—For the Licence 42 were rejected, 129 passed.

Royal College of Surgeons of Edinburgh—For the Licence 13 were rejected, 37 passed.

Faculty of Physicians and Surgeons, Glasgow—For the Licence 10 were rejected, 15 passed.

Royal College of Physicians and Royal College of Surgeons of Edinburgh—For the Licence in Medicine and Surgery 44 were rejected, 84 passed.

Royal College of Physicians of Edinburgh and Faculty of Physicians and Surgeons of Glasgow—For the Licence in Medicine and Surgery 16 were rejected, 23 passed.

University of Aberdeen—For the M.D. 26 passed by promotion. For the M.B. and M.C. 9 were rejected, 54 passed.

University of Edinburgh—For the M.B., M.B. and M.C. 14 were rejected, 88 passed. For the M.D. 3 were rejected, 20 passed.

University of Glasgow—For the M.B. and M.C. 10 were rejected, 47 passed. For the M.D. 3 were rejected, 18 passed.

University of St. Andrew's—For the M.D. 10 passed.

King and Queen's College of Physicians in Ireland—For the Licence in Medicine 15 were rejected, 90 passed. For the Licence in Midwifery 16 were rejected, 52 passed.

Royal College of Surgeons in Ireland—For the Licence 23 were rejected, 91 passed. For the Licence in Midwifery 1 was rejected, 36 passed. For the Fellowship 1 was rejected, 52 passed.

Apothecaries' Hall, Dublin—For the Licence 3 were rejected, 27 passed.

University of Dublin—For the M.B. 4 were rejected, 49 passed. For the M.C. 2 were rejected, 18 passed. For the M.D. none presented themselves.

Queen's University in Ireland—For the M.D. 20 were rejected and 4 others withdrew, 44 passed. For the M.C. 27 were rejected and 4 others withdrew, 30 passed.

A letter and petition from Matthew Bass Smith were read, requesting that he might register his name as a qualified practitioner. It may be remembered that Bass Smith was struck off the Register, but his name was not erased by the

examining bodies from which he had received his diplomas. He now petitioned that he was entitled to register the qualifications which he still held.

Some discussion ensued, in which Sir William Gull, Dr. Quain, Dr. Bennett, and Sir Dominic Corrigan took part.

Sir William Gull said that, without referring to the case immediately under consideration, the circumstances of which he did not recollect, it became the Council to consider whether, if a name were erased from the Register, they had the power to replace it, and if they had the power, under what circumstances and for what reasons a name which had been erased should be restored.

Dr. Bennett suggested that each case might be considered on its own merits, and that it would be quite impossible to frame rules applicable to every case, though it might be desirable to have an understanding in reference to some few points.

Sir Dominic Corrigan remarked that it was in the power of the Council to restore a name once erased, and that they had already done so. But in that instance it was found that the evidence on which the individual was convicted was imperfect.

It was moved by Dr. Andrew Wood, seconded by Sir Dominic Corrigan, and agreed to :

"That the Council decline to restore to the Register the name of Matthew Bass Smith."

THE CASE OF MEEHAN AND SHEEDY.

The following certificate was read :—

County of Limerick to wit.

Search being made amongst the Records of the Office of the Clerk of the Crown for the County of Limerick, I certify that James Meehan, M.D., and Michael M. Sheedy were at a General Assizes and General Gaol delivery duly holden at Limerick, in and for the county of Limerick, on the 10th day of July, in the year of our Lord one thousand eight hundred and seventy-four, indicted, tried, and convicted on an indictment charging them with a general conspiracy to defraud the New York Life Insurance Company, established for the insurance of lives, and carrying on the business at Kilmallock, by false and fraudulent representations as to the health and habits of persons proposed to be insured. And the indictment charged several overt acts. And having been convicted of the said offence, the said James Meehan and the said Michael M. Sheedy were sentenced by the Court to be imprisoned in the county gaol of Limerick for twelve calendar months each.

Dated this 27th day of July, 1874.

(Signed) WILLIAM SMARTT,
Deputy Clerk of the Crown for the
County of Limerick.

Moved by Dr. A. Smith, seconded by Sir D. Corrigan, and agreed to :

"That the names of James Meehan, M.D., and Michael M. Sheedy be removed from the Medical Register in accordance with powers devolved on the Council by Clause 29 of the Medical Act."

A letter was read from Mr. Geo. R. Rickard's counsel to the Speaker, written under the direction of the Statute Law Revision Committee.

The letter requested the opinion of the Council in reference to the repeal of all such acts and parts of acts as are either spent or expired, or have in any manner become unnecessary, or have ceased to be in force otherwise than by express repeal.

The letter was referred to a committee, consisting of Sir Dominic Corrigan, Dr. Haldane, and Dr. Storrar.

A committee, consisting of Dr. Andrew Wood, Dr. Fleming, Sir Dominic Corrigan, Dr. Arjohn, Mr. Quain, Dr. Humphry, Dr. Parkes, and Dr. Thompson, was formed to consider the recommendations with regard to education and examination which had been issued from time to time by the General Medical Council, to inquire into their practical working, and to report as to the expediency of modifying or amending them.

The following letter, written by direction of the Lord President of the Privy Council by Mr. Simon, was then read :

MEDICAL DEPARTMENT, PRIVY COUNCIL OFFICE,

8th June, 1875.

SIR,—I am directed by the Lord President to request that, at the meeting now shortly to be held of the General Medical Council, you will have the goodness to bring under the consideration of that body the Bill which has been introduced in the House of Commons by Mr. Cowper-Temple "to amend the Medical Act, 1858, so far as relates to the Registration of Women who have taken the Degree of Doctor of Medicine in a Foreign University," and that you will move the Medical Council to favour his Grace with their observations upon it.

It appears to the Lord President that Mr. Cowper-Temple's Bill, though very limited in its direct scope, can hardly fail to raise in Parliament the general question whether women ought to be able to look to medical practice, or certain branches of it, as open to them equally with men as a profession and means of livelihood. And I am to say that, as Government may have to express an opinion on this general question, with regard, on the one hand, to women who desire to obtain legal status as medical practitioners in this country, and, on the other hand, to the examination rules, or conditions, which prevent them from accomplishing their wish, his Grace would be glad that the observations with which the Medical Council may favour him should not be restricted to the particular proposal of Mr. Cowper-Temple's Bill, but should discuss, as fully as the Medical Council may see fit, the object to which that proposal would contribute.

I am, Sir, your obedient servant,
(Signed) JOHN SIMON.

Dr. Acland, F.R.S., Oxford.

The foregoing letter was referred to a committee to report on at an early meeting of the Council.

An application was read from Miss Ellen M. Greenstreet, requesting that a licence, which she had obtained from the King and Queen's College of Physicians in Ireland, might be registered as a Licence in Midwifery.

The matter was referred to Mr. Ouvry, the solicitor of the Council, for his opinion.

FRIDAY, JUNE 18TH.

Present—Dr. Acland, President, in the chair; Dr. Bennett, Mr. Quain, Mr. Bradford, Dr. Rolleston, Dr. Humphry, Dr. Pyle, Dr. Storrar, Dr. Haldane, Dr. Andrew Wood, Dr. Fleming, Mr. Turner, Dr. Thomson, Dr. A. Smith, Mr. Macnamara, Dr. Leet, Dr. Arjohn, Sir D. Corrigan, Bart., Dr. Sharpey, Dr. Parkes, Dr. Quain, Sir W. Gull, Bart., Dr. Begbie, Dr. Stokes, Dr. Francis Hawkins, Registrar.

Dr. Parkes moved, and Dr. Quain seconded—

"That a committee be appointed to consider the reports of the visitations which have been submitted to the Council, and sent down to the Licensing Bodies, and of the remarks of the Licensing Bodies upon them, and to draw up a report for the present meeting of the Council."

The opinion of the Solicitor to the Council in the matter of Dr. Mackern against Mr. Fant was read.

The charges preferred against Mr. Fant by Dr. Mackern were two—

1st. That he allowed a brass plate, with his name, to be affixed to a house occupied by a Mr. Carr, an unqualified person, under colour of which plate Carr practised as a surgeon.

2nd. That a similar plate appeared on the door of a house in Derby (where Fant practised), occupied by a Mr. Giabourne, an unqualified person.

On being written to Fant pretended that these persons were his assistants, but upon its being represented to him that his explanation was wholly unsatisfactory, further correspondence took place. The correspondence was of considerable length, and ended in a letter from Mr. Briggs, the solicitor of Mr. Fant, in which he stated that, while denying any legal offence, he had advised Mr. Fant, in order to avoid any conflict with the Council, or even with any of his professional brethren, to remove the objectionable plates, and discontinue the connection with Mr. Carr, which had been done.

The Solicitor advised that, under the circumstances, the Council should not take action against Fant under the 29th

section of the Medical Act, but suggested that a copy of this report should be forwarded to Dr. Mackern, not, of course, for publication, but that he might be able to inform the Council if Mr. Fant should offend in the same direction in future.

The Council adopted the course recommended by the solicitor.

The Council resolved itself into a committee of the whole Council, for the consideration of the reports of visitations of examinations, which were taken as read.

Moved by Dr. Bennett, seconded by Dr. Quain, and agreed to:—

“That a copy of the report of the visitors of the examinations of the University of Aberdeen be forwarded to that University for their consideration and remarks.”

The consideration of the report on the University of Edinburgh was adjourned on the motion of Mr. Turner.

It was moved by Mr. Turner, seconded by Dr. Fleming, and agreed to:—

“That a copy of the report of the visitors of the examinations of the University of Oxford be forwarded to that University for their consideration and remarks.”

Previously to the passing of this resolution, a long discussion took place upon various points in the Visitors' Report, principally with reference to the desirability of compelling candidates for the pass examinations to undergo a practical examination in dissection in the presence of the examiners. Upon this question, Dr. Humphrey remarked that when visiting the Queen's University in Ireland, he was so much impressed with the practical and thorough nature of its examination upon practical anatomy, than which he conceived nothing could be more perfect, that immediately on his return to Cambridge he sought to introduce the same system there, and he would desire to see it made compulsory, that all candidates should be required to undergo a test examination upon the dead subject.

Dr. Bennett would also like to see a compulsory clause introduced, if it could be found workable. He was also much impressed with the excellence of the examination upon the dead subject at the Queen's University, and would like to see a similar one generally adopted.

Dr. Storrar remarked that an examination in practical anatomy had been carried out in the University of London for the last seven years, but he thought it would be injudicious that the Council should hold that examinations on the dead were indispensable, however desirable they might be.

Dr. Andrew Wood was of opinion that if the Council ventured to impose such a clause upon the various examining bodies, it would be impossible to carry it out. No one appreciated the necessity of a practical knowledge of dissection more than he; but how was it possible to find subjects sufficient for dissection for a hundred men at a time? It might perhaps be well to have a discretionary clause in case of very dull students, that they might be so examined, but he begged the Council not to commit themselves by imposing restrictions which could not possibly be carried out.

The President was much impressed with the value of these visitations of examinations, particularly when they produced discussions of such practical importance as the present.

Professors Turner, Rolleston, and Thompson also spoke upon the point, the points raised ultimately resolving themselves into a decision to refer the report to the University of Oxford for their consideration and remarks.

The Visitors' Report on the visitation of examinations of the University of Cambridge was also referred in a similar manner; it did not, however, produce any discussion.

The same remarks apply to the report on the University of Aberdeen; but that on the University of Edinburgh was not so easily disposed of, its consideration being adjourned until Saturday.

SATURDAY, JUNE 19TH.

After the usual preliminaries, the Council proceeded with the adjourned discussion on the visitations of examinations at the University of Edinburgh, opinions of a very opposite character being expressed upon the nature of the examinations—whether teachers should be allowed in any case to examine their pupils? and whether assessors were

ex officio examiners, and had any influence upon the examinations which they attended, or were only lookers-on? Ultimately the report was remitted to the University in a similar manner to the preceding ones.

The report on the visitation of examinations at St. Andrews University gave the Council full scope for merriment, Sir Dominic gravely suggesting that it should be wiped out from the book of the living. Reading from the report, he said there is a professor of anatomy, but no students, no dissecting-room, and no chemical laboratory. He deemed it a perfect farce that such a university should have the power to grant medical degrees, and thought that it would redound much to the credit and honesty of the authorities if they did as was done in the case of the Archbishop of Canterbury's degrees—close the business at once.

Dr. Fleming was much annoyed at Sir Dominic's remarks. It was true St. Andrews had no medical students, but inasmuch as the Commissioners some time since took away from this University the power to grant more than ten degrees annually, it was hard that it should not possess the power to confer these hon. degrees, inasmuch as they were invariably conferred upon members of the profession who were already over forty years of age, and who by their present position amongst their brethren were considered worthy of such an honour, and should not be necessitated to undergo further examinations.

Dr. Sharpey referred not so much to the University as to the reports, in giving it as his opinion that, inasmuch as St. Andrews had the power of conferring these degrees without examination, it was a useless waste of the time and money of the Council to supervise their examinations.

The reports of the visitors on the Royal College of Physicians of London gave rise to a discussion of some importance. It was carried that the remarks of the visitors should be referred to the Royal College of Physicians.

Dr. Bennett referred to the statements in the reports that the practical examination of nine candidates had been held by one examiner only, and to the imperfect examination on the subject of jurisprudence. He excused the one on the ground that it was an accident, and the other on the ground that it was incorporated in other subjects.

Sir William Gull considered that the Council should declare the opinion that such an examination was a great mistake. He considered it a very serious matter. These men were going to practise medicine, and that very part of the examination which was most important was most neglected. He proposed as a rider that special consideration should be requested to such parts of the reports as refer to clinical instruction and to forensic medicine.

A long discussion, occupying thirty-five minutes, next took place upon the question whether or not the rider should be allowed to go to the College.

Sir Dominic Corrigan supported Sir William, considering that it was an expression of good feeling, and not a censure.

Dr. A. Wood agreed with Sir William, for he could not think it satisfactory that nine men should be allowed to enter the profession, as Dr. Bennett had admitted—to use his own words—by accident. But on looking further into the reports he found the same accident had occurred again at a practical or clinical examination held by the College of Physicians at St. Mary's Hospital, only the error was not so apparent, because the candidates were less in number.

Dr. A. Smith would support the rider, for he thought that, coming as it did from one who occupies the position in the College of Physicians that Sir William occupies, it could not be looked upon as an unnecessary censure.

Dr. Quain, Dr. Fleming, and Dr. Macnamara spoke in favour of withdrawing the rider and trusting to the representative of the College of Physicians seeing that the points at issue were brought before the notice of the College.

At the division Dr. Bennett called for the names.

In favour of Sir William Gull's addition—Sir William Gull, Dr. Stokes, Dr. Rolleston, Dr. Haldane, Dr. A. Wood, Dr. A. Smith, Dr. Lest, Dr. Apjohn, Sir Dominic Corrigan, Dr. Sharpey, and Dr. Parkes.

Against—Dr. Bennett, Mr. Quain, Dr. Humphry, Dr. Pyle, Dr. Storrar, Dr. Fleming, Dr. Thompson, Dr. Baggie, Dr. Macnamara, and Dr. Quain.

Mr. Turner did not vote, as he was absent from the room during a part of the discussion.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Mr. Quain, on the part of the College of Surgeons, gave an explanation upon the reports of the visitors, which were to the effect that the examination was insufficient upon chemistry, materia medica, and physiology, and that it would be advisable to introduce some questions on surgical anatomy into the final examination. Mr. Quain said that with regard to chemistry, the College recommends that students should take up that subject before commencing their medical studies, and therefore does not examine in chemistry, but it requires a practical course of chemistry at the Medical School. With regard to physiology, he considered that if a candidate could answer the two usually searching questions which were given, he must have a fair knowledge of the subject. As to materia medica, the College expected that candidates would go elsewhere for a medical diploma; but in order that no one should practise having only a surgical diploma, candidates who possessed no medical qualification were subjected by able physicians to a fair examination in medicine and materia medica. Mr. Quain had no doubt that the suggestion with regard to surgical anatomy would be carried out.

Sir Wm. Gull wished to know why these subjects were allowed to remain on the list of subjects on which the College examined. Certainly the College required certificates of having attended lectures on these several subjects, but without an examination such certificates were absolutely valueless. It ought to be openly stated by the College that the examination was testing only upon certain subjects. The public ought not to be made to understand, as was now the case, that those who had obtained the diploma of the College of Surgeons had received a testing examination upon the long list of subjects now upon the College programme. Sir William wished also to know the precise character of the clinical examination. He understood that surgical cases were brought into the room, and he considered this an unsatisfactory clinical examination. It might be called to an extent practical, but it certainly was not clinical.

MONDAY, JUNE 21ST.

Dr. Storrar believed that there had been a tacit understanding between the Hall and College. The general term was the double diploma; what the one examined in the other did not. The Act of 1853 gave members of the College the right to practise medicine. This was no fault of the College. They had, however, since that time, examined in medicine. Should the Bill for the Conjoint Examination pass, the defect in the examination of the other subjects would be remedied.

Mr. Quain replied: The physiological question is now actually under consideration. With regard to clinical examination in the wards, that was carried out for the diploma of Fellow, but not for the Membership, for the real surgery of this country was in the hands of the Fellows. That examination was more comprehensive, and also went over the other subjects *de novo*.

Dr. Humphrey remarked that surgery was certainly not in the hands of the Fellows only. The great mass of the members were precluded by certain regulations from taking the Fellowship, and he earnestly hoped that a change in those regulations would soon be made.

Sir Wm. Gull considered the handiwork of surgery was not so much the true work of the Fellows as the science of surgery. He knew that a great deal of the real surgery was in the hands of the members, and he was astonished at the skill and ability shown by members in remote parts of the country. It was the duty of the Council to see that in future members should be clinically instructed and qualified. The education would be according to the examination, and so in proportion would the knowledge of surgery become increased throughout the country. He should move that, in referring the Visitors' Report to the College, "attention be drawn to the incompleteness of the examination in physiology, to the deficiency of the clinical examination for the membership, and also to the total want of an examination in chemistry and materia medica, though these subjects are mentioned in the curriculum."

Dr. Parkes would vote against the addition, because they had been told that the examination in physiology would be remedied. The clinical examination he did not consider inferior. He had seen some sixteen or twenty cases brought in for examination; and the chemistry and materia medica ex-

aminations would be remedied if the Conjoint Scheme came into operation.

Professor Sharpey would not support the addition, and he was guided to a great extent by what one of the visitors, Dr. Parkes, had said.

Dr. A. Smith would support the addition, for he considered that the Council had no right to leave such matters in the hands of the representatives of the various examining bodies. It was the duty of the Council to ascertain when the examinations were deficient, and to give notice to the examining bodies.

Sir Wm. Gull's rider was lost by a large majority.

Dr. Thompson gave notice that at the meeting of Council (to receive the report of the Council in Committee) he should move that the corresponding resolution referring to the College of Physicians be rescinded.

The Report on the Visitation of Examinations at the King and Queen's College of Physicians in Ireland was next on the list. Dr. Aquilla Smith, as the representative of this College on the Council, said he had no comments to make on the report, beyond that in one or two instances it contained some slight ambiguities; otherwise it was an impartial and valuable document.

Dr. Bennett then proposed, and Mr. Quain seconded, that the report be sent to the College for its consideration and remarks. This carried, the Council suspended its deliberations for a few minutes.

[We shall give the remainder of Monday's proceedings in our next. There are some important motions on the Agenda which are likely to produce interesting discussion. The motion on dissections by Professor Macnamara has unfortunately been somewhat anticipated by the discussion which resulted on the Visitations Report, referred to elsewhere. Miss Greenstreet's case and the question of the admissibility of women to the profession is sure to cause an animated debate.]

The Asylums Board and Hampstead Hospital Committee.—On Saturday last, at the fortnightly meeting of the Metropolitan Asylums Board, Dr. Brewer in the chair, it was resolved that, having regard to the fact that a motion had been carried in the House of Commons for the appointment of a committee to investigate the question, the further consideration of the plans be postponed, and that it be referred to the general purposes committee to employ counsel, and take such other measures as may be deemed necessary to bring the whole case of the managers in reference to the reconstruction of the Hampstead Hospital before the Parliamentary Committee.

The Middlesex Coroner and Unnecessary Inquests.—On Saturday last Dr. Hardwicke held an inquest at 48 Maida Vale, on the body of Thomas Sutton Briggs, a gentleman residing at the above address, who died in bed very suddenly on Friday morning at six o'clock. Deceased, who was 76 years of age, was a member of the Marylebone vestry, and was in his place at the last meeting of that board on Thursday last. After the vestry meeting deceased went home and complained of being very tired. On the following morning he was taken suddenly ill and died before medical aid could be secured.—Dr. F. H. Webb believed that death was caused by a fit of apoplexy.—A jurymen asked whether this was not an unnecessary inquest. Could not Dr. Webb have given a certificate of the cause of death as just stated? Deceased was well known, and there was no necessity for the inquiry.—Dr. Webb said as he had not attended deceased recently he was unable to give a certificate of death on the regular form prescribed by law. The registrar required a certificate stating that deceased had been attended recently by the doctor who signed it.—The Coroner said this was a case like that of Sir Charles Lyell, about which he was so much blamed. He was of opinion that all uncertified deaths should be inquired into by means of a coroner's inquest, because many of them were of a very suspicious character; and he intended, in the interests of the public, to fight for that principle. After considerable discussion the jury returned a verdict of Death from Natural Causes, thus endorsing the opinion of Dr. Webb.

INDIAN MEDICAL NOTES.—XLI.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, April, 1875.

DYSENTERY.

DURING the spring of 1307, King Edward the First, aged 68, enfeebled, anxious, fatigued, whilst marching through swamps and forests, contracted malarial dysentery, which, somewhat subsiding in July, induced him gratefully to offer up the ambulance litter in Carlisle Cathedral, and, mounting a horse, he started on an expedition into Scotland. But the effort was too much; so giving directions that his bones should be carried at the head of the army, to encourage the troops, the greatest of English monarchs, turning his face to the wall, went to sleep. Besieged, badly provisioned cities, retreating armies deprived of rest, food, bedding, and clothes, or shelter, or on board old dirty crowded ships, compelled to drink thick, muddy, stagnant water, long kept shut up from the air in rotten, wooden casks, favourable to animalculæ, such were conditions conducive to dysentery; other things help—sour bread, tough meat, stale beer, salt provisions, no vegetables, over-crowding, defective ventilation, sewage air, sewage drinking-water, low marshy localities, scurvy, too fluid a diet, foolish exposure to heat or cold, to night chills, to damp air, or to air wonderfully dry, to chill of any description. Thanks to drainage and the introduction of the potato, this disease has been almost expelled from our native shores. Out here, dysentery, somewhat corresponding, yet much more dangerous than bronchitis in England, is a very serious, deadly disease, allied, or co-existent with typhus, remittent, relapsing, enteric, and scarlet fevers, with diarrhœa, rheumatism, or variola, with cerebral and pulmonary mischief, and worst of all, with suppurative phlebitis of portal veins, ending in multiple abscesses of the liver, beyond all hope of cure. May be acute, chronic, scorbutic, or complicated, a disease of the unacclimatised, fatal in first year, specially to men over twenty-five, the intemperate, the reckless, who, partial to trashy food, unripe cucumbers, offal-fed, cyst-infected pork, exposed their sweating bowels, unprotected by flannel, to the keen night air, or the influences of chill. Blows on the head, or attacks of sunstroke, are alleged causes. May start *de novo* from the inhalation of garden manure, may extend by the inhalation of dysenteric excreta, from the drinking of sewage or grave-yard water. Total abstainers, unfortunately, appear susceptible, if enfeebled by climate, syphilis, scrofula, malarial or mercurial cachexia. Constipated women, on first arrival, though protected by menstruation, do not escape. My experience includes several attacked during pregnancy, when two lives were at stake; also, after delivery, the results so far satisfactory, excepting that the infants were miserable specimens. Some women incline to abort, others suffer from pro-lapsus ani, the majority very exhausting, unreasonable, unruly, craving for beer, herrings, sausages, pork chops, anything deleterious—preferring death to perseverance with ipecacuanha. Valuable beyond conception as the remedy proves, the intolerable nausea, conducive to uterine displacement, the violent retchings, in spite of every arrangement of sinapisms, opiates, dry diet, are very vexatious; but what are these objections compared to risk of life, the frightful hæmorrhages, the intestinal gangrene impending?

One class of sufferers from scorbutic dysentery are women, pinched, half-starved by drunken husbands, and who sacrifice everything, including bedding, to the children. Two men were trumpeters, one a middle-aged Frenchman, an old scamp, long in India, a glutton and a wine-bibber; the other, a steady-going married man, formerly quartered at Secunderabad, of dysenteric notoriety, who chose at Delhi to sleep in a canteen tent, the sides closed all round at night, inhaling the aroma of beer-casks. Secunderabad is now a very popular station,

but formerly the water, percolating through a grave-yard, contained 119 grains per gallon of solids, and from 8 to 30 grains of organic matter. A weakly, temperate, black-complexioned, religious, eccentric old bachelor, aged 39, had suffered from sunstroke in previous Indian service, besides ague, dyspepsia, and diarrhœa. A slightly built man, with a very narrow chest, died of dysentery in October last, after seventeen days' treatment, the constant straining, the look of agony, the brown-black tongue, the mucous, frothy, bloody, horrible, putrid-smelling stools, dry skin, burning thirst, great prostration, thready pulse, painful micturition, the desire ever to be on the bed-pan to get rid of the red hot ball (as it feels) pitifully characteristic: the cadaverous face grew more pinched and sallow, the black sordes covered the mouth, the eyes became lustreless, a pleasing delirium induced the poor fellow to say that he was better, comfortable, free from pain, and so he died. There was no tympanitis, and although we were crowded with patients (in the worst month except for epidemics), the horrible smell started no other cases this time. After death, excessive rigor mortis, great atrophy of the yellow body, no abdominal distension noticed; the brain, 3½ pounds, uniformly congested, the convolutions very soft, extravasation at the base; lungs collapsed; heart small, the walls and valves of left ventricle remarkably thickened, the right ventricle containing recent clots; stomach and bladder healthy; kidneys shrivelled, pale; spleen pale, twelve ounces; liver pale, 6 lb. 2 oz., containing a number of small abscesses, the largest the size of a walnut, specially noticed in left lobe posteriorly, apparently pyæmic points resulting from hepatic absorption of the specific dysenteric poison, setting up destructive suppurative inflammation; the intestines shrivelled, shrunken, pale, and from the cæcum to the rectum a closely-linked chain of ulcers raised, oval, recent, none green, black, or gangrenous. A live, red, round worm, eight inches long, was found in the basin, doubtless from the small intestine dislodged. This account is very meagre; but at the time very busy, worried, distressed to lose a man greatly liked. I was not in trim that blazing hot October afternoon in the dead-house; nor do I intend to enter into minute details of dysentery until the valuable works of Maclean, Parkes, and the last edition of Aitken are at one's elbow for reference on certain points, Parke's "Hygiene," fortunately two copies, never to be lent, are on the book-shelves overhead. The exhaustive works of Dr. Aitken should be the first selected for purchase, also everything written by Martin, Morehead, Annesley, Pringle, Moore, and Ewart, should be available for reference when medical libraries will be established in Indian stations, for doctors cannot drag many books about all over the country, and it would be very easy to start a medical society with books, journals, periodicals, reviews, to tell us everything going on in the professional world. Nothing would please me more than to compile a little manual; but where are the books, where are the brains to pick? In ten years in Bengal the admissions for dysentery of European troops were about 18,000, deaths about 1000; also 712 invalided. At Meerut 45 of these deaths, the months of September and October the most fatal, the month of March the least dangerous, the admissions high in August, lowest in February; the ratio per 1000 of admissions 48; the deaths 2; about 7 per cent. of cases treated die. In 1872, in India, generally, out of 2,588 admissions for dysentery, about 90 died. Variations in temperature checked perspiration, vitiated secretions, internal congestions, the influence of the hot winds, the rainy season, the chills when tatties, punkahs, and thermantidotes are put up, or floors are washed, the relaxing influences of September, the hot days, the cold nights of October, the presence of intestinal worms, all must be considered as conditions favourable to disease. People in England have no conception of the deadly nature or the permanent constitutional damage certain tropical diseases entail, for instance, dysentery, which may cause irretrievable damage, unless promptly treated according to Docker by large and repeated doses,

up to a drachm of ipecacuanha, by the mouth. Annesley rather liked this remedy; so did Pringle and Twining in scruple doses; so did Dr. Piso, from the Brazils, for a son of Louis XV. was saved by the treatment. Somehow ipecacuanha fell into the ordinary ruck of remedies, until promoted by selection to the highest rank by Dr. Docker, and there it stands to-day. The old treatment included castor-oil in large doses, warm bath, scruple doses of calomel, bleeding from the arm, venesection, emetics, warm-water enemata, jalap, jalap again, more jalap, anodyne enemata, Dover's powder, camphor, dilute nitric acid, and opium, camphor in mucilage or pill, or by the rectum, injections of lime-water and calomel, hot fomentations, sinapisms, calomel and opium, nitro-hydrochloric acid baths, blisters, and lotions, tinct. ferri, and, as said before, ipecacuanha—all figure in the weapons at various stages used by the grand old master Annesley, whose two enormous volumes, published ever so long ago, and now out of print, are antiquarian treasures to be sought for. Let us drink his health in solemn silence. The days of excessive depletion of calomel until further orders are gone, never to return; but we use modifications of all the medicaments just now enumerated—chloroform, belladonna, American hellebore, nitrate of silver, the Bael fruit, enemata of charcoal or carbolic acid, and the entire army of astringents have been vaunted; also shoals of suggestions, wonderful cures, are as the rocket and the stick. So long as ipecacuanha, opium, belladonna, iron, quinine, the Bael fruit, and mustard are procurable, the other thousand and one recipes may be thrown to the dogs; at the same time, in the acute form of disease, affecting the strong new comer, a few leeches and mercurial inunction may be required. Find out your patient's medical history from childhood, take into consideration the gravest of all his antecedents, for if an old soldier who has suffered before, has lived hard, or is saturated with malaria, and as the case runs on and the tongue is suddenly black, then suspect hepatic complication; all the greater reason for the ipecacuanha, which, resembling chloride of ammonium, has some "marvellous power in preventing abscesses of the liver." In the language of the talented physician and surgeon who writes in the *Medical Times* from Madras, ipecacuanha is revulsive, evacuant, antispasmodic, sedative, febrifuge. The mucous membrane of the upper half of the alimentary canal is disorged, its contents are discharged, and with this the spasm and irritation of the lower half with the straining and scanty and slimy stools are relieved. Bear in mind this disease is treacherously insidious, running on as the hidden fire in a coal-pit. No local tenderness was there this morning in a mild case, which might have run on to extensive ulceration unchecked, did not other symptoms put the practitioner on his guard. Bear in mind also the rapid emaciation, the shock to system, the possibly permanent constitutional damage, the liability to relapse, to become incurably chronic—the patient, eager to escape from the depressing influences of hospital, to return to duty if a good man, to drink and debauchery if a bad one, to his own little home and the wife's cooking if a married man, or else he may be very urgently required for some particular work, when all are pressed. You are a kind, obliging young doctor, anxious to do a good turn and please everybody: the sick-list heavy, the wards crowded, but for all that, bear in mind how, in the old days, dysenteric patients discharged too soon were eventually carried back to die in hospital. Read a grand paper by Dr. Cameron, in the *Lancet* for last year, page 7. If sea voyage, change of air or climate be out of the question, build up the patient by rest, care, and judicious food, the diet milk (iced), no stimulants at first, creep on to corn-flour, rice, egg-flip, isinglass, fish, game, meat-juice, vegetables, mutton. At the commencement of treatment, what with dry diet, opiate, abdominal sinapisms, the ipecacuanha may be tolerated; if not, then implore and coax the patient to persevere night and day, for enemata are not to be compared in value with administration by the mouth. Warm baths, belladonna supposi-

ories, enemata of iron, opium, and ipecacuanha, draughts containing chloral or chlorodyne, all in their proper places recommended, and eventually cod-liver oil, iron, quinine, strychnine, and phosphorus. Our old enemy, the sun, with "meteor eyes and burning plumes outspread," must not be defied. Just now the days are growing hotter and hotter; one longs for the rain or a good honest black cloud:

"I bind the sun's throne with a burning zone,
And the moon with a girdle of pearl,
The volcanoes are dim, and the stars reel and swim
When the whirlwinds my banners unfurl."

Transactions of Societies.

THE STATISTICAL SOCIETY OF LONDON.

TUESDAY, JUNE 15, 1875.

ON THE EFFECT OF MIGRATIONS UPON DEATH RATES.

By Mr. T. A. WELTON.

THE author some time since read a paper before the Institute of Acturics, in which he showed, from the statistics of the years 1851-60, that the mortality amongst females resident in London aged 10 to 35 years was exceedingly low, whilst that in the rural districts around London, to the distance of about seventy miles, was at the same ages exceptionally high. He divided these rural districts into an inner ring and an outer ring, and subdivided these rings into thirteen parts, and finding a great degree of regularity in the phenomena, was led to attribute them to some cause likely to operate over the entire area. This cause in his opinion, was the undisputed presence of vast numbers of country girls in London, principally in domestic service, and the probable circumstance that these, in case of serious illness, would in most cases return to the homes of their parents in the country, and there die. He found similar but much less striking phenomena in the case of males, and this he supposed might arise from the greater independence of that sex, who, soon after their settlement in London, are likely to form a domestic establishment, however humble, of their own.

A recent suggestion by Mr. N. A. Humphreys, that the more probable explanation of the facts was that women in service in London enjoy more favourable conditions as to health than if resident in humble rural homes, led Mr. Welton to place the leading results of his investigation before the Statistical Society, and to support them by fresh calculations based upon the statistics of 1861-70.

He showed, for instance, that the death-rates amongst young women aged 15-25 and resident in the worst districts of London, such as Whitechapel and St. Giles's, were considerably below the national average. He also showed that whilst tubercular consumption was not particularly fatal in London to persons of either sex aged 15-25, this disease carried off a very large number of women between those ages in the surrounding rural districts.

The average mortality of females in the ten years 1861-70 in London and in Suffolk served to confirm the figures for the earlier decade, being as under:—

Death Rate per Thousand Living at the following Ages.

	In London.	In Suffolk.
0-5.....	76.6	45.4
10-15.....	4.1	4.8
15-20.....	5.1	7.6
20-25.....	6.2	9.2
25-35.....	8.8	10.0
55-65.....	33.6	21.1
65-75.....	67.6	47.0

And similar facts were shown to be derivable from the statistics of seven other counties.

Under these circumstances, Mr. Welton suggested two inquiries: one as to the birthplaces of those dying in London

and the other as to the history of those who die between the ages of 15 and 25 in a few selected rural registration districts. Such inquiries, if made, would effectually resolve the question at issue.

Another aspect of the matter was shown to be the great disparity between male and female death-rates at the ages 15—25, according to the locality under observation, towns showing low female death-rates and rural districts high ones. In London, at the ages 15—20, the average death-rates for 1861-70 were males 5.8, females 5.1 per thousand; but in Suffolk the figures were males 5.7, females 7.6 per thousand; in Oxfordshire—males 4.4, females 6.3 per thousand, and in other rural districts the results were similar.

A very interesting discussion followed the reading of the paper: it was participated in by Mr. N. A. Humphreys, of the General Register Office, Dr. Lethby, Mr. R. Rawlinson, C.B., Mr. Lumley, Q.C., Rev. Wyat-Edgell, Mr. Bourne, Dr. Farr, Dr. Mounat, Dr. Rankin, General Babbage, and Mr. W. B. Hodges.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 2ND, 1875.

W. O. PRIESTLEY, M.D., F.R.C.P., President, in the Chair.

THE RELATION OF PUERPERAL FEVER TO THE INFECTIVE DISEASES AND TO PYÆMIA—(continued).

Dr. WYNN WILLIAMS did not believe that the disease is due to any special morbid poison, but was decidedly of opinion that puerperal fever cannot be referred to any special disease, although the existing cause of puerperal disease may arise during the progress of any one of the diseases alluded to, and many others—that is, should they happen to be accompanied by any gangrenous or suppurating wound. Women are often confined with the diseases mentioned in the same room with them, and derive no injurious effects therefrom. Again, puerperal women exposed to those diseases, and who have not been previously attacked with them, will take them, as other persons, without any special action on the uterine organs. He held that every case of so-called puerperal fever is due to septicæmia, to septic contamination of the blood; and its injurious effects are first and most severely recognised in the wearied and bruised uterine organs and surrounding parts. The disease, then, is purely septicæmic. It is not pyæmia, and calling it so has led to erroneous doctrines. In the case of most intensity, the poison enters the system in a state of solution: in the more chronic cases it enters as vapour. In the first case there is a breach of surface, generally in the vagina; in the other there is no breach of surface. Where there is a breach of surface, the septic poison comes immediately in contact with the fresh wound, and a dose sufficient to knock the patient down at once is taken into the circulation; in the other case, a mass of putrid matter—it may be decomposing blood—is pent up in the uterus or vagina, and penetrates the mucous membranes and deeper tissues more slowly: in fact, it is a case of continuous poisoning. This form frequently terminates in puerperal mania. There is, then, he repeated, no such disease as puerperal fever; it is nothing more nor less than septicæmia, and is always due to the presence of putrid animal matter. Now, this putrefaction may be caused in three ways: by retention of portions of the placenta or blood-clots long enough for them to undergo decomposition; by the bruising and sloughing of vaginal mucous membrane; and, thirdly, where the septic poison is conveyed to the discharges of the patient, and by its presence sets up rapid putrefaction in the lochia—so rapid that, when once the fermentation is set up, the whole of the lochia appears to become putrid at once, like the action of yeast, or wort, or dough. The first is to be prevented by not leaving any portion of the placenta or of blood-clot (as far as practicable) in the uterus or vagina. It must not be overlooked that certain conditions of the atmosphere also tend very materially to promote this putrefactive fermentation. This has been described by Sir J. Paget, who has pointed out that at times the wounds of patients not only in hospital but outside take on an unhealthy character and become gangrenous. Of course, should any portion of placenta or blood-clot be present, your first care will be to remove them, and wash out the vagina, and, when necessary, the cavity of the uterus, with some antiseptic fluid. You must not be satisfied with telling the

nurse to do it, you must see her do it, or (as I generally do) do it yourself the first time. The treatment of the second form, when you have a slough, is the same—to syringe out frequently with some antiseptic fluid. To prevent the third cause, every care must be taken to prevent any septic or putrid poison from coming into contact with the lochia. I have not time to point out how this may be best attained; neither is it necessary, as you have already heard all that can be said on the subject, as to isolation, ventilation, and the like. No method, however, has been pointed out, or even alluded to, in the course of the discussion, by which the septic poison could be got rid of should it have attached itself in any way to the body or dress of the accoucheur or nurse. We have more than one substance—one in particular, iodine—that will not tolerate the presence of putrid animal matter or septic poison. Let any one who has been in attendance on any case, whether a parturient female or any other, where there is any putrid emanation, wash his hands in water into which he has poured tincture of iodine, and I will answer for it he has no septic matter under his finger-nails. Again, if he fancy that his clothes, hair, and skin are saturated with it, let him go into the water-closet (I mention that as the smallest room in the house), place a few scales of iodine on a plate and put a spirit-lamp under it, and he will soon find himself surrounded by a violet vapour, which will fall upon him in a shower of minute scales, from which he has only to protect his eyes. If he then carry with him any of the puerperal poison, my whole theory of the disease must be wrong. One thing I can assert, that in my own practice I have never had a case of fatal puerperal septicæmia since I first used iodine as an antiseptic, now more than twenty years ago. Iodine is equally efficacious in warding off septicæmia in other surgical diseases. I have injected solutions of septic poison under the skin of guinea-pigs, and produced death by septicæmia. I have also injected some of the same solutions, into which I had dropped a few drops of the tincture of iodine, without producing any ill effects. It is needless to observe that the prevention and the cure of this disease go hand in hand together. Should any septic poison be present in the puerperal woman, wash her out again and again with solution of iodine, until the solution comes back the same colour as it was thrown up. The temperature of the patient will probably be 103° or 104°, and it will go down in a very short time to 98°. This I have witnessed since the present discussion began. The fifth question is as to bacteria—a delusion and a snare. It is possible that the septic poison may be conveyed by them as by any other substance floating in the air that is called harmless: that is all the harm they can do, as I take it; they live on this putrid matter as mites and maggots on cheese, or vibrios on decayed potatoes during an epidemic of potato-disease: in fact, I am inclined to think that they are present for the purpose of removing the poison, not of generating it.

Dr. PLAYFAIR said, if there is one fact to be gathered from this discussion, I think it is that we have remarkably little reliable knowledge about the subject on which we are talking. It seems to me that it is a lesson really of the greatest importance, because I cannot but fancy that a great part of the almost unmistakable confusion that surrounds the whole matter has arisen from the non-recognition of that fact, from the circumstance that systematic writers upon the subject have thought it necessary to give a complete and fully rounded history of puerperal fever without recognising, as I hope they will do after this discussion, that we are only at the threshold of the inquiry, and that we have to build up all our knowledge by unprejudiced and patient clinical investigation. After saying this, I shall not err in the same way by talking too dogmatically in the few observations I have to make, and I will confine myself as much as possible to one question only which Mr. Wells has brought before us, and which has been talked a great deal of to-night—that is the relation of the specific zymotic diseases to the so-called puerperal fever, a relation which, to my mind, is, in spite of what has been said about it, one of the most obscure subjects connected with puerperal fever. My belief about puerperal fever is very much what I understand to be that of several other speakers. I do not believe that there is any specific condition justifying the name of puerperal fever; nor do I believe that there is any special miasm arising from the puerperal patient capable of being conveyed to another patient; nor do I think that there is any evidence whatever to show that there has been an epidemic of puerperal fever in the strict sense of that word, although we all know how fatally endemic it has been in our

large lying-in hospitals. In the second place, I believe that the theory which considers so-called puerperal fever to be practically the same disease as surgical septicæmia or pyæmia, or whatever we choose to call it, is the one which is most consonant with the facts of the case; that it arises from the contact of septic matter with lesions of continuity in the generative track, such as exist in every parturient woman; that there are channels of diffusion through the lymphatics, or possibly the veins; and that there are after that, just as there is in surgical pyæmia, general and local results of great consequence, rendered in the puerperal patient particularly intense and virulent, on account of the particular condition existing after delivery, which was so graphically described at the first meeting by Dr. Richardson. But, sir, the moment that that theory is stated, I think a great number of difficulties and objections naturally present themselves; and amongst these I know none more difficult to resolve than that connected with zymotic disease. It has long been a recognised axiom amongst British obstetricians of the highest eminence, and I think I may venture to include Dr. Farre amongst them after what has fallen from him to-day, that the puerperal patient to whom the poison of some specific zymotic disease, such as scarlet fever, is brought, may be attacked with an intense form of the disease, which does not show the specific characters of the disease that produced the contagion, and which is practically undistinguishable from the ordinary puerperal fever. I know that that view has been strongly controverted. It has been controverted by Dr. Savage, in his somewhat caustic remarks. It was controverted at the last meeting by my friend Dr. Brunton, who brought forward a great many practical facts of great value, as all the facts that he brings before us are; but I think that Dr. Brunton fell into the common error—he argued from negative observations. I believe that no number of negative observations can outweigh even one single positive fact carefully observed. Dr. Brunton's argument reminds me of those fortunate gentlemen that I occasionally hear of from patients who tell me, "Dr. So-and-so has attended a thousand, or fifteen hundred, or two thousand cases of labour, and has never lost a patient." Now I do not doubt the fact, and I congratulate the gentleman on his good fortune; but I must say that that fact does not, to my mind, vitiate the returns of the Registrar-General, or make me disbelieve the puerperal mortality throughout the whole of Great Britain and Ireland. So I think the facts in regard to these zymotic diseases are really beyond question. There is no one of the diseases about which strong evidence could not be brought forward. With regard to erysipelas, the fact is scarcely questioned at all. We all know how erysipelas is interchangeable in lying-in hospitals with puerperal fever; we had, as you will remember, at King's College Hospital, frequent opportunities of observing that at the time when we had a lying-in ward there. Then, with regard to scarlet fever, about which Dr. Savage has particularly spoken, I need only refer to Dr. Braxton Hicks's most valuable paper. There are in that paper no fewer than seventeen examples, if I remember rightly, of women who had a disease which presented no symptoms of scarlet fever, and which was clearly due to the contagium of scarlet fever. We all know that there is not, perhaps, in the room, a more careful observer than Dr. Hicks, and any man who can read that paper over without a preconceived judgment, and who does not agree with it, has a mind which I believe to be not open to conviction. Then there is diphtheria; we do not see so many cases of diphtheria,, so that we cannot judge of it, but I may remind you that the most brand new theory of puerperal fever, that of Dr. Martin, is that puerperal fever and diphtheria are the same thing. I saw, within the last few months, a case remarkably illustrative of the influence of diphtheria in producing a disease which I was unable to distinguish from puerperal septicæmia. The arguments on the other hand are unquestionably of considerable force. There is one that Dr. Savage dwelt upon, namely, that patients have these diseases in the puerperal state typically developed and running a favourable course. I am well aware of that; there are many examples of that kind on record, and that is just one of the great puzzles which I hope time will explain to us, but which we cannot explain satisfactorily now. My own idea about that is—and I merely suggest it as an idea, which further clinical investigation of the matter may prove to be correct or not—that in the one case possibly the contagious poison was brought immediately into contact with solutions of continuity in the generative track, and therefore produced an intense form of septicæmia, and in the other case the

poison may have been absorbed by the more ordinary channels. I think that is a sufficiently reasonable hypothesis, but one which, of course, we cannot prove. Then there is another argument, also of some consequence; that is to say, if puerperal fever be pyæmia, and if the poison of zymotic diseases can produce a condition which is not to be distinguished from pyæmia under certain circumstances, should it not be the case that, after surgical operations, these zymotic poisons should act in the same way? The whole subject of surgical pyæmia, especially the contagious qualities of it, has been so little worked at, that I do not think any surgeons would be justified in saying that zymotic poisons would not act in that way. It is practically impossible, whatever we may think, to give up attending together zymotic disease and fever; nor indeed, do I think that it is at all necessary. I am quite at one with what Dr. Matthews Duncan has said in the letter that has been read here: that, if proper antiseptic precautions be taken, any risk from this source might be eliminated, whether we use iodine or any other disinfectant that we like. I have no doubt that danger from this source might be obviated; but at the same time I think it quite consistent with common good sense that, instead of blindly shutting our eyes to facts, however unpalatable these facts may be—and no one considers them more unpalatable than I do—we should look them fully in the face. I believe the risk is not from the facts themselves so much as from ignoring the facts and refusing to take the proper precautions which they would naturally suggest.

On the first night of the discussion, Dr. Braxton Hicks attributed puerperal fever to zymotic influence in three-fourths of his cases. I was most interested with his paper; it certainly is a most valuable one; but, then, I found that he put down as cases of puerperal fever due to scarlet fever all those cases that he could trace as having been brought in anyhow into connection with scarlet fever; and whereas the paper contains twenty cases in which puerperal fever was said to have been caused by scarlet fever in which there was a rash, which we should all admit, there were fifteen cases in which there was no rash; that seems to me a very large proportion of exceptional cases, and I should say that in all probability many of those cases were cases of puerperal fever arising from other causes, certainly not from zymotic influence. If the zymotic influence is to have such an extraordinary effect in the production of puerperal fever, scarcely a puerperal woman could escape in the densely populated parts of a metropolis like London, where zymotic influences, call them scarlet fever, measles, typhoid fever, or anything else, are crossing and recrossing themselves with a frequency with which we medical men are fully acquainted. I am not alone in opposing this, which I call an extravagant view of the power of zymotic influence in the production of puerperal fever, for Dr. Robertson of Glasgow, who is at the head of a Maternity Hospital, immediately after the discussion, wrote to say that he did not at all participate in the opinion expressed. Several gentlemen who spoke at the last meeting controverted the opinion, and several general practitioners from the country protested against it; so that, I think, allowing full power to zymotic influence in the aggravation or production of puerperal fever, the theory was pushed a great deal too far on the first night of this discussion. With regard to the germ-theory of puerperal fever, I will say just two words. I think the Pathological Society has been kind enough to settle the question for us up to the present time. With reference to bacteria as a post-mortem phenomenon, it is quite an exceptional case. While Heiberg at Christiania was relating in an interesting paper that he had found an enormous quantity of bacteria in the lymphatics of those who died during an epidemic of puerperal fever, other practitioners in Paris were making similar minute microscopic examinations in various hospitals, and found no trace of bacteria. It is one of those exceptional facts that you meet with in all puerperal epidemics; sometimes one condition will be found and sometimes another; sometimes pus in the veins, sometimes pus in the lymphatics, sometimes a brown sanious fluid in the lymphatics similar to what is found in the wound; and I think, if too much importance has been attached to zymotic influence as a cause of puerperal fever, too little has been attached in this discussion to what I should call the autogenesis of puerperal fever, until it was so strongly and ably advocated by Dr. Wynn Williams. I think that, if a woman be sometimes poisoned by others, she most frequently poisons herself, and I do not see how you can find a better arrangement for poisoning a human

body than you would find in the womb if once you admit that the womb contains a fœtid fluid. You have a large bag, a spongy bag, partly bruised, sometimes torn; you have lymphatics abundant, lymphatics enlarged by the gravid process; you have lymphatics whose duty it is to absorb more speedily than at any other time; they are bent upon absorption; if you have a putrid fluid, I was going to say it must be absorbed, and, if it be absorbed, it goes into the lymphatics, and, if it go into the lymphatics, we must admit now that it goes into the peritoneum, because it is clearly made out that the lymphatics open into the peritoneum. Here, then, you have not only the lymphatics, but you have the peritoneum liable to be inflamed; and, being inflamed, and inflamed early, from the fourth or the sixth day, that is what has been observed. Peritonitis has been grouped with cellulitis and other things as sequelæ, but it ought to be considered as something more than that; or, if it be a sequela at all, it is exceedingly near the beginning of the disease, and is quite sufficient to produce fever. I have shown the ichor of the fœtid lochia passing from the lymphatics into the blood—blood which is in a peculiar state. Then, this poison may pass into the lymphatics without inflaming them as others do—syphilitic poisons do so. There are numerous cases in which a woman has died of puerperal fever, in whom nothing has been found in them but a sanious brown fœtid fluid similar to what is found in the womb. In other cases they may be, of course, inflamed. With regard to zymotic influence, no practitioner can deny its importance, and it acts in this way. We know that all zymotic diseases—take scarlatina for instance—cause the secretions of the human body to tend towards decomposition. When a puerperal woman is submitted to the influence of scarlet fever, scarlet fever renders fœtid secretions which would not otherwise be so; so, if they be already rendered fœtid by a portion of placenta, or blood-clot, or membrane of the womb, it renders them doubly fœtid, it renders the poison more virulent, and that sufficiently explains the importance of the case. If medical men will be on the look-out for fœtid lochia, I believe they will find them a great deal more frequently than they do. I believe that medical men in this room will bear me out that they have not unfrequently been struck with the fact that some accoucheurs, and, still more, some nurses, are not gifted with the sense of smell. When we are ushered into a room to consult about a puerperal case, we are often struck with the offensiveness of the atmosphere, which has not struck them. Then it strikes me that, if anything seem wrong, medical men should not trust to the testimony of the nurse, as we too often do, and as I myself have too often done; we should examine and ascertain with our own fingers whether the lochia be fœtid or not. If they be, I think we ought not to be contented with vaginal injections, but ought to resort to intrauterine injections. I was talking a few weeks ago to Professor Stoltz, formerly of Strasburg, whom I met at the President's house, and he was saying that, for fourteen years he had been in the habit of making intrauterine injections when the lochia were putrid, and with the best results. There is concurrent testimony in favour of their value, not only amongst ourselves in this country, but in foreign countries; and not only that: there are many instances of the sudden utility of antiseptic intrauterine injections; I mean the sudden abatement of the worst symptoms of puerperal fever, when the womb was washed out twice a day with disinfecting fluid. I know that there are objections made to intrauterine injections. An interesting pamphlet, which may have been sent to you as well as to me, has been published by an American physician in Pennsylvania, who states that these injections are unnecessary, because no fœtid lochia can occur. He says, if you let the patient use the usual utensil, and let it be emptied four times a day, that will be sufficient to prevent fœtid lochia. That is an interesting fact which would require to be confirmed by our own experience. Then there are two more important objections: one is, that the nozzle of the instrument that we should use would be itself a medium of infection. Of course, if it were carelessly used and improperly cleaned, one could understand it; but we all use powerful means of disinfection. If the nozzle were steeped in a strong solution, I cannot understand how that objection would hold ground. The assertion is contrary to our European experience. Then there is another objection: the fear that the fluid injected should pass through the Fallopian tubes into the peritoneum. I can only say that strong alcoholic solutions of carbolic acid, of tincture of iodine, have been, during

the past few years, injected hundreds of times in the Paris hospitals, and I ascertained the other day from a friend of mine that they did not know of any case in which passage into the peritoneum had occurred.

Dr. BRAXTON HICKS said his paper had been misinterpreted. It was a communication with regard to cases of puerperal disease, not specially stating any particular point, but taking all the surroundings of the patients, and, out of those eighty-nine cases mentioned, nearly half were associated with scarlet fever; erysipelas, diphtheria, mental emotions, did the same thing. He added: I stated that erysipelas in lying-in hospitals was most common, perhaps more common than scarlatina. I left it as a clinical point not yet cleared up to explain why and how this came about. That it is associated with the production of what we are accustomed to call puerperal fever, I think there can be no doubt.

The discussion was again adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 23, 1875.

DR. ACLAND AT THE GENERAL MEDICAL COUNCIL.

DR. ACLAND has obtained a reputation for philosophical acumen, and his addresses are never wanting in logical accuracy. It is, then, with satisfaction that we hear from him that the changes already wrought by the General Medical Council have been considerable. Britons have an hereditary right to indulge in grumbling, and the medical profession has indulged itself in that luxury, with regard to the proceedings of that august body, the General Medical Council, to the fullest extent. Many have, indeed, said that the Council had accomplished just nothing at all, that it was merely a talking body, and that we were as far off from any attempt at unification of the various medical corporations as ever.

Dr. Acland has a very different tale to tell. It appears from his address, which will be found in another column, that only one-third of the members of the Council who were on it in 1858 now remain. Not half, therefore, know how great is the change which has come over the opinions of the medical profession, since eighteen representatives of nineteen universities and corporations, all distinct, some in admitted rivalry, met six nominees of the Crown, as representatives of the public at large, and proceeded to

construct a sound and uniform system of medical education, general, scientific, and professional. It is well known in the Council, says Dr. Acland, how rapidly, though silently, the promotion of the general good superseded solicitude for particular interests, and how soon the arduous task of harmonising diversities in national sentiment, of seeking the good in every existing system, of purging the evil from every usage, however time-honoured, became the aim of every member of the Council.

Dr. Acland points to the construction of the Register, the visitation of old institutions, the completion of the Pharmacopœia, the removal of offenders from the "Register"—all of which are now matters of history. He remarks that the old universities would probably have been indignant, if, twenty-five years ago, they had been asked to give up their examination papers for perusal by strangers; but now they heartily concur in the system. He then calls attention to the new form of death-certificate now supplied, and which was due to the suggestion of the Council, to the Registrar-General, as also to the question of legal proceedings for offences under the Medical Act, which has called forth a letter from the Council. The Council has had to remonstrate with the Local Government Board on account of Article 178 of the General Consolidated Order of the Poor-law Board, which is contrary to the spirit of the Medical Act, in that it excludes from certain important professional duties all surgeons who are not members of the College of Surgeons of England.

The important subject of the Bills at present before Parliament is then glanced at. The Bill of Sir John Lubbock, to enable the College of Surgeons of England to take part in the Conjoint Scheme of Examination in England, was to be opposed by Mr. Stansfeld, in order to make it compulsory on that College, or on the Conjoint Scheme, to admit women to their examinations. Dr. Acland says that whatever may be the merits of the real or supposed act of justice towards women, it could not receive the sanction of Council that a Conjoint Scheme—an admitted good for England—should be rendered impossible, except under a condition to which many entertain the strongest objections.

Mr. Cowper-Temple's Bill, to compel the Council to register degrees granted to women by certain foreign universities, was open to still graver objections on grounds of public policy, for it would be fatal to two principles in the Act of 1858. That Act makes the Medical Council responsible for the courses of study and examination undergone by all persons placed on the Register, and it is clear that they could not, without much diplomatic negotiations and great expense of visitations, if at all, be responsible for foreign degrees; whilst, again, it would be impossible to refuse to men so dangerous a privilege, if it were accorded to women.

Medical and surgical examinations in the Universities of Oxford, Cambridge, Durham, Edinburgh, Aberdeen, St. Andrews, and Dublin, and examinations in the Colleges of Physicians and Surgeons in London, and of the same institutions in Dublin have been visited since the last meeting of the Council. The President expressed his gratitude to Dr. Quain and Dr. Bennett for the pains they have taken in this important work.

With regard to the question of the qualifications of

public health officers, Dr. Acland asks first of all whether these are to be all on the Register, and all debarred from practice, and, if so, how are they to be examined and certificated? Again, are analysts who are to arbitrate in doubtful cases of chemical analysis to adjudicate without appeal on what is and what is not injurious to health? And next, are midwives to be licensed, and if so, by whom are they to be educated and examined, and how are they to be certified?

The teaching of medicine is now greatly improved, and, although not quite uniform throughout the country, the results obtained are most encouraging. The State has endowed no medical schools, and but very few medical teachers; it has maintained no medical colleges. All has been done by voluntary effort, which is the cause of our freedom and success, as well as the cause of our failings. There is a tendency to require too much knowledge from young men entering the profession. We clearly see what is needed in the profession as a whole; says Dr. Acland, we ought not to expect the whole to be found in every unit of it. When the Council, about sixteen years ago, left the education in arts to the national educating institutions, i.e., mainly to the Universities it did so in the conviction that they would represent the full experience and wisdom of the age. Yet, as he truly says, opinion is by no means settled, even in the Universities, as to the basis on which scientific minds should be moulded. Neither the opponents nor the disciples of Bentham, Mill, Darwin, or Herbert Spencer have said their last word on the whole theory of human existence and human aims, and when men are divided in the fundamental conception of humanity, they will not be agreed on the objects of practical life in the world. Whilst educational theories are being discussed, the Council has to act.

On this point there is, no doubt, great difficulty. The scientific world is, as Dr. Acland says, deeply divided at this moment into opposing and hostile camps. The strife is not likely to be abated at this moment; and it will be a difficulty in the path of the Medical Council, as well as of all other bodies of medical men for many a day.

The withdrawal of Lord Ripon's Bill of 1870 was, according to Dr. Acland, perhaps of no real harm, because it gave time for the fuller discussion of the question.

Sir John Lubbock's Bill, if passed, will make the combination of all the licensing bodies in England possible at last. There may then be one pass examination which will be uniform for all England. This Bill lately passed through committee, the Vice-President of the Privy Council having satisfied Mr. Stansfeld with respect to the intentions and effects of the Bill with regard to female education in medicine. The Lord President of the Privy Council has indited a letter to the General Medical Council on the subject of Mr. Cowper-Temple's Bill. He is of opinion that the Bill, although limited in its direct scope, cannot fail to raise in Parliament the general question whether women ought to be able to look to medical practice, or certain branches of it, as open to them equally with men as a profession and means of livelihood; and, as Government may have to express an opinion on this general question, with regard, on the one hand, to women who desire to obtain legal status

as medical practitioners in this country, and, on the other hand, to the examination, rules, or other conditions which prevent them from accomplishing their wish, he desires that the observations of the Council should not be restricted to the particular proposal of Mr. Cowper-Temple's Bill, but that it should discuss as fully as possible the object to which that proposal would contribute.

The prevention of disease, says Dr. Acland, has become a great branch of our profession. The Universities have taken the matter up, as well as the profession and the public at large. Education, certificates of qualification to practise, and diplomas, already exist in Dublin, Edinburgh, London, and Cambridge, and are in preparation at Oxford.

Such is an analysis of the very able speech of Dr. Acland. The hope of the profession is, as he says, that by the agency of ancient and progressive institutions, medical education may be made uniformly adequate through the whole kingdom, former experience may be brought into harmony with the lessons of true culture and modern science, and that a constant supply may be provided of persons qualified to promote the individual and public health in this nation, the destiny of which calls her children to every form of human labour, in all climates, and in every condition of human life.

THE IRISH PHARMACY BILL.

THIS Bill, although for the third time set down for a second reading last Monday, has not yet surmounted the stage in which its principle is enunciated. Sir Michael Hicks-Beach, we believe, will stand by his measure in its integrity, and is determined to make law of it this session, even if he shall have to make it one of those inevitable bills which Mr. Disraeli has threatened to pass even if Parliament must be kept sitting in the dog days. There is, indeed, no serious opposition to it, except that of the English Pharmaceutical Society, and that opposition being an emanation of the narrowest and most selfish trades-unionism, will, we are confident, not recommend itself to the judgment of the Irish Chief Secretary. The English Society objects to the "reciprocity" clause of the Bill, which gives to the licentiates in pharmacy of either country free and reciprocal privileges in the other, and it pretends to great alarm at the prospect of half-educated Irish pharmacutists being admitted to competition with their English brethren; in other words, the London Society is very ready to grasp the government of pharmacy in Ireland, but has not the least idea of admitting Irish licentiates to compete with them in trade. No apprehension of an underselling competition by the Irish dispensers can really exist in the mind of anyone who puts an honest interpretation on the words of the Bill, for it expressly and most carefully provides that the Irish examination and the Irish fee shall be the same as that requisite for the licence of the English Society, and thus ensures, as far as legislation can, that there shall be uniformity of education and qualification, and that the English pharmacutists shall not be flooded with men of inferior attainments. The 15th clause of the Bill provides that "All persons desiring to be registered as pharmaceutical chemists under this Act may at any such examination present themselves for examination, and

they shall be examined with respect to their knowledge of the Latin and English languages, of arithmetic, of botany, of materia medica, of pharmaceutical and general chemistry, of practical pharmacy, of the British Pharmacopœia, and of such other subjects as may from time to time be prescribed by any regulations made in pursuance of this Act." The 17th clause also says, "For every examination, licence, and registration, such reasonable fees or charges shall be paid as shall from time to time be fixed and determined by any regulation or regulations to be made by the said council in pursuance of this Act; provided always, that such fees or charges shall at all times be equal, as nearly as may be, to the fees fixed and determined for like purposes by any bye-law or bye-laws made by the Pharmaceutical Society of Great Britain, and such fees shall be paid to the treasurer, and shall by him be applied to the purposes of this Act in manner prescribed by such regulations."

The English Pharmaceutical Society have no justification whatever for the apprehension they express that the Irish body will be less careful to maintain the standard of pharmaceutical education than themselves. The class of men to whom the control of Irish pharmacy is to be entrusted are, we venture to say, rather above than below the level of the Council of the London Society, and it should be remembered that those who have had hitherto the control of Irish pharmacy have evinced a desire to keep the standard of education ridiculously high rather than to underbid the licensing bodies of any other country.

The audacious policy of aggrandisement enunciated by the English Society has a plain-spoken advocate in the *Chemist and Druggist* of the 15th inst. The editor complains that under the Bill pharmacutists "may pass their examination in Dublin, an examination over which nobody in the rest of the kingdom will have any control whatever, then come over here, and by payment of a small sum of money to the English Society, claim the right of commencing business in this part of the Empire as a pharmacist of the highest rank."

It is true that no one will exercise any control over the Irish examination but the Irish Society, but it is not true that such examination will be uncontrolled, for it has already been tied up by the clauses of the Bill which we have quoted above. Does it occur to our contemporary that his argument cuts both ways, and that it would be just as unfair that Irish pharmacy should be flooded with semi-educated English chemists as that the reverse should occur? On what principle, then, does he claim the right of English pharmacutists to "pass an examination in London, over which nobody in Ireland has any control whatever, and then go over to Ireland and claim the right of commencing business in that part of the Empire as a pharmacist of the highest rank?" The *Chemist and Druggist* only makes its thunder ridiculous when it proceeds to claim for the English Society a trade-mark property in the title of "Pharmaceutical Chemist." "The Government," it says, "has no more moral right to take hold of the title 'Pharmaceutical Chemist,' which is the peculiar and special possession of the Pharmaceutical Society of Great Britain, and present it to a certain number of people desirous of having it in Ireland, than it would

have to take the private estates of Sir Michael Hicks-Beach himself and parcel them out among a select group of Irish gentlemen with no estates themselves."

A cause sustained by such puerile special pleading as this will not receive much consideration from a Minister so clear-headed and decisive as Sir Michael Beach has shown himself. As well might the London College of Surgeons claim a vested right in the title of "Surgeon," an assumption which the *Chemist and Druggist* would be the first to denounce.

We may, however, be satisfied with affairs as they stand, and give such arguments as these the little attention they deserve, for we believe that the Bill will pass without much trouble.

Every party in Ireland who are interested in the matter (except perhaps the "stupid" party of the Apothecaries' Hall) are unanimous in its favour—a fact which is more to the point than any quantity of selfish declamation.

Notes on Current Topics.

The Medical Benevolent College and Charity Voting.

UPWARDS of two thousand of the governors and subscribers of the Medical Benevolent College have now signified their wish for a change in the present mode of electing the pensioners and foundation scholars. This is not all, for daily adhesions to the prayer of the *Memorial* presented last month continue to come in and swell the list, and it is manifestly impossible to believe that the Council can believe their resolution to remove the names of those who feel dissatisfied to a *separate or special list* can meet with approval, or stay the chorus of dissatisfaction expressed by those who clearly understand the needless suffering, suspense, and anxiety, to say nothing of the woeful waste of time, inflicted upon the unsuccessful applicants for the few vacancies, which are certain to be filled by those having the largest number of friends, and not by the most necessitous and deserving among the candidates.

It is nothing short of a refinement of cruelty to admit a larger number of candidates than can by any possibility be elected. Nevertheless, eighth-tenths among the present list have only a very remote chance of success. Every year also, very many of the candidates whose friends have wasted considerable sums of money are struck off from being over the age prescribed by the by-laws.

Mr. Charles Hood, who has constituted himself the champion of the voting charities, in a pamphlet just issued, impugns the motives of the Charity Voting Reform Association in this good work, and professes to believe that many persons who have signed the Memorial addressed to the Medical Benevolent College, and similar ones from similar other charities, have "been misled" into so doing, as "the wishes of the *responsible managers of the charities*" have not been consulted in the matter. The voting charities, he says, are more successful in obtaining money from the pockets of a benevolent public than non-voting

and non-canvassing, and this is undoubted evidence that change is not needed. The income of those institutions in which the non-voting system prevails is as nothing compared to the thirty-nine who still adhere to a system that enables "responsible managers" to dispense £177,876 in their own way, and too often among their own friends.

The charity known as the "Corporation of the Sons of the Clergy" is especially selected for animadversion, and this gentleman describes it as an example of failure, because it "excludes its subscribers from any share in the selection of the recipients of its bounty." Yet what do we find with regard to the doings of this charity? That at the meeting on Saturday last, at which the Archbishop of Canterbury presided, the committee first proceeded to distribute the Midsummer benefactions to clergymen with small means, and the sum of £1,683 was given away in this manner to 103 recipients. Then followed the important work of making grants for apprenticing fees, for education, and outfits for clergy children, which absorbed another £320. The next was the usual monthly work of taking into consideration applications on behalf of clergymen's children, and for the relief of urgent cases of distress among the families of the clergy, and benefactions to incumbents of small livings and curates; and lastly, 38 widows and aged single daughters of clergymen were awarded pensions of £20 per annum to fill vacancies which had occurred in the Society. In this way 712 widows and unsuccessful candidates received £1,100. If such an amount of good work can be called a failure we are at a loss to know where Mr. Hood will find an instance of successful management; certainly not among the voting charities.

Metropolitan Hospital Sunday Fund.

WE believe that up to the time of our going to press upwards of £20,000 have been paid into the Hospital Sunday Fund at the Mansion House. This sum quite equals that of the two previous years, and with a larger number of collections yet to come in. We hope that the amount collected this year will exceed that of 1874 by several thousands.

The "Reciprocity" Clause of the Irish Pharmacy Bill.

"We are glad," says the *Pharmaceutical Journal*, "to be able to state that within the last few days some disposition to compromise has been manifested on the part of the Government, and, as we are informed, the withdrawal of the reciprocity clause (18) has been suggested in consideration of a withdrawal of the Society's opposition to the Bill. So far as we can judge an arrangement of this kind, if thoroughly carried out, might be satisfactory to all parties, and leave our Irish neighbours free to establish an entirely independent pharmaceutical society adapted to their own ideas and requirements."

This feeler is ingeniously put, but we must be excused for asking by whom has the compromise been "suggested?" Not, we venture to say, by Sir M. H. Beach, who has deliberately and decisively expressed his determination to make the Bill, as far as possible, cosmopolitan, not local. Irish chemists would, we believe, readily assent to a proposal to settle their own affairs and keep their business

to themselves, but the public vehemently object to separate legislation for the two countries except the circumstances urgently require it.

Lunatic Hospitals in the States.

THE *Boston Medical and Surgical Journal* of May 27 mentions that the Butler Hospital, Providence, the noble gift of Alexander Duncan, Esq., contains 127 patients, and there is a ward for dipsomaniacs who voluntarily seek treatment, although these patients are received with reluctance. With regard to the causes of insanity in the Minnesota Hospital, where the number is 381 cases, under the charge of two physicians only, there is a list of the usual kind, made up from the answers on the certificates filled out by chance physicians or at the dictation of friends whose ideas on the subject are limited to the latest source of excitement or vagary of the patient's mind. Of 681 cases where any cause was assigned, 210 were attributed to so-called moral influences. Here two-thirds of the alleged causes are physical, while at the Worcester Hospital four-fifths are found in this class. Only seven are classed as hereditary, and at least one-half, on due inquiry, would have been found to be cases of hereditary transmission.

Out of 1,000 cases, more than one-half were found to be married, widowed, or divorced persons. Most statisticians have shown that marriage is conducive to sanity and life. Herbert Spencer, indeed, has objected that marriage does not necessarily conduce to longevity, since more of the stronger individuals of the race marry, being better able to endure the cares and duties of matrimony than their weaker brethren. Thus the insane temperament, he urges, tends to keep single many who would otherwise swell the proportion of the married class. Dr. Bertellori's statistics show the fallacy of Spencer's view, since widowers are most prone of all to early death.

Ilkley Wells House, Wharfedale, Yorkshire.

We have much pleasure in calling attention to this excellent sanatorium, which has lately been thoroughly reorganised and placed under the supervision of Dr. Leeson. This gentleman is well known in Yorkshire as a highly educated and experienced practitioner, and the medical profession may confidently refer their patients to him without any fear that they will be perverted by any of the heretical "pathies" which so often deter orthodox practitioners from availing themselves of the advantages offered by similar establishments.

Ilkley Wells is 500 feet above the level of the sea, and the sanatorium is admirably situated in all respects. Every kind of bath can be had on the premises, including a swimming-bath, the compressed air-bath, the flowing sitz, and the "electro-chemical." A skating-rink, which is such an attraction to the rising generation, has also been recently added to the establishment.

The valley of the Wharf has long been justly celebrated for its beauty; "Bolton's sacred pile" is within easy reach; and the pedestrian may wander along the banks of the impetuous Strid without "let or hindrance," though we should not advise him to emulate the example

of young Romillè, whose fatal leap has been so charmingly described. Fountain's Abbey, Harrogate, and many other interesting places are quite accessible.

Whether for health or pleasure—that is, healthy pleasure—we know of no institution more worthy of the support and confidence of the profession.

Dr. Susan Dimock.

FROM an obituary notice by Dr. Mary Putnam-Jacobi, in the *New York Medical Record*, we extract the following notice of Miss Dimock, who unhappily perished in the *Schiller* :—

"Dr. Dimock graduated with honours at Zurich, after the prescribed four years' term of study. Her thesis was written on the cases of puerperal fever she had had an opportunity of observing in the wards of the hospital. She had been practising medicine in Boston a little over two years, but in this short time has already won for herself a deserved reputation among some of the best surgeons in the city. As resident physician at the New England Hospital she has already performed many important surgical operations. She had a certain flower-like beauty, a softness and elegance of appearance and manner, such as is abundantly lacking in the women most eager to denounce surgical accomplishments as outrageously unfeminine. I have wondered whether she did not resemble Angelica Kaufman. Underneath this softness, however, lay a decision of purpose, a Puritan austerity of character, that made itself felt, though unseen. 'She ruled her hospital like a little Napoleon,' said a lady who had been there under her care. The ideal steadfastness, which is only possible in characters of this kind, was shown to me at my first interview with her, when she came—a girl scarcely out of her teens—to Paris, on her way to Zurich. We urged her to spend a few days in the capital, for the sake of the recreation to which American students usually consider themselves entitled before they settle down to their studies. Miss Dimock alone refused, for the reason, which she gave with the utmost frankness, that she had been obliged to borrow money in order to prosecute her studies, and should not feel justified in spending a cent of it for amusement or sight-seeing. She put forward all amusements into the future, until she should have won her university degree, and should have fulfilled a pledge of hospital service in Boston. Towards this horrible voyage of April, 1875, converged the pleasurable anticipations of nearly seven years."

The Fraudulent Trading Protection Bill.

MR. SCLATER-BOOTH'S Bill for the encouragement of adulteration has passed through committee in the Lords without material alteration, and as it may now be considered the law of the land, the punishment of adulteration frauds may be said to be at an end. Earl Morley made a vigorous effort to strike out the word "knowingly," and thus put the onus on the retailer of obtaining a warranty of the purity of the article he sells, but he was defeated by a majority of 41 to 23. This is a much larger proportionate support than the "honesty" policy obtained in the House of Commons, probably because the shopkeepers have no *locus standi* amongst the Lords.

Henceforth *caveat emptor* is the *mot d'ordre*, and the public ought to know that the freedom of adulteration has been declared. The first fruits of this development of public opinion is in the acquittal of a grocer this week who sold Epps's cocoa which was sworn to consist of 43 per cent. of sugar, 16 per cent. of starch, and about a third of the whole cocoa.

Vaccination in Scotland.

SCOTLAND has always stood high as a country where medical science is cultivated with earnestness and assiduity. The tenth annual report on the vaccination of children in that part of Britain compares very favourably with the statistics of vaccination in England. During the ten years from 1864 to 1873, 1,149,352 children were born in Scotland, and no less than 1,011,524 of these were successfully vaccinated. Of the 137,828 cases not vaccinated, 97,699 died before vaccination, which is not compulsory until the expiration of six months after birth. In 5,811 cases the infants were said to be incapable of being vaccinated, either from severe constitutional peculiarity, from previous vaccination, or from having had the small-pox. The operation was postponed for medical reasons in 8,118 cases, and in the remaining 22,200 cases the children had been removed from their birth-place before vaccination. It is, we think, a pity that the period for non-performance of vaccination should be so long as six months; three months would be quite long enough. During the ten years from 1855 to 1864, 75 per cent. of the deaths from small-pox occurred in children under the age of five, whereas since 1864 only 25 per cent. of the deaths from small-pox were so caused.

A Statue to Morgagni.

ITALY is indeed reviving from her long lethargy and is beginning to take a pride in celebrating the lives of her truest heroes. A statue to the illustrious J. B. Morgagni has just been erected in his native town of Forli. Italy has ever been the favourite country in Europe as regards its climate and its music. Let us hope that it may very soon lead the van in all that ennobles the human race. Italy has had enough of priestcraft. It must be scientific.

Division of the Tendo Achillis in Certain Injuries about the Ankle.

DR. G. GAY (*Boston Med. and Surg. Jour.*, May 27) records the case of a labourer, *æt.* 45, who fell from a step two or three feet high, striking on the pavement on the left side. He was found to have fracture of the left fibula, an inch and a half from the lower extremity. The symptoms were crepitus, increased mobility, and local tenderness. The foot was dislocated on the tibia backwards and outwards, as was indicated by the undue prominence of the heel behind, of the lower end of the tibia in front, and by the inability to flex the foot to a right angle. The internal lateral ligament was partially ruptured, giving a deformity not unlike that seen in equino-valgus. The leg was placed in a fracture-box, but all efforts to remove either the lateral or antero-posterior deformity were unsuccessful. On the fifth day the

patient was etherised, and renewed but unsuccessful efforts were made to remove the deformity. The tendo Achillis was divided, and the foot restored to its natural position. The leg was replaced in the fracture-box, the foot kept at a right angle to the leg by a foot-piece, and the lateral deformity removed by side pads. The subsequent treatment gave very little trouble. The straps and pads required adjusting only once in two or three days, instead of two or three times a day, as before the tenotomy. The patient suffered no pain whatever after the operation. He was discharged five weeks after the injury, when he could walk with a cane, and had only a slight limp. Four months after the injury he reported himself quite well. There is no reason to fear a non-union of the divided tendon, for an ununited tendo Achillis is almost an unheard-of event.

Hospital Managers and Medical Staffs.

THE managers of a certain hospital in New York lately dismissed in a summary manner four members of the visiting staff of the hospital, it is said to please one of the gentler sex. They gave no reason for their course. Over sixty physicians of the city of New York have sent in the following protest:—

"To the Managers of the Presbyterian Hospital."

Gentlemen,—We, the undersigned members of the medical profession in New York, have heard with deep regret the late action of your board, whereby you have dismissed from your hospital four members of the visiting staff without assigning any ground for that course. So far as is known, these gentlemen were fully competent for the positions which they held, and discharged their duties with diligence and skill.

"We fully believe that you have failed to realise the full character of your action. In summarily rejecting these gentlemen you in effect proclaim your opinion that they are unfit for the position they held. By so doing you incur the responsibility of seriously injuring their reputation, and you have taken this grave step without preferring any charges, or assigning any reasons for so doing. We believe you will admit that while you have acquired certain rights in assuming the position of managers of an hospital, you have also incurred certain obligations.

"We believe, therefore, that, both as members of the medical profession and as citizens, we are justified in asking that you shall make public the reasons for your late action. If these gentlemen have in any way shown themselves unfit for their positions, let the facts be made known. If discharged solely from caprice, they have a right to demand that this should be made as public as their dismissal."

Well done, the doctors of New York!

Advance in Therapeutics.

DR. LATHAM, the well-known physician of Addenbrooke's Hospital, Cambridge, in an introductory lecture, says that many men pride themselves on an "enlightened scepticism" with regard to the action of drugs. This might sometimes be called "apathetic ignorance." What are the advances which have been made in therapeutics? In the first place, by our better acquaintance with the

nature and course of many diseases we have learned when to withhold our drugs, and by proper nutriment and adjustment of circumstances to promote the tendency to recovery. Take pneumonia, for example, which, if only affecting one lung in a previously healthy person, generally runs a favourable and very characteristic course. Take typhoid fever, and if the diarrhoea keep within bounds, and the pulse and morning and evening temperature keep within certain limits, we know that the condition of the patient cannot be further improved by any Pharmacopœial preparations. We have learned to consider digitalis as a cardiac tonic, and to distinguish those cardiac affections in which it may be useful or the reverse.

Take iodide of potassium, with its effects in various nervous disorders, in syphilis, &c. Take the bromides of potassium and ammonium, not long introduced into use, but whose influence in controlling epileptic attacks and curative effect in certain other disorders of the nervous system and sexual organs are most marked. Take cod-liver oil, with its influence in rickets and certain forms of phthisis. Take galvanism and faradisation in the treatment of some forms of paralysis and neuralgia, and certain other affections. Who that has suffered from a painful local affection can think of the alleviation to his sufferings which followed on the subcutaneous injection of an anodyne without gratitude? Dr. Latham is of opinion that typhoid fever, which every year in England kills so many persons, ought soon to disappear from every return of disease, whether in civil or military life. All cases that have come under his notice in Cambridge, with one exception, could be traced clearly and distinctly to patients drinking well-water contaminated by sewage containing typhoid excreta.

County Infirmaries Grants in Ireland.

We informed our readers that the question as to whether the Grand Juries have authority to refuse the usual grants in support of county infirmaries, would come before the full Bench of Judges. After lengthened argument the Court decided that they had such power—a decision which we quite anticipated. At the same time the Judges expressed their strong opinion that that power ought not to be exercised. The Chief Justice of the Queen's Bench said: "Having regard to the nature of the institution in question, and to its usefulness, they thought that a subject might be better chosen for extinction than a charity of *this kind*."

We entirely concur in this opinion, and firmly believe that the Irish county infirmaries have a function which can never be satisfactorily discharged by the workhouse hospital, and we deeply regret to observe the tendency of a few grand juries to save money by closing their doors.

Coroners' Law and Workhouse Management.

A CASE of poisoning has occurred in the Athy Workhouse, a patient having drunk a liniment in mistake for a mixture. Both the bottles were placed on the same bedside shelf, and she was allowed by the nurse to remain two hours without reporting the fact of her having taken the

wrong medicine. She died two hours later, and, incredible to relate, the medical officer swore that she probably died of "blood poisoning from disease," without having made any post-mortem examination. The jury—more intelligent than such conclaves usually are—returned a verdict "that Mary Ellard died from heart disease, but that her death may have been accelerated by taking the lotion; and that the guardians be recommended to put up a press in each ward, in which all poisonous medicines be locked up, the key to be in the possession of the paid nurse."

If the evidence be accurately reported, only one opinion is possible—that the woman was poisoned by misadventure and neglect, and it is astounding that a medical man could make such a statement on oath without the means of verifying its truth.

The Medical Council.

THE Medical Council in committee have decided to refer the Report of the Visitors to the Royal College of Physicians examination for consideration and remarks. After thirty-five minutes' discussion they decided to add a rider to the effect that special consideration be requested to be given to the imperfect arrangement for clinical examination, and to the deficiency in the examination of medical jurisprudence. The Council has since rejected by a large majority a somewhat similar resolution upon the deficiency of the examination in physiology, materia-medica, and chemistry, and in the clinical examination at the Royal College of Surgeons. After the rejection of the resolution relating to the College of Surgeons, Dr. Thompson gave notice that he intended to move in the Council that the resolution relating to the College of Physicians be rescinded.

We may be pardoned for venturing to differ in opinion from the majority of the members of the Council, but we cannot see why, in all cases where a deficiency is found in any examination, or where any improvement can be suggested, it should not be the rule to send to that particular examining body a direct notice of the error or deficiency. We think that the greatest result of the meeting of the Medical Council is the improvement which has taken place, and is now taking place, in the various examinations. It is, we believe, the duty of the Council not to leave it to the representatives of the various examining bodies to relate imperfectly to those respective examining bodies the discussion which has taken place, but at once by resolution to point out to those bodies what changes ought to be and must be effected. Surely such a proceeding would not be considered a censure, but only a statement that certain things could be improved, the carrying out of a duty for the due performance of which the Medical Council has in great part been called together.

Should the Council rescind the resolution relating to the College of Physicians, we cannot but think it will go far to stultify them in the eyes of the profession and the public, and by exposing an error in judgment, diminish the confidence which they now possess.

THE operation of ovariectomy was performed in the City of Dublin Hospital on Monday, June 7, by Mr. Croly, Senior, Surgeon to the hospital, in the presence of several

metropolitan and rural practitioners. The patient is a countrywoman, aged forty, unmarried, and had not been previously tapped. The tumour was polycystic, each cyst containing fluid of different colour and consistence. The operation was a prolonged one, in consequence of numerous anterior adhesions, as well as diaphragmatic attachments, and in consequence of the adhesion of a large portion of omentum to the cyst. The pedicle was secured by means of the clamp, and the actual cautery was applied. The patient has had no bad symptoms since the operation, and the clamp was removed on the twelfth day.

We hope to give a further report on the progress of this most interesting and instructive case.

In the House of Commons on Friday last Mr. Sclater-Booth, in answer to Sir C. Forster, stated that no communication had been received by him as to an outbreak of small-pox in Great Barr, Staffordshire. The last quarterly returns of the Registrar-General showed an unusual amount of mortality from fever in the Walsall union, in which this place was situated, and inquiries had been made of the sanitary authorities on the subject. If an outbreak of small-pox occurred in consequence of the occupation of a house without previous disinfection, the person letting such house would be liable to a penalty of £20. In default of the owner or occupier having the house disinfected, the sanitary authorities might order it to be done at his expense.

NOTICE has been given that an examination of candidates for ten appointments as Surgeon in Her Majesty's Indian Medical Service will be held in London in August, 1875. A further notice will be issued when the exact date of examination has been fixed.

THE Council of Queen's College, Birmingham, will proceed to the election of a co-Professor of Anatomy at their next meeting.

Correspondence.

THE NEW ELEMENT IN THE COUNCIL AND EXAMINATION OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Notwithstanding the remonstrances of your correspondent, who evidently was well coached on College matters, I find that as the result of the late election another F.R.C.S.I., who is actually engaged in grinding, has attained a seat as Councillor, who will bear his share in directing the educational system of the profession. As the interest of grinders must, it appears to me, be diametrically opposed to self-instruction, or the practical working up of one's professional studies, this is bad enough, and no doubt reflects the common or uncommon sense of the electors who are most interested in supporting their corporation as one "above suspicion;" but when I find that not only is the educational directorate committed to such hands, but that the *presiding over* examinations by such councillors is part of their duty, I tremble for myself, who am not so fortunate as to belong to either of the schools who have their grinders on the council of our national and representative institution, who thus enjoy the anomalous position

of to-day grinding you at some £2 or £3 a month, and to-morrow, or the same day, presiding at and directing your examination, which is to pass you to the public as a responsible surgeon. Nay, more, the very examiners may owe their election to the vote of these councillors. How can I, without some diffidence at least, present myself before those attached to rival schools, to which I do not belong, especially as I have not gone through the processes of being "ground," put "on the strap," and polished off to a keen edge by "private hour" workmanship by one who, it may be, chased me when but a little fish emerging from the school-room breeding-pond, snatched at me when sliding through the gap of the preliminary examination, cast a succession of various flies at me, but did not bag me, as I was eventually gulled by one who has not as yet attained the triple office of grinding me, electing my examiners, and presiding over and directing my examination. Is this fair? Will this hold water before the public, or the Medical Council of this kingdom? Is it honourable on the part of a corporation that frames and passes its own ordinances? Will not such a course tend to cause an exodus of those seeking licences? As it seems to me that ordinances or decrees of Council are so easily made, should not one be made that, as at present, no teacher can be an examiner? Surely the regulator of the examiners, as the president and supreme director of examinations, should not be a teacher, much less a "private teacher," "coacher," or "grinder," as he is variously termed.

I trust you will excuse my asking so much of your space for a remonstrance from one who fears he is,

Yours truly,

"IN THE WRONG BOX."

THE PARTURIENT TRACTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having made use of this tractor, or help, for more than thirty years, and sometimes one hundred times in the year, and as I find it is very seldom or never used by others (for so I find from the many nurses I meet with, as they had never seen it used before they had seen me apply it); it is really a great help, and very simple. It merely consists of a long or round towel, part of a sheet, or strip of linen or calico; it should be about five or six feet long, and about a foot, or a foot and a half wide, single or double, strong enough to bear hard pulling. This band should be placed round the patient, with the two ends of equal length brought behind the patient and tied together to form a nice handle to pull by, which will often be needed for some time. The band in front should be flat and smooth, and quite cover the abdomen, be kept well down, and not be allowed to slip up round the waist, which it will often do from the movements of the patient. When everything is ready, and the labour well advanced, each time the pain comes on the nurse may pull at the tractor, which will help the womb greatly. As to the force required, she may pull as hard as she can when the head is beginning to emerge. When the nurse has not pulled hard enough, I have pulled at it with my left hand, and with the right guided the head, and supported the perineum; and it is astonishing to find the power one has over the pain, and progress of the head.

The force is so equalised that it can do no harm; it is a great comfort and support to the patient, who will often exclaim, "Pull harder." It does not tire so much as pressure by the hand, and it is more soothing to the patient. Any one who would try it a few times would soon find the value of it.

Although it will not in all cases supersede the forceps, yet it will in many; for when the womb is nearly, but not quite able to finish her own work, a little extra help by the way is all that is needed.

I am, Sir, yours faithfully,

10 Bladud Buildings, Bath,

F. P. HOBLYS.

June 16, 1875.

"VIVISECTION."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the subject of vivisection is now occupying much attention, I send you the conclusions I formed in 1864, as expressed in an essay sent in for competition for the best "Treatise on Vivisection," given by the Society for the Suppression of Cruelty to Animals.

Yours, &c.,

EDWARDS CRISP, M.D., M.R.C.S.

29 Beaufort Street, Chelsea,
June 14th, 1875,

Conclusions.

1. That the cutting and maiming of living animals is not necessary to ensure dexterity or skill on the part of the operator—that no operations performed upon our domestic animals require the practice of vivisection as pursued at the schools of Alfort, Lyons, and Toulouse; and that such operations should be condemned as inhuman, cruel, useless, and disgraceful to humanity.

2. That the assumption that vivisections performed under the influence of chloroform are generally painless is often erroneous, for in the majority of vivisections the greater amount of suffering is after the operation has been performed.

3. That one important fact has generally been lost sight of by those who have estimated the amount of cruelty inflicted by vivisectionists upon the lower animals, such as frogs, newts, rats, guinea-pigs, cats, and dogs—viz., that these poor animals are often confined in improper situations, half-starved and neglected, as testified by the author's experience.

4. That a great number of experiments performed upon the lower animals have led to very erroneous conclusions on the part of the operators, and have rather tended to retard than to advance science.

5. That, notwithstanding the vast amount of cruelty inflicted upon animals of various kinds by vivisectionists, but little real and positive good has resulted from these operations in the treatment of disease.

6. That the removal of organs, the ligation of arteries, the opening of intestines, the laying bare of the brain, spinal cord, heart, and other parts, are operations that have been too often recklessly and inconsiderately practised, without reference to the amount of cruelty inflicted, and the probable benefit resulting from them.

7. That all aimless and oft-repeated experiments upon the lower animals are to be condemned as useless, cruel, and inhuman, and that no lecturer nor teacher is justified in putting any animal to torture under these circumstances.

8. That if, after due and mature consideration, it can be fully ascertained that operations and experiments upon the lower animals are likely to improve our treatment of disease, and thus benefit human suffering and diminish human mortality, such experiments and vivisections are justifiable, care being taken in all cases to mitigate the sufferings of the animal by the employment of anæsthetics and by the use of all other means of a humane character.

Foreign Bodies in the Air-Passages and Œsophagus.

ANNANDALE (quoted by *Centralblatt für Chirurgie*, No. 16, 1875) remarks on the advantage obtained in searching for a foreign body in the larynx through a tracheotomy-wound, if support be given from the mouth by manipulation with the fingers. For the removal of foreign bodies from the bronchus he recommends, after tracheotomy and a deep inspiration, that the trachea be closed temporarily; the deep expiration following often drives the body out. Two cases are given by Annandale (see *Med. Times and Gazette*, February 27) illustrating the successful use of each of these methods.

Krishaber (*Séance de la Société de Chirurgie*, Nov. 11, 1874), in a case of foreign body in the œsophagus, caused the patient to drink a quantity of water, and then introduced a dry sponge at the end of a whalebone bougie. When the sponge had become swollen through absorption of water it was withdrawn slowly, and swept the œsophagus thoroughly from below upwards, carrying the foreign body, a piece of turkey-bone with it. Dr. Duplay remarked, apropos of this treatment, that it would be difficult to employ when the patient could not swallow water, and that if the sponge became greatly swollen it might be difficult and painful to withdraw it.

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE.

THE Publishers will be glad to send receipts for several hundreds of unpaid subscriptions. If those gentlemen whose subscriptions are in arrear for three, four, and five years will kindly send cheque or post-office order to either of the offices of this Journal they will be particularly thanked.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DEA, MEEHAN AND SHEEDY.—On reference to the proceedings of the Medical Council in another column, our readers will observe that these names have been ordered to be erased from the *Register* for conspiracy to defraud. It is painful to record such a fact, as henceforth they cannot legally carry on the practice of their profession, for which they have been educated, and to which they were admitted years since.

COMMUNICATIONS, Enclosures, &c. have been received from—Dr. Pavy, London. Dr. Beale, London. Dr. Buzzard, London. Dr. Morell Mackenzie, London. Mr. Hublyn, Bath. Dr. Edwards Crisp, Chelsea. Dr. De Bassoncourt, Clermont, France. The Registrar-General. Mr. Frank Bolton, Local Government Board. Dr. Leeson, Wharfedale. Dr. Mulligan, Abersychan. Dr. Brown, Hesketh. Dr. Dobell, London. Dr. Burnes, London. Dr. Dowse, Skelmanthorpe. Dr. Grabham, Earlwood. Dr. Purdon, Belfast. Dr. Louis Pathault, Paris. Mr. Davy, London. Dr. Pal rey, London. Dr. Macnamara, London. Dr. Abrath, Sunderland. Dr. Andrew Clark, London. Mr. Watts, Bristol. Dr. Williams, Edinburgh. Mr. Blackley, Manchester. Dr. Churchill, London. Dr. Langley, London. Dr. Myrtle, Harrogate. Dr. Bayes, London. Dr. Jewell, Chicago. Mr. George Gaskoin, Westbourne Park. Mr. Mills, Bourne. Mr. Marshall, London. Mr. Lambert, Dublin. Dr. Luther, Cappelquin. Dr. Pennesfather, London. Dr. Carpenter, Croydon. Mr. Maceonchy, Down. Mr. Wilson, Lime-riek. Mr. Sandford, London. Dr. Johnson, London, &c., &c.

VACANCIES.

Royal Free Hospital. Surgeon. Applications, with testimonials, to be forwarded to Mr. Blyth, the Secretary. (See Advt.)
County Down Infirmary. Assistant Surgeon and Registrar. Salary, 60 guineas, with board and apartments. (See Advt.)
Kensington Dispensary. Resident Medical Officer. Salary, £150. Particulars of the Hon. Sec.
Portsea Island Union. Medical Officer. Inclusive salary, £250. Forms of application supplied by the Clerk to the Board, Portsea.
St. Bartholomew's Hospital. Assistant Physician-Accoucheur. Honorary. Full particulars of the Secretary.
Liverpool Northern Hospital. House Surgeon. Salary, £100.
House Physician. Salary, £90; and an Assistant House Surgeon. Salary, £50, all with residence and maintenance in the house. Applications to the Chairman of the Committee.
Worcester Lunatic Asylum. Assistant Medical Officer. Salary, £100, with board and residence. Address Dr. Sherlock, at the Asylum, Powick.
Bristol General Hospital. Physician's Assistant. Salary, £80, with board and lodging. Applications to the Secretary.
Surrey County Hospital. House Surgeon. Salary, £75, with board and residence. Particulars of the Secretary, at Guildford.
Bridgnorth Infirmary. House Surgeon. Commencing salary at £120. Applications to the Hon. Sec.

APPOINTMENTS.

ALLBUTT, H. A., L.R.C.P.Ed., Physician to the Leeds Dispensary for Diseases of the Skin.
CLOUTING, J. R., M.R.C.S., Public Vaccinator for the recently amalgamated Thetford and Croxton Districts of the Thetford Union, Norfolk.
COTTON, H. J., M.B., C.M., M.R.C.S.E., a Resident Physician to the Royal Infirmary, Edinburgh.
CURRIE, A. S., M.B., M.R.C.S.E., a Resident Physician to the University Clinical wards, Royal Infirmary, Edinburgh.
ELLIOT, H. P., L.R.C.S.Ed., L.R.C.P.Ed., a Resident Physician to the Royal Infirmary, Edinburgh.
GEORGE, H., M.R.C.S.E., Medical Officer for the Tetney District of the Louth Union, Lincolnshire.
GIBBONS, H. A., M.B., C.M., M.R.C.S.E., a House Surgeon to the Royal Infirmary, Edinburgh.
GLENNING, G., M.B., C.M., a Resident Surgeon to the Royal Infirmary, Edinburgh.
GUPPY, T. S., M.D., M.R.C.S.E., Medical Officer for the Constantine District of the Falmouth Union.
HOURIGAN, W. P., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Freshford Dispensary District of the Kilkenny Union.
HUGHES, W. L., M.R.C.S.E., L.S.A.L., Junior Resident Medical Officer to the London Hospital.
JONES, C. H., M.B., F.R.C.P.L., re-appointed a Physician to St. Mary's Hospital, Paddington, upon the expiration of his second term of office.
MATHEW, C. G., L.R.C.S.I., Resident Medical Officer to Trinity College, Glenalmond, Perthshire.
MAY, B., F.R.C.S.E., Demonstrator of Anatomy at Queen's College, Birmingham.
MORGAN, G., L.R.C.P.Ed., M.R.C.S.E., Resident Accoucheur to the London Hospital.

MORISON, J. R., L.R.C.S.Ed., a Resident Surgeon to the Royal Infirmary, Edinburgh.
 RICE, G., M.B., C.M., a Resident Surgeon to the Clinical Wards, Royal Infirmary, Edinburgh.
 RICKARDS, E., M.B., Professor of Physiology at Queen's College, Birmingham.
 RONALDSON, M.B., a Resident Physician to the Royal Infirmary, Edinburgh.
 SAWYER, J., M.D., Professor of Pathology at Queen's College, Birmingham.
 SCOTT, J. H., M.B., a Resident Surgeon to the Royal Infirmary, Edinburgh.
 SMITH, R. D., M.R.C.S.E., I.S.A.L., Extra Junior Resident Medical Officer to the London Hospital.
 WARREN, Dr. M. A., Medical Officer and Public Vaccinator for the Tullaroan Dispensary District of the Kilkenny Union.

Marriage.

GRANT—JENKINS.—On the 16th inst., at St. Michael's, Coventry, by the Rev. Canon Baynes, Frederick Grant, L.R.C.P., &c., of Market Harboro', to Ellen Margaret, only child of Thos. Jenkins, J.P., of Coventry.

Deaths.

MERCER.—On the 9th June, at Leicester Villa, Brixton, John Thomas Mercer, M.B., aged 38.
 REYNOLDS.—Patrick B. Reynolds, L.R.C.S., L.K.Q.C.P.I., Medical Officer of the Claremorris Dispensary District.
 RIDGE.—On the 11th June, at Darnet Square, Joseph Ridge, M.D.
 WILLIAMS.—On the 31st May, at High Street, Bromley, Kent, Edward A. Williams, M.R.C.S.E., aged 74.
 WORTON.—On the 15th June, at Montague Place, sell Square, Henry Rendell Wotton, late of Cavenoish Square, his 66th year.

Advertisements.

MEDICINES.—THE BOARD OF SUPERINTENDENCE of the CITY OF DUBLIN PRISONS will receive tenders from LICENTIATE APOTHECARIES, duly registered, to SUPPLY MEDICINES for the Officers, their Families, and the Prisoners of the CITY PRISONS, and to discharge the duties heretofore performed by the Contractor for Medicines and Attendance. Particulars can be ascertained at the Prisons. Tenders, including a gross sum per annum for all the Prisons, are to be lodged in the Office of the Board in the City Hall, Cork Hill, on or before Tuesday, 29th June, 1875. The Board will not be bound to accept the lowest tender.
 By Order,
 JOHN MARTIN, Secretary.

DUBLIN STEAM PRINTING COMPANY.

(Printers of "The Irish Medical Directory")
 Respectfully invite the attention of the MEDICAL PROFESSION to the facilities they offer for the RAPID EXECUTION OF PRINTING AND BOOKBINDING of every description.
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The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 4 0
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One quarter page	1 5 0
Half-page	2 10 0
One do.	5 0 0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

LONDON HOSPITAL MEDICAL COLLEGE.—
ENTRANCE SCHOLARSHIPS IN NATURAL SCIENCE.—Two Scholarships, of the value of £60 and £40 respectively, will be offered for competition at the end of September, 1875. The Subjects will be the same as for the Preliminary Scientific Examination at the University of London. Further particulars may be obtained on application to the Vice-Dean, at the College, Turner Street, Mile End, E.

ROYAL FREE HOSPITAL. Gray's Inn Road.—There is a VACANCY for a SURGEON in the Medical Staff of this Hospital, in consequence of the death of Mr. John D. Hill. The hospital contains upwards of 100 beds, 60 of which are appropriated to Surgical cases, and the Committee contemplate increasing the number. Candidates must be Fellows of the Royal College of Surgeons of England. The election rests solely with the General Committee of Management. Applications, with Testimonials, to be forwarded to the Secretary, at the Hospital, on or before Monday, the 28th of JUNE.
 JAMES S. BLYTH, Secretary.

TO INVALIDS, PARENTS, &c.—In September next a Medical Gentleman, accompanied by his wife, purposes starting by steamer for Melbourne, in charge of a Party, consisting of persons of delicate health, wishing to avoid the ensuing winter, or of those whose health might demand some period of relaxation in a genial climate.

Upon the arrival of the Party in Melbourne, a short stay would be made at an hotel previously engaged, preparatory to their departure on a nautic tour up the Bush, through the delightful and interesting mountain region of Gippsland, where the pleasures of Hunting, Riding, Shooting, Fishing, Botany, &c., could be pursued, associated with the luxuries and appliances of civilised life.

The Party would return to England in the following May or commencement of June.

For particulars and terms, apply by letter to "G. W.," care of J. Baxter Langley, Esq., 50 Lincoln's Inn Fields, W.C.

INDIAN MEDICAL SERVICE

India Office, 14th June, 1875.

NOTICE IS HEREBY GIVEN, THAT AN EXAMINATION of Candidates for ten appointment as Surgeon in Her Majesty's Indian Medical Service will be held in London in August, 1875.

Copies of the Regulations for the Examination, together with information regarding Pay and Retiring Allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, London, S.W.

A further notice will be issued when the exact date of examination has been fixed.

T. T. PEARSON, Major-General,
 Military Secretary.

ARMY MEDICAL DEPARTMENT.

17th June, 1875.

AN EXAMINATION OF CANDIDATES FOR COMMISSIONS in the Medical Department of Her Majesty's Army will be held in London on the 9th of August, 1875, and following days. Candidates having the necessary qualifications to practise Medicine and Surgery under the Medical Act, and who are not under 21, nor above 28 years of age, are eligible to attend. Applications for admission to the examination should be made in writing without delay to the Director-General of the Army Medical Department, London, as the List will close on Saturday, the 31st July, 1875.

(Signed) W. M. NUIR, Director-General

LIMERICK UNION.

THE Guardians will, at their meeting, on WEDNESDAY, 23rd JUNE next, be prepared to receive applications from Candidates for the appointment of RESIDENT MEDICAL OFFICER of the Workhouse, at a salary of One Hundred and Fifty Pounds a year, with apartments and the following weekly rations:—Bread, 7 lbs.; Meat, 6 lbs.; Milk, 2 qts.; Tea, 3 lb.; Sugar, 2 lbs.; Potatoes, 1 stone; Butter, 1 lb.; Eggs, 3 doz.

Any person appointed must be qualified to practise as Physician and Surgeon, be a Licentiate of the Apothecaries' Hall, and have a Certificate in Midwifery—and be prepared to stand a competitive Examination, if required.

Copies of Testimonials, with Diplomas, must be lodged with the Clerk of the Union before 10 o'clock on said day.

Applications must be marked on outside "Resident Medical Officer."
 10th June, 1875.
 C. M. WILSON, Clerk.

COUNTY DOWN INFIRMARY.

THE GOVERNORS OF THE COUNTY DOWN INFIRMARY will, at a Meeting, to be held at Twelve o'clock on the 13th day of July, proceed to elect a duly qualified gentleman to fill the office of ASSISTANT-SURGEON and REGISTRAR to the Institution.

Salary—Sixty Guineas per annum, with Board, Apartments, and Washing.

Diplomas and Testimonials to be sent to me, on or before Eleven o'clock on that day, when the personal attendance of Candidates will be required.
 (By order) J. K. MACONCHY, Surgeon.

Board-room, Infirmary, June 4, 1875.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 30, 1875.

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GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION. SESSION 1875.

MONDAY, JUNE 21 (*continued*).
APOTHECARIES' HALL, DUBLIN.

The Visitors' Report was to the effect that the examination in anatomy and physiology, and the clinical examination were deficient.

It appeared that the oral examination in anatomy was confined to osteology, and that in the clinical examination no questions were asked.

Dr. Leet, the representative of the Apothecaries' Hall, said that although he was not of the same opinion as the visitors, he was sure that alterations would be made in the examinations if it were the general desire of the Council.

Dr. A. Wood said that from the report it would appear that if the candidates who were rejected had been questioned they would have been successful. Sir Dominic Corrigan knew why the examination was imperfect, but did not know whether it could be remedied. When there was a vacancy in the Court of Examiners an advertisement like the following was inserted in the newspapers:—

FOR SALE, ONE SHARE in the Apothecaries' Hall of Ireland. Offers will be received to the 31st March. This Corporation has been paying a dividend of £20 per Share per annum. Apply to CORNELIUS CARLTON, Eden Quay, Dublin.

The candidates for the vacant post of examiner would, then, go to Eden Quay—a place noted for ship chandlery, tar-dealers, auctioneers, &c.—and bid for the share, because to be an examiner it was necessary to be a shareholder. It was not to be wondered at that the examiners put no questions, for not one was a teacher or hospital surgeon or physician, and he therefore doubted the ability of the Hall to improve its examination.

Sir Wm. Gull said this was an illustration of the importance of the Council formally expressing their views upon the manner in which the examinations were conducted. The whole clinical examination was a mere sham. Supposing Dr. Leet should be drowned whilst crossing the Channel, the opinion of the Council would never be conveyed to the proper quarter. He should move that "Attention is specially desired to the defects in the anatomical and physiological parts of the examination, and also to important deficiencies in the clinical examination."

Dr. Rolleston seconded Sir Wm. Gull's motion, and said that the whole labour was useless if they simply talked without acting.

The motion was negatived.

It was agreed that a copy of the Report of the Visitors should be forwarded to the Governor and Company for consideration and remarks.

The Council then resumed.

It was moved by Dr. Humphry, seconded by Mr. Macnamara, and agreed to:

"That the visitations of examinations be continued so as to effect the visitation of the examinations, in part or in whole, of some of the licensing bodies in each year, and that it be referred to the Executive Committee to consider in what manner this may best be done, and to report to the next meeting of Council."

Dr. Humphry said that in the visitations alone the Council had done a great work. They had therefore a sufficient reply to the sneering remarks sometimes heard, that the Council had done nothing. The examinations of nineteen licensing bodies had been reported upon, and both the public and the profession would know that steps were taken to ensure the entrance of qualified men only into the profession. A large number of bodies had modified their examinations. It had been an expensive work, but it was a satisfactory one, and he had the greatest pleasure in adding that the work had met with the heartiest and fullest co-operation from the licensing bodies, who had in every way aided the visitors.

It was moved by Dr. Sharpey, seconded by Dr. Rolleston, and agreed to:

"That the following be referred to the Executive Committee for their consideration and report:

"That, in the case of examinations not visited in any

given year, the respective licensing bodies be requested to furnish the Council with returns to the following effect :

- "(1) The names of the examiners.
- "(2) Copies of the written or printed questions ; the time allowed for answering them ; and the judgment passed on the answers.
- "(3) The time devoted to the oral and practical examinations ; the plan followed in conducting them ; the nature of the specimens, preparations, and other appliances made use of, and the practical exercises the candidates were called on to perform.
- "(4) An account of any changes introduced since the date of the last information received by the Council."

It was moved by Mr. Macnamara, seconded by Dr. Pyle, and agreed to :

"That the following motion be referred to the Executive Committee for their consideration and report :

"That it be a direction to the Executive Committee, in their future selection of visitors of examinations, so far as practicable to arrange it so, that visitors shall not be called upon to report upon examinations held in that division of the kingdom in which the visitors themselves may be resident."

The following letter and general order of the Local Government Board were read and entered on the Minutes :

LOCAL GOVERNMENT BOARD,

WHITEHALL, S.W.,

11th June, 1875.

I am directed by the Local Government Board to forward to you the accompanying copy of a general order which they have issued, amending the provisions contained in the orders in force in unions and separate parishes, with respect to the qualification of the medical practitioner by whom a certificate is required to be given to entitle a district medical officer to a fee for amputation, performed in the case of any pauper.

The regulation hitherto in force required that the certificate in any such case should be that of some Member of the Royal College of Surgeons of London, or of some Fellow or Licentiate of the Royal College of Physicians of London. Having regard, however, to the Medical Act, 1858, which was passed long subsequent to the general orders containing the regulation referred to, the Board are of opinion that the restriction imposed should be removed, and that the qualification should be extended in accordance with the principle of that Act. Hence the order now issued substitutes for the proviso on the subject in the previous general and other order one which makes the qualification the same as that prescribed with reference to the appointment of medical officers by the orders in force in that behalf.

The copies of the order intended for the district medical officers will be sent to the clerk to the guardians, in each case, for distribution amongst those officers.

I am, Sir, your obedient servant,

(Signed) H. FLEMING, Secretary.

To the Clerk to the Guardians.

To the Guardians of the Poor of the several Unions and separate Parishes in England and Wales ;—

To the District Medical Officers of the said Unions and separate Parishes respectively ;—

And to all others whom it may concern.

Whereas by certain articles contained in certain general and other orders addressed by the Poor-law Commissioners, the Poor-law Board, and the Local Government Board respectively, to the Guardians of the Poor of the several Unions and separate Parishes in England and Wales, provisions are made for payment to district medical officers of special remuneration for certain operations, including amputation, subject to the following proviso :—

"Provided that, except in cases of sudden accident immediately threatening life, no medical officer shall be entitled to receive such remuneration for any amputation unless he shall have obtained, at his own cost, the advice of some Member of the Royal College of Surgeons of London, or some Fellow or Licentiate of the Royal College of Physicians of London, before performing such amputation, and unless he shall also produce to the guardians a certificate from such Member of the Royal College of Surgeons, or such

Fellow or Licentiate, stating that, in his opinion, it was right and proper that such amputation should be then performed ;"

And whereas in certain unions and separate parishes the operation of the articles of the said several orders comprising the provisions for the special remuneration of district medical officers as aforesaid, has been wholly or in part suspended until further order in that behalf ;

And whereas it is expedient that the proviso above recited should be rescinded, and another proviso substituted in its stead :

Now therefore, we, the Local Government Board, in pursuance of the powers given by the Statutes in that behalf, hereby order as follows :—

Article I.—The above recited proviso in the said several orders shall, from and after the date at which this order shall come into operation, be rescinded.

Article II.—From and after the same date the following proviso shall be substituted in place of the proviso so rescinded :—

Provided that, except in cases of sudden accident immediately threatening life, no medical officer shall be entitled to receive such remuneration for any amputation unless, before performing it, he shall have obtained, at his own cost, the advice of some person who shall be registered under the Medical Act of 1858, and shall be qualified by law to practise both medicine and surgery in England Wales, such qualification being established by the production to the Board of Guardians of a diploma, certificate of a degree, licence, or other instrument, granted or issued by competent legal authority in Great Britain or Ireland, testifying to the medical or surgical, or medical and surgical, qualification or qualifications of such person, and unless he shall produce to the guardians a certificate from such person as aforesaid, stating that, in his opinion, it was right and proper that such amputation should be then performed.

Article III.—In any union or separate parish where the operation of the articles of the said several orders comprising the provisions for the special remuneration of district medical officers has been suspended with respect to amputations, the operations of the proviso substituted by this order shall also be suspended to the same extent until further order is made in that behalf.

Article IV.—In this order—

The term "separate Parish" means a Parish or place which is under a separate Board of Guardians ;

The word "Union" includes any Union of Parishes incorporated or united for the relief or maintenance of the poor under any Act of Parliament.

The word "Guardians" includes any Governors, Directors, Managers, Acting Guardians, Vestrymen, or other Officers appointed or entitled to act in the distribution or ordering of relief to the poor from the poor rates under any Act of Parliament.

Given under the Seal of Office of the Local Government Board, this tenth day of June, in the year one thousand eight hundred and seventy-five.

(Signed) J. SOLATER-BOOOTH,
President.

(LARE SAVELL READ,
Secretary.

TUESDAY, JUNE 22.

Present—Dr. Acland, President, in the chair ; Dr. Bennett, Mr. Quain, Mr. Bradford, Dr. Rolleston, Dr. Humphry, Dr. Pyle, Dr. Storrar, Dr. Haldane, Dr. Andrew Wood, Dr. Fleming, Mr. Turner, Dr. Thomson, Dr. A. Smith, Mr. Macnamara, Dr. Leet, Dr. Apjohn, Sir D. Corrigan, Bart., Dr. Sharpey, Dr. Parkes, Dr. Quain, Sir Wm. Gull, Bart., Dr. Begbie, Dr. Stokes, Dr. Francis Hawkins, Registrar.

The Returns from the Medical Department of the Army were entered on the Minutes.

It was moved by Dr. Rolleston, and seconded by Dr. Thomson and agreed to, as an amendment upon a motion by Mr. Macnamara, that at all anatomical examinations, candidates should dissect, and at all examinations in surgery should perform operations :

"That it is desirable candidates in examinations in anatomy should understand that they may be called upon to perform actual dissections, and that candidates in ex-

aminations in surgery should understand that they may be called upon to perform one or more operations on the dead subject."

Moved by Sir William Gull, seconded by Dr. Storrar, and agreed to:

"That a letter be addressed by the Registrar to the several examining bodies, to inquire if they have any observations to offer to the Council on their recommendations respecting professional examinations, and to inquire how far they have been able to carry into practice such recommendations."

A discussion here arose as to the Council communicating with schools.

The recommendations referred to are as follows:—

"17. That the Council recommend that, in the case of certificates presented before admission to the examinations of the several licensing bodies, each should include a statement from the teacher or teachers, that the candidate had satisfactorily attended examinations, from time to time, held on the subject of study to which the certificate relates. (Minutes of General Council, July 15, 1874, p. 51.)"

"18. That it is desirable that, in the examinations on several of the subjects of the curriculum—such, for example, as botany, zoology, chemistry, and materia medica—the area of examination should be limited and defined. (Minutes of General Council, July 15, 1874, p. 51.)"

"21. That it is desirable that observation with the microscope should form part of the examinations of candidates for a licence. (Minutes of General Council, July 16, 1874, p. 60.)"

A Statement, together with copies of documents and correspondence, between Mr. R. Vandeleur Kelly and the Council of the Royal College of Surgeons in Ireland, were read.

Mr. Kelly complained that the President of the College had permitted Dr. G. Stokes, a rival candidate for an appointment, to copy a record of the College to use to Mr. Kelly's disadvantage.

It was moved by Sir William Gull, seconded by Dr. Quain, and agreed to:

"That the receipt of Mr. R. Vandeleur Kelly's papers be acknowledged, and that he be informed that the Council do not consider his case to be one for their consideration."

STATE MEDICINE.

The following letter was read and entered on the Minutes from the representative in the Medical Council of the University of Oxford, respecting examination in State Medicine, referred by the Executive Committee to the General Council:

ANATOMICAL DEPARTMENT, MUSEUM, OXFORD,

February 9th, 1875.

SIR,—I have been requested, as the representative of the University in the Medical Council, to lay the following resolutions before the Medical Council.

Extract from Report of Committee on Medical Education of the Hebdomadal Council of the University of Oxford.

"That it is expedient to provide or to assist in providing an examination in the subject called State Medicine, or Sanitary Science.

"That it is thought best that such a qualification should not be granted severally by different licensing bodies, but like the qualification for general practice, should depend on an examination authorised by all, or as many as possible, of the licensing bodies acting conjointly.

Resolution of the Hebdomadal Council thereupon.

"That the medical representatives of the University be authorised to inform the Medical Committee of Reference, and the Medical Council, that the Council has adopted the recommendations of the Committee, and is prepared to recommend corresponding action to the University when the proper time arrives."

I am, Sir, yours faithfully,

GEORGE ROLLESTON,
Representative of the University of Oxford in the Medical Council.

To the President of the Medical Council.

MISS GREENSTREET.

It was moved by Dr. A. Smith, seconded by Dr. Thomson, and agreed to:

"That the Medical Council, acting under legal advice, decline to register Miss Greenstreet."

The following report of the Finance Committee was read and adopted:—

REPORT.

The Finance Committee report that the income of the Council during the year 1874 has been £6,004 6s. 2½., a sum which exceeded the income of the year 1873 by £666 5s. 7d. The expenditure of the Council during the same period has been £6,882 16s. 9d., a sum which exceeded the expenditure of 1873 by £1,757 13s. 8d.

It will be seen from the annexed Table (A) that the expenditure of the year 1874 has exceeded the income of the year by the sum of £878 10s. 7d.

The Table (B) shows the expenditure of the General Council during the years 1873 and 1874 under each head of expenditure, and also the increase and decrease under each item during the year 1874 as compared with 1873. It will be seen that the increase of expenditure during the year in certain items is £1,336 18s. 2½. Of this sum £688 18s. 6d. has been spent in reprinting the Pharmacopœia and Additions, an outlay which is in course of reimbursement. A second large item of expenditure is for house expenses incident to coming into possession of the new premises.

On the other hand the table shows a decrease in certain items of expenditure to the amount of £262 7s., leaving a nett increase of expenditure by the General Council during the year 1874 as compared with 1873 of £1,073 14s. 2½.

In former reports approximate estimates of the income and expenditure for the year ensuing were given. Little advantage has resulted from this practice, and as much uncertainty must for the present exist as to the expenditure in connection with the new offices and premises, it has been thought undesirable to present an estimate for the next year.

The Committee report that, in accordance with the resolution of the Executive Committee (January 21st, 1875), the accounts of the General Council were submitted for audit to Messrs. Quilter and Ball, professional auditors, and were found correct.

RICHARD QUAIN, M.D.,
Chairman.

June 21, 1875.

TABLE A.

Showing the Income and Expenditure of the General and Branch Councils during the years 1873-74.

	Income for the Year 1873.		Income for the Year 1874.		Expenditure for the Year 1873.		Expenditure for the Year 1874.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Fees received by—								
Branch Council for England	2,413	0 0	2,733	15 0	742	3 9	1,186	5 6*
" " " Scotland	863	5 0	810	10 0	63	18 9	291	7 1
" " " Ireland	772	15 0	851	16 0	74	11 9	383	15 6
Dividends received by—								
Branch Council for England	709	11 3	709	11 3	13	2 6	—	—
" " " Scotland	813	10 0	813	10 0	—	—	—	—
" " " Ireland	71	5 6	71	5 6	—	—	—	—
Sale of Registers	12	12 6	12	12 6	—	—	—	—
Sale of Pharmacopœias	2	3 17 6	2	3 17 6	—	—	—	—
Fines	—	—	—	—	—	—	—	—
Total	4,249	0 0	4,532	0 0	885	14 3	1,863	8 1
Total Expenditure	5,175	8 7	6,004	6 2	596	11 11	6,882	16 9
Total Income	5,338	0 7	6,004	6 2	6,004	6 2	6,004	6 2
Balance in favour of	—	—	—	—	—	—	—	—
Income	—	—	—	—	—	—	—	—
Deficiency	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—
Income	—	—	—	—	—	—	—	—
Deficiency	—	—	—	—	—	—	—	—

* Including £173 4s., being two-thirds of House Expenses.

TABLE B.

Comparative Statement of the Expenditure of the General Medical Council for the Years 1873 and 1874 respectively.

EXPENDITURE.	1873.		1874.		Increase on 1873.		Decrease on 1873.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Fees to Council	1,497	6 0	1,518	15 0	21	9 0	..	..
" Executive	277	4 0	310	16 0	33	12 0	..	..
" Office of Examinations.	598	10 0	466	15 0	..	..	141	15 0
PRINTING—Pharmacopœia and Additions	119	18 8	698	18 6	578	19 6	..	..
Medical Register	17	10 0	174	13 1	157	3 1	..	..
Half-Yearly Register of new names.	17	10 0	17	10 0	..	..	..	..
Register of Students.	20	8 0	82	7 6	62	0 0	10	1 6
Reports, Programmes &c., Gen. Meeting.	297	12 0	287	11 0	..	..	..	..
Executive Committee Minutes.	39	8 6	22	8 6	..	..	17	0 0
Vol. X., First Part of "Completion.	55	0 0	40	8 6	..	..	14	11 6
Visitations of Examinations	40	0 0	206	4 6	166	4 6	..	..
General Printing	48	1 6	26	10 0	..	..	42	2 0
SALARIES	550	0 0	450	0 0	..	..	..	..
HOUSE EXPENSES	..	..	289	2 0	289	2 0	..	..
LAW EXPENSES	61	17 4	30	0 2	31	17 2	..	..
ADVERTISEMENTS	11	14 0	30	12 0	19	0 0	..	..
STATIONERY, POSTAGE, and other expenses	282	4 5	245	7 11	..	..	36	16 6
TOTAL	£3,045	14 6	£5,019	8 8	£1,973	1 2	£282	7 0

WEDNESDAY, JUNE 23.

THE business of the Council commenced with the adjourned consideration of the Reports of Visitors of Examination in

THE UNIVERSITY OF DUBLIN.

Dr. Apjohn, as the representative of the University of Dublin on the Council, desired to make a few remarks on the Report. It was extremely gratifying to him to find that the visitors were thoroughly satisfied with the mode of conducting the examination, and of recording the answering by numerical marks, so that the examiners were able to judge correctly of the absolute and relative merits of the candidates. With reference to the remarks on the number of questions given to each candidate, and the time for answering them, he conceived that a candidate who answers satisfactorily 8 questions out of 10, or 80 per cent., ought to be considered eminently well prepared. As to the presumed inadequacy of the time allowed for dealing with the ten questions, his opinion was that the student who could not answer one of a common run of questions on chemistry in six minutes would not be more successful in an hour. Dr. Apjohn then drew the attention of the Council to what he considered an erroneous statement in this Report—viz., that the resolution of the Board of Trinity College alluded to at the bottom of Clause 14 was "founded on the recommendation of the Professors." He had no recollection whatever of their having done anything of the kind, and the Regius Professor and the Professor of Materia Medica, whom he had consulted on the subject, were in the same predicament. He had no doubt, however, that upon inquiry it would admit of satisfactory explanation. There was but one other subject to which he wished to refer—namely, where fault is found with the paper questions on anatomy, which were considered by the visitors "as of a rather easy and elementary character." Against this objection he would place the fact that in the Medical School of Trinity College there is not only a written, but

an oral examination in anatomy, of which the visitor speak in the following terms: "It is impossible to over-estimate the care and patience exhibited by the examiners in the performance of their duty, which was in all respects executed in the most satisfactory manner."

Dr. Stokes expressed the gratification which he and Dr. Apjohn shared on reading the reports of the visitors upon the examinations held in the University of Dublin for the degree of Bachelor of Medicine. He desired, however, to remark that the visitors were not quite correct in stating that the examination for the degree of Bachelor of Medicine may be regarded as the final one. The exercises for the M.D. are performed three years after the taking of the M.B. With reference to the visitors' suggestion of having coadjutors, as in the previous examination, who were unconnected with the teaching in the School of Medicine, he remarked that so far as the practice of medicine goes, as well as the theory, the Regius Professor is not a teacher in the school, and he is associated with the Professor of the Practice of Medicine in the School of Physic. It is quite true that at the clinical examination the candidates are examined in class; yet the author of each essay has in the first instance to bear the brunt of the examination, which, like that of the remaining candidates, embraces a large number of points of investigation as to related disease. As to the opinion that the time devoted to the *visd voce* examination was too short, he thought that the judgment as regards the *mens medica* of a candidate is better arrived at by the clearness of a written history and description of any case for the first time brought before him than by the answering of even a very large number of questions. By such a course a stronger light can be thrown on his medical powers than by his having to answer even an extended series of questions on subjects which may not be ancillary to the disease under consideration. Dr. Stokes could not agree with the suggestion that the professorial or teaching duty should be completely separated from that of examination for licence, and that the duty of professors should be confined to teaching alone, as by the present system of tutorial examination the very best results are attained. Such an exclusive policy would imply a want of confidence in the morality of the examiners, whereas in an important matter of this kind there must be mutual confidence. He deemed it, however, a totally different question that teachers be called in to assist in the examinations, whether they be members of the corporation or not, or of the special faculty in the corporation. By such a course a great advantage accrues to science, to the student, and to the teaching bodies themselves.

Dr. Storrar suggested that the University might still improve its already high standard of examination by grouping the subjects upon which the student was to be examined, instead of allowing him to come up on five distinct occasions the interim, in his opinion, being often employed by grinders to cram their candidates, and so generating superficial knowledge.

Dr. Haldane, as one of the visitors, was highly pleased with the examinations in general at the University of Dublin; both the oral and clinical examinations were most thorough and practical: he would, however, suggest that a little more time be given to the oral examination.

Dr. Aquilla Smith differed from the previous speaker on the question of time; his experience as an examiner showed him that if a student could answer in an hour all the questions given him in an oral examination it ought to be sufficient for the purpose.

Sir Dominic Corrigan, Sir Wm. Gull, Mr. Macnamara, Mr. Turner, and Dr. Bennett also spoke upon certain points in connection with examinations and examiners, and the report was referred to the University for consideration and remarks.

The Report on the

UNIVERSITY OF DURHAM

was last on the list. In the discussion on this Report it was stated that a certain candidate who had passed the examina-

tion in arts presented himself for the M.D. degree, when it was found that he was deficient even in the most elementary rules of spelling; notwithstanding this he received his M.D. degree by a "narrow majority" of the Council of the University, and was thus let loose upon the profession and the public an uneducated and professionally an unqualified man, because of the opposing interests of the two examining boards. Dr. Andrew Wood spoke very severely upon this case, and Dr. Pyle, as representative of the University, regretted exceedingly that he could offer no excuse for such a proceeding; he, however, firmly believed it would never occur again. The report was then formally referred to the University for consideration and remarks, and the Council adjourned for an hour, during which three committees were sitting.

Upon resuming in General Council at 5 p.m., Dr. Thomson proposed to rescind a resolution, which was virtually one of censure, on the College of Physicians of London for its deficiencies in the Clinical Examination for the Licentiates, and in the Department of Medical Jurisprudence.

This led to a warm discussion. Dr. Thomson, in proposing to rescind the before-mentioned resolution, said he was only acting in a spirit of fairness to the College thus censured, because it was not just to single out this particular body when there were several others whose examinations had been shown to be equally open to criticism.

Some members suggested that all the corporations whose examinations had been proved to be inefficient should be included in one general resolution.

Sir Wm. Gull, as mover of the original resolution which Dr. Thomson now sought to remove, considered that the Council had got into a very vicious way of acting; last week they had passed this resolution, and now they were striving to stultify themselves by rescinding it. This blundering had already been noticed in one of the medical journals (*THE MEDICAL PRESS AND CIRCULAR*). He was heartily tired of the ever-recurring cry, "Wait till next year and all will be made right." He would like a statistical account of the principal words used in the Council during 1875; he was quite sure this wretched word "wait" would far outnumber all others.

Mr. Quain objected to the language Sir Wm. Gull was continually using in that Council, language totally different to that used by every other member.

Sir Dominic Corrigan was strongly opposed to Dr. Thomson's motion. One day they passed a vote of censure upon a particular college and the next day they were asked to withdraw it. Was this consistent? He perfectly agreed with Sir Wm. Gull. There were two ways of dealing with a matter of this kind, levelling up and levelling down. Dr. Thomson's proposal was to mete out justice to the College of Physicians; but because they had done one wrong in selecting this particular college, were they to commit another blunder in order to make things even? He would rather suggest that all colleges meriting censure be introduced into one general resolution not the withdrawal of the one.

Upon the vote being taken, Dr. Thomson's resolution was lost by a majority of two.

Letters were then read from Miss Jex Blake and Mr. Arthur T. Norton, upon the subject of the admission of women to the pass examinations; and from Dr. Shuttleworth, Superintendent of the Royal Albert Lunatic Asylum, Lancaster, on the registration of foreign degrees.

The hour of six having arrived, these letters were ordered to be placed on the programme for consideration on the morrow, when the whole question of the admissibility of women and the registration of foreign degrees would be gone into.

THURSDAY, JUNE 24.

The whole of Thursday was occupied in discussing the report of the committee appointed to consider the letter

written by the direction of the Lord President of the Privy Council by Mr. Simon to the President of the General Medical Council

The debate was adjourned.

FRIDAY, JUNE 25.

THE MEDICAL EDUCATION OF WOMEN

The following letters on the Medical Education of Women were read and considered by the Council:

32 BERNARD STREET, LONDON, W.C.

June 17th, 1875.

GENTLEMEN,—In the year 1869, we, the undersigned, were registered as students of medicine by the Registrar of the Branch Council of Scotland in the Government Register kept by order of the General Medical Council, and we inscribed ourselves as students of the medical faculty of the University of Edinburgh for that and the three following years.

In that University, and in the Extra-Mural School of Medicine of Edinburgh, we attended during five years all the classes comprised in the full medical curriculum, taking some of them also a second time. We also complied with the usual requirements respecting hospital attendance, and dispensary practice, including practical midwifery, pharmacy, and vaccination, and received clinical instruction in both medicine and surgery from recognised teachers of these subjects.

Having thus completed the full course of study usually required from medical practitioners, we are ready to submit to the ordinary examinations, with a view to placing our names on the Register as ordained by the Medical Act of 1858.

As, however, it appears that the examining boards are unwilling to admit women to their ordinary examinations, although we are not aware that the Act of 1858 gives them any authority to draw such distinction, we beg to apply to you, as the highest medical court in this country, for instructions respecting the course which it is now incumbent upon us to pursue with a view to comply with the existing laws regulating medical practice.

We have the honour to be, Gentlemen,

Your obedient servants,

(Signed) SOPHIA JEX-BLAKE.
ISABEL THORNE.
MARY EDITH PECHY.

6 WIMPOLE STREET,

18th June, 1875.

SIR,—As the General Medical Council will probably this day take into consideration the matter referred to the Council by the Lord President of the Privy Council concerning the registration of women as qualified practitioners of medicine, I beg to submit to your notice the following facts:—

1. That there is at the present time a school of medicine for women in London.
2. That the lectures and demonstrations given at this school are precisely the same as at other medical schools.
3. That the lecturers and teachers are for the most part teaching the same subjects at other medical schools as shown by the enclosed prospectus.
4. That since October last twenty-three women students have attended lectures at this school.
5. That application has been made to the several examining bodies in Great Britain and Ireland to register the names of students attending this medical school with a view to admit them to examination at the termination of the required curriculum. And that the replies have been to the effect that the examining bodies do not con-

sider themselves empowered to admit women to examination.

I am, Sir,

Your obedient servant,

(Signed) ARTHUR T. NORTON,
Dean of the School.

Dr. ACLAND, F.R.S.,
Chairman of the General Medical Council.

The following letter from Dr. Shuttleworth was read :
ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES
OF THE NORTHERN COUNTIES,
LANCASTER, 21st June, 1875.

SIR,—Having, on behalf of myself and several other registered practitioners, who are graduates in medicine of foreign universities, been in communication with Mr. Cowper-Temple on the subject of the Bill, which, I find, is now referred to the consideration of the Medical Council, I beg leave to bring to your notice, as President of the Council, the following facts and suggestions :—

1. That there is a considerable number of registered British practitioners, some occupying important public positions, who, for various reasons, have, since 1858, obtained degrees in medicine at foreign universities of repute.

2. That such degrees, though possessing no *legal* value, have been generally recognised, not only by the courtesy of the profession, but by many of the examining boards in this country as possessing *examinational* value.

3. That, were it lawful for the Council to register, as *additional qualification*, well-attested foreign degrees in the case of persons previously admitted to registration as qualified by British diplomas to practise medicine, no objection could be urged on the ground of public policy. The registration, under such conditions, of *bonâ fide* foreign degrees would, moreover, clear the way for the stringent suppression by law of the use, by unqualified persons, of medical titles, based upon worthless (so-called) degrees.

The concession suggested in the last paragraph, though not reaching the extent contemplated in Mr. Cowper-Temple's Bill, would probably be received with satisfaction by the promoters of that Bill, as recognising the medical qualifications already held by women, contingently upon their being hereafter admitted to examinations under the control of the Council. At the same time, it would satisfy the just aspirations of those who, like myself, possess a foreign degree, the examinational value of which is confessedly superior to that of the "minimum" British qualifying diplomas, but who, in the present state of the law, can require only the lower and not the higher class of qualification.

I have the honour to be, Sir, your obedient servant,

(Signed) G. E. SHUTTLEWORTH,
B.A. Lond.; M.D. Heidelberg;
M.R.C.S. Eng.; L.S.A. (Regd.);
Medl. Supt. Royal Albert Asylum.

H. W. ACLAND, Esq., M.D., F.R.S.,
Pres. Med. Council.

Resulting from the consideration of this letter, the following important resolution was moved by Dr. Sharpey, seconded by Dr. Rolleston, and agreed to :

"That it is desirable that the Council should take into consideration, at a future meeting, whether, with a view of furthering the desire of extended accomplishment in medicine and science among the members of the medical profession, it may be advantageous to make it lawful for the Council to insert in the "Medical Register," after the name of a person registered on qualifications in medicine and surgery obtained in the United Kingdom, the appropriate title indicative of a medical degree obtained, after study and examination, in a foreign or colonial university approved for this purpose by

Her Majesty's Privy Council on the recommendation of the Medical Council."

The following report of the Committee on Mr. Rickard's letter, referred to in our last (see page 530), was read :—

REPORT.

The Committee appointed to consider the proposed Repeals of parts of the Medical Acts, submitted for the consideration of the Medical Council by E. K. Rickards, Esq., the speaker's counsel, after consulting the solicitor to the Council, is of opinion that the repeals proposed are merely formal, and do not alter the principle or effect of the several Acts.

The only doubt the Committee has had is whether the whole of Section 46 of the Medical Act, 1858, should be repealed, or only that portion of it which relates to students who had commenced their studies before the passing of the Act. On the whole, however, the Committee is of opinion that no part of the section is now required, and that the whole may be repealed.

21st June, 1875.

JOHN STORRAR, Chairman.

It was agreed :

"That the Report of the Committee on Mr. Rickard's letter be adopted, with the exception of the proposed repeal of Section 46."

THE EXECUTIVE COMMITTEE FOR 1875-6.

After a ballot the following members were found to be elected :—Drs. Bennett, Humphry, Andrew Wood, A. Smith, Sharpey, and Quain.

THE CONJOINT SCHEME AND STATE MEDICINE.

The following motion was proposed by Dr. Parkes, seconded by Mr. Quain :

"That in reference to the communication from the University of Oxford, relative to qualifications in State medicine, the Council considers that in the interests both of the public and of the advancement of medical science, the principle embodied in the Conjoint Examination Scheme for licences to practise medicine and surgery should be extended to any licences or certificates in State medicine or public health."

This resolution, which was ultimately carried, occasioned considerable discussion, in which Mr. Turner, Dr. Storrar, Prof. Rolleston, Dr. Humphry, Dr. Wood, Sir Wm. Gull, Sir Dominic Corrigan, Dr. Parkes, and Dr. Smith took part :

The Council then resolved itself into a committee of the whole Council, for the adjourned consideration of the Report of the Committee on Mr. Simon's letter, which appeared in our last. (See page 530.)

The following paragraph of the Committee's Report was agreed to :

"In reply to the communication addressed to them by the Lord President of the Privy Council, the Medical Council have to state that they have felt bound to consider the whole question of the admission of women to the medical profession."

The further consideration of the report was adjourned until the following day.

THE PHARMACOPEIA COMMITTEE.

The Committee reported that 2,097 copies of the reprint of the Pharmacopœia had been disposed of, that 10,000 copies of the Additions had been sold, and 5,000 more reprinted.

The Committee, after much consideration, came to the conclusion that it would not be desirable to issue a new edition for some time to come.

The Committee was reappointed.

VISITATIONS OF EXAMINATIONS.

The report of the committee on the above contained the following general considerations, which were received and entered on the minutes.

The committee remarked that it was a source of gratification to them to observe in how good a spirit the licensing bodies had received the suggestions of the visitors, how almost uniformly they had given their suggestions full attention, and in how many cases they had adopted them. The committee had also observed with pleasure not only the thoroughness with which the visitors had inspected the examinations, but the freedom of their reports from anything like captiousness or unnecessary criticisms.

GENERAL CONSIDERATIONS.—1. It appears that there are still examinations conferring licences to practise which are only partial, *i.e.*, which do not include all the ten subjects which the Medical Council had recommended shall be tested before a qualification is granted. The committee think that when all the visitations are completed, it may be desirable to consider how to deal with such cases if they then exist. 2. The old question of teachers examining their own pupils has been raised in some of the reports. But as the custom of appointing non-professional examiners, and of giving them a large share in the examination, is now generally adopted in all the cases where professors are also examiners of their students, the point seems to the committee of less importance than formerly.

An entirely different practice is followed by one licensing body, the Royal College of Surgeons of Ireland, in which either by charter or by-law, it has been arranged that no teacher can be an examiner; and thus the Dublin College, by going to the other extreme, deprives itself of the very best examining power.

Teachers, and especially those who use examination in the instruction of their classes, must be the best examiners; but while teachers have to examine their own pupils, non-professorial aids must be introduced. But surely it is a great mistake to convert this necessary adaptation into a principle, and to refuse to make the best examining talent available, as is done in this instance.

The committee think it would be well if independent corporations in arrangements for the composition of their respective examining boards had regard to some plan for securing an interchange of personnel.

By such a course the advantages undoubtedly secured by having practised teachers to act as examiners would be obtained without the drawbacks sometimes found to attach to the working of boards in which teachers examine their own pupils.

3.—The question whether actual dissection should always be required in the anatomical examination is raised in some of the reports, but this point is now settled by a late resolution of the Council, which has decided that candidates may be called on to dissect, and, therefore, they will necessarily always prepare for the contingency.

4.—Several of the visitors have objected to so many subjects being taken too closely together; in one case 6 and in another 5 great subjects are examined upon in writing in one day. The committee agree with the visitors that this is putting too much pressure on the candidates, and that better answers would be obtained if these examinations were extended over two days.

The point will probably recur next year, and can be then dealt with.

5.—The method of conducting the clinical medical examinations is extremely diverse. In some instances the candidate is taken to the bedside, is left there for a definite time, and then writes out the case, on which he is then questioned. In another instance the candidate examines the case for himself, but does not write it; the examiner then goes to the bedside, and hears his diagnosis and the reasons. In another examination the examiner and candidate go together to the bedside, and the latter then examines the case under the eye of the former for any time deemed necessary by the examiner. Some Licensing Bodies do not take the candidates to the bedside at all, but bring the patients to the room where the candidates are.

In some cases the visitors have made remarks and recommendations to which the Licensing Bodies do not give

their assent, and the committee believe that in the present state of things it will be well for the Council to make no suggestion on this point, but it would be desirable that the Council should request the Licensing Bodies to direct their attention to these diversities of practice, in order that each body may review its own practice, and improve it if it sees cause.

The committee, however, entertain no doubt on one point—*viz.*, that the candidates should be taken to an hospital to be examined, and that the medical patients should not simply be brought to the Examining Hall.

6.—The methods of conducting the surgical clinical examination are also different, but the committee recommend that this matter should be discussed at the next Council Session, when the reports of all the Bodies will have been made and commented on.

7.—The committee has had under consideration the custom of allowing a candidate to pass only one portion of an examination, and of permitting him to be examined on a future occasion, only in a subject he has failed in before. This custom takes several forms; in one case a candidate who passes in surgery but fails in medicine, is allowed to present himself in medicine only at a future occasion; or a candidate who passes in *materia medica* but fails in chemistry, is subsequently only examined in chemistry; but in some cases this plan is carried farther, and a candidate who fails in the written and oral parts of the examination in medicine, but passes in the clinical examination, is not required to undergo the clinical examination a second time.

These several plans of residues or remanets appear to the committee to require some consideration from the Council, but, probably, as in two or three other cases, this matter had better be discussed next year, when all the reports of visitations are before the Council.

8.—A question has been raised in the committee with regard to candidates who have been rejected by one licensing body presenting themselves (without additional study) before another Examining Board. This question has often been before the Council, but without any satisfactory plan being suggested, by which a licensing body could know that they had a candidate before them who had shortly before been rejected by another board. A member of the committee has proposed that in all cases every candidate's schedule should be stamped by the licensing body admitting him to examination, and that the date should be inserted. A rejected candidate would receive back his papers, but these would inform any other Examining Board that he had been rejected at a certain date. In this way, without any record of rejection, and without any invidious distinction between candidates, the fact of previous rejection would be known.

9.—Another question has been raised in committee which does not fall within its power to consider, but which it thinks of importance enough to be reported to the Council. It has been asked whether the Council should not directly or by means of the Licensing Bodies inspect the schools of medicine, and see whether the appliances for teaching are sufficient. The committee conceive they have discharged their duty in passing over this question to the Council for consideration if it deems fit.

SATURDAY, JUNE 28.

The proceedings of this, the last day of the session, commenced with the adjourned debate on

THE ADMISSION OF WOMEN TO THE PROFESSION.

This debate, which in its nature and results is of such vital importance to the profession, has been specially reported for our columns, and will appear transcribed from short-hand notes in our next.

The following is the amended motion by Dr. Parkes, seconded by Dr. Pye, upon which the vote was eventually taken:

"The Medical Council are of opinion that the study and practice of medicine and surgery, instead of affording a field of exertion well fitted for women, do, on the contrary, present special difficulties which cannot be safely disregarded; but the Council are not prepared to say that women ought to be excluded from the profession."

For this there voted 14; against it, 7. Sir Dominic Corrigan was absent, and the President and Dr. Storrar did not vote. Dr. Andrew Wood demanded that the names should be taken down. They were as follows:

For the motion of Dr. Parkes, which in effect decided upon the admission of women to the profession, there voted—

Mr. Quain, Prof. Rolleston, Dr. Humphry, Dr. Pyle, Dr. Thomson, Dr. Smith, Mr. Macnamara, Dr. Leet, Dr. Apjohn, Dr. Sharpey, Dr. Parkes, Sir Wm. Gull, Dr. Beggie, Dr. Stokes.

Against the motion—

Dr. Bennett, Mr. Bradford, Dr. Haldane, Dr. Wood, Dr. Fleming, Mr. Turner, Dr. Quain.

Previously to putting the amendment from the chair as a substantive motion, Dr. Andrew Wood said he wished to propose an amendment thereto, as he desired to obtain a distinctive vote whether the Council were in favour of admitting women to the profession or not, for this was in reality the substance of Dr. Parkes's motion. Dr. Parkes and others who had voted for him might protest that it was not so, but the profession would see distinctly that the Council were not prepared to exclude, and therefore were willing to admit them. He wished it to go forth to the profession who had and who had not thus voted.

Dr. Quain, in seconding the amendment of Dr. Andrew Wood, entirely agreed with what had just fallen from the last speaker. When voting for the preamble of the committee, he was doing so under the impression that something even stronger against the admission of women would be brought forward in the Council than that contained in the recommendations of the committee. He was surprised that the Council should thus stultify themselves by favouring such a resolution as the one before them. He was entirely opposed to the admission of women, and had never been more impressed with their physical unfitness than from the speeches of Dr. Humphry and others on the Council who were now covertly voting against their arguments.

The amendment was then put, which was in effect, "That the Council do not recommend legislation with the view of removing the difficulties in the way of women entering the profession."

This amendment was lost, the members who voted for Dr. Parkes's motion voting against this.

The following recommendations of the committee on Mr. Simons' letter, somewhat altered in Council, were then agreed to: "With regard to Mr. Cowper-Temple's Bill considered by itself, and apart from its bearings on the general question whether women ought to be able to look to medical practice, or certain branches of it, as open to them equally with men, as a profession and means of livelihood," the Council have found no difficulty in forming an opinion. By the Medical Act, 1858, the Council are precluded from registering persons holding foreign degrees, and, consequently have been compelled repeatedly to refuse to register foreign degrees held by men.

The reason for this is obvious, viz., that the Council have no means of exercising that supervision and control over the education and examination required for foreign degrees, to which the licensing bodies of this country, whether universities or corporations are, by the Act of 1858, subjected. But this privilege, which the Medical Act refuses (and the Council believe very properly refuses) to men, Mr. Cowper-Temple's Bill proposes to grant to women. To such a proposal the Council feel bound to offer a respectful but decided protest, as being subversive of the main principle of the Medical Act.

If it should appear to the Government and the Legislature expedient that women who desire to obtain a legal status as medical practitioners in this country should not be debarred from obtaining that status, the Council are of opinion that it should be under such arrangements as the following:—

1. That in the interests of public order, the education and examinations of female students of medicine should be conducted entirely apart from those of male students.
2. That with reference to the "examination" "rules or other conditions" which prevent women from accomplishing their wish, the Medical Council have to state

that under the provisions of the Medical Act those persons only can be placed upon the Medical Register who have been admitted to medical degrees in the universities, or who have been admitted fellows, members, or licentiates of one of the medical corporations of the United Kingdom. Should the Universities and corporations be unable or unwilling to admit women to their degrees, or to admit them as licentiates or members of the respective corporations, the Council are of opinion that sufficient provision would be made to enable women to obtain a "legal status as medical practitioners in this country," if an Act of Parliament were passed which should enable the Medical Council to recognise such examination or examinations as the Medical Council may from time to time deem sufficient, for the purpose of granting admission of women to the Medical Register under the title of "Licensed Practitioners of Medicine." The education and examination for these licences should be under the supervision of the Medical Council in the same way as is required, for the other licences of this country. The Council are of opinion that any course of legislation which would interfere with the free action of the Universities and corporations mentioned in Schedule (A), in respect of the medical education, examination, and licensing of women, is undesirable.

3. That the examinations of female candidates for a licence entitling their names to be placed on the Register, should be equivalent to those of male candidates.

The Council have already had their attention drawn to the importance of securing more efficient instruction for women who engage in the practice of midwifery, and whose services are largely employed, especially by the poor of this country. The Council feel very strongly that it is desirable that some means should be adopted for securing a better education, and granting certificates of competency to women who act as midwives. For, whilst fully admitting that, for the safe and efficient practice of midwifery as a branch of medical science, a full and complete education both in medicine and surgery is necessary, the Council believe that a much more limited and less expensive education might be afforded to women, who, after due examination, might, as midwives, render valuable services to the community, and supply a deficiency long felt and expressed. For women thus educated and certificated, it might be desirable that a special register should be provided.

Sir Dominic Corrigan withdrew his motion for a "Table of Instructions to the Visitors of Examinations" on the understanding that it should be brought up next year, as there were no examinations to be visited before then.

THE CONJOINT SCHEME AND THE ENGLISH COLLEGE OF SURGEONS.

Dr. Bennett then moved:

"That the President be asked to inform the Council whether he is able to state in what position the Joint Scheme for England now is, and whether there was any foundation for the report that the Royal College of Surgeons of England had virtually seceded from the Conjoint Scheme."

In answer to Dr. Bennett's question, the President replied that—

"No full information can be officially given without communication with the Committee of Reference, of which Sir James Paget is chairman, and with the bodies who have sent representatives to that committee. The Scheme cannot be completed till Sir John Lubbock's Bill is law.

"As to the College of Surgeons having withdrawn from the Scheme, that is a report as to the truth of which I have no evidence, nor have I any reason for believing it.

"There seems to be no ground for supposing that the College of Surgeons, which has taken much pains with a Bill that has already passed the third reading in the House of Commons, will do other than act in the same spirit as that which induced them to obtain the Bill.

"The College of Surgeons had, I believe, always maintained, or implied their right to secure the nomination of a certain proportion of the examiners in surgery and in anatomy.

"If this right be now insisted on, the consent of the co-operating bodies and of the Medical Council to the arrangements proposed by the College of Surgeons is obviously necessary.

"These circumstances show that the negotiation is one

which, in its very nature, requires time, but they do not indicate that the Scheme will come to an end."

THE CONJOINT SCHEME AND THE IRISH COLLEGE OF SURGEONS.

A question of a similar nature relative to the Irish College was then moved by Dr. Apjohn, to which Mr. Macnamara gave the following answer :

"The Council of the Royal College of Surgeons of Ireland have not withdrawn from the Conjoint Scheme of Examination for Ireland. The Fellows, the year before last, by a large majority, decided that they could not approve of the Scheme then submitted for their consideration, but did not express themselves as being hostile to the principle of a Conjoint Examination. The Council, nevertheless, remained pledged to the Scheme approved of by this Council, but during the past year the question has fallen into abeyance. The present feeling in Ireland would seem to be that we should be very much influenced by the steps which may be taken in England and Scotland in this direction."

THE TEACHING OF PHARMACY AND THERAPEUTICS.

A letter signed by the lecturers on materia medica at the principal metropolitan schools with reference to the unsatisfactory nature of certain existing regulations under which the foregoing subjects have to be taught was then read, and a recommendation that the teaching of pharmacy should be an early, and therapeutics a late course in the curriculum, an opinion to this effect to be forwarded to the various licensing bodies.

A memorial of certain medical practitioners in the county of Durham was next read, and ordered to be entered on the minutes.

After some routine business and the usual votes of thanks (a gratuity for extra services to the clerks of the Council not being amongst the usual votes this year) the Council finally adjourned.

QUACKS AND QUACKERY IN THE UNITED STATES.

[FROM OUR AMERICAN CORRESPONDENT.]

FROM medical journals, both domestic and British, recently come to hand, I see American quackery has been receiving a little attention of late on both sides of the Atlantic, and particularly in California. But what comes of all this talking and writing? Nothing. Quackery is not decreasing. It is as rampant as ever, and should be highly amusing as well as ridiculous were it not fearfully vicious and even diabolical. No conception of the number of American quacks and their evil doings can be formed by those living in Ireland. To the one legitimate practitioner there are doubtless four or five quacks in every city and town in America. What I say of Chicago is also true of each and every city (it is the same everywhere); what I shall say of one quack will hold good for the entire brood of these blood-suckers, robbers, and murderers.

Last summer one of the migrating species, named McBride, paid a flying visit to the Phoenix City. He was nearly six feet high, sallow complexion, small dark eyes, heavy black moustache; his hair reached as low down behind as the ridges of his scapulae. Nor did he disdain the sweet delicious luxury of a tobacco-quad. He was about as thin and as straight as a fishing-rod. He dressed in shining-black cloth, with spotless white vest, and wore a profusion of jewellery. This "bird of passage" rented a large store in the greatest thoroughfare in the city, and got the walls painted flesh-colour. Next, in large and prominent letters, were painted the words, "Dr. J. J. McBride's World's Relief;" while in brightest colours was printed what this "World's Relief" could do: "Cures neuralgia in three minutes, toothache in one minute, cholera in seven minutes, bloody flux in five minutes, and liver complaint in a day," and so with every disease in the nosology. Inside his "office" was

piled from floor to ceiling with pamphlets and packages of his "World's Relief." Every day he drove about town a large wagonette drawn by four grey horses gaudily caparisoned, and each with a huge red and white plume sticking up from his head. In the wagonette was a brass band playing all the time; while from the rear of the vehicle a red flag four feet wide by six feet long, and bearing the words "Dr. J. J. McBride," floated. Having made his circuit of the city after the fashion of any circus company, he returned to his "office," where he quietly fleeced his numerous victims. And here I will remark that, having travelled a great deal of the world, I find the Yankees, with all their boasted "smartness" and cleverness, the most gullible of all the gullible people on the face of the earth. Nothing dazzles them and so completely throws them off their guard as great show, display, "cutting a dash," as they call it. A few months ago the dupe of one of these quacks was dying, and sent for a physician. It was then discovered that the man was being poisoned by kerosene-oil, which he was taking in half-pint doses, from one who styled himself the "Good Samaritan," and who advertised that the "blind see and the lame walk" (in the other world, I suppose) by the use of "his remedy"—kerosene.

To all this buffoonery there is a sadly dark and serious side, for independent of the number poisoned and otherwise killed, these quacks are the notorious and detestable abortionists so plentifully met with in the United States, and so much called for. Thousands, yes, millions of infants, are yearly murdered by criminal abortion by these men. This shows forth most glaringly the shocking and awful depravity of American women, and men too. You are probably already aware that the Americans tolerate only one or two children at most. As soon as a wife discovers she is pregnant she either goes to the abortionist or sends for him, and without any more ado commits the abortion. These wretches commit such crimes publicly, and with bold effrontery. They make not the least secret of it. Some of them have actually announced their guilt in published pamphlets, in which the number of abortions committed by the author is stated. The Government is perfectly acquainted with all this, yet they walk unhung. Among this large and motley crowd of "dark and evil ways" must be classed most of the "female doctors." These are terrible-looking creatures—veritable witches, if such beings exist at all on this earth—and who do a thriving trade in abortion.

Chicago, with a population of 400,000, has about 1,000 "doctors." (!) Only 372 of these are given in the local Medical Register as being "in good and regular standing," according to the Chicago Society of Physicians and Surgeons, a body of highly respectable and educated gentlemen, and under whose authority the said Register is published. This list of 372 includes those who have a very good professional training, as well as those who have only a very inferior education.

Chicago rejoices in the possession of two medical colleges. What authority they possess, and whence they derive it, to confer diplomas, I do not know; but I do know that only a very limited knowledge of medicine is acquired in these colleges, simply because their laws and rules are not enforced. As long as students see a "short-cut" from the beginning to the conclusion of their college studies, at the same time stifling conscience and ignoring any responsibility for loss caused by their ignorance, with no hope of redress in law by the injured parties, so long will students avail of this short way. This exactly is how the case stands in Chicago. The curriculum of these colleges is not enforced—students "are recommended" to follow it. Clinical study seems to be optional. Just a year ago I saw the name of one individual among those who took their M.D. whom I chanced to know as having spent only a single session at study. Very likely only a small percentage of the students follow the curriculum. In diagnosis, and particularly in differentiation, these men make terrible mistakes, as the following will

show: The writer has seen a case of lead-poisoning in which all the symptoms were well marked with the characteristic blue line on the margins of the gums, unusually distinct, treated as typhoid fever. In a case of secondary cancer of the round ligament three of these men gravely discussed the propriety of plunging a bistoury into the tumour, believing it to be an abscess. In a case of ascites, under observation for a year and a half, the patient was left to burst or die for want of tapping. The fluid was making a spontaneous outlet at the umbilicus when the writer first tapped him. This trivial operation is terribly dreaded here. Cases of simple tonsillitis and ordinary hoarseness are constantly called and treated as diphtheria and croup. Hence the supposed prevalence and successful treatment of these dread diseases in this city. In diseases of women "falling of the womb" is invariably the diagnosis and the shield behind which these men shelter themselves when perplexed.

Last summer a man died suddenly in the Illinois State Prison at Joliet. Some suspicion of foul play being entertained, an inquest was ordered. The resident physician (?) made, or attempted to make, a post-mortem examination, and found what he called a rupture of the heart. The heart was examined by a practitioner in Joliet, and then sent to Chicago, where four other medical men also examined the wound in the organ. Some of them said they examined it with the microscope, but how, I must leave you to imagine. Not one of the five could tell, or at least would not tell, whether the wound in the heart was a rupture or a clean cut. No blood was found in the pericardial sac—at least, nothing was said about it. On the coroner's inquest, however, the resident physician acknowledged he never studied medicine, that he had practised dentistry for several years, and got appointed to the prison through influence (another name for bribery); that the retiring physician remained long enough in the prison after his resignation "to post him (the in-going man) in the plan of treatment." The truth is, this *highly educated physician* (?) not knowing where the heart was, sent his scalpel through it when opening the thorax! In a case of abortion ending in the death of the woman, committed about six months ago in Chicago by one Erall, the uterus was exhibited and examined at the inquest. The vagina was perforated in one or two places, and the uterus in several, by instruments. Two "doctors" testified that they could not say whether the holes in the vagina and uterus were natural ones or artificial!! Here is something new for anatomists. Most of the "doctors" are "self-made," or were at least hospital servants or ambulance-helpers during the late war. In America no qualification is necessary to begin "practice." All that is necessary is to hang out a "shingle"—a sign-board with one's name on it.

The standing of the profession is not at all high. A large majority of its members have little or no honour and self-respect. When called in to a case, they will not inquire if there be a family physician, or any attendant, but forthwith prescribe, take their fee, and leave. In this way as many as four, and sometimes six, "doctors" prescribe for the same patient without seeing one another, and caring still less. This utter disregard for professional etiquette is taken advantage of by the public. Wishing for a consultation, but shrinking from the expense, they call in several physicians one after another, and get their opinions separately, and finally follow whichever opinion suits their fancy best. A prominent practitioner and professor, being publicly accused last year of gross carelessness, and even of malpractice, on the occasion of the death of the wife of a well-known journalist, instead of prosecuting the paper for libel, wrote a letter to a morning paper in which he tried to exculpate himself by saying the deceased was a whore. For such infamous conduct he was not censured by the profession. He still holds his chair in one of the medical colleges in Chicago. The practice of taking commissions (percentage) on prescriptions is indulged in by most of the prac-

tioners of this city. They send their prescriptions always, if possible, to the same drug-store. In order to compel the public to go to the druggist indicated, some physicians order medicines by means of preconcerted and private signs or marks. If the prescription be carried elsewhere the hieroglyphics are not understood, and you cannot get the medicine. And this percentage is not deducted from the druggist's profits, but charged, in addition to the proper cost of the medicine, upon the purchaser. To such unprincipled conduct was traced the death of a child one night about last Christmas. I know one "doctor," now "retired," who, knowing no Latin, and not daring to prescribe in English—for then his patients would know as much as himself—was always obliged to go in person to the drug-store and whisper to the clerk what to give.

Such are the ways medicine is abused, disgraced, and brought into contempt, and medical gentlemen despised—looked down upon. They are greatly to blame for it themselves. There are in Chicago at least 200 doctors—gentlemen strictly and justly entitled to be so called—highly honourable and educated, and eminent in their profession. They are sufficiently numerous and influential to make themselves heard and felt if they would but try. They seem to be quite apathetic, and make no effort to purge the profession of "scalawags" by causing to be passed and enforced such rigorous laws as may be needed for that end. At least they could make an effort in this direction.

There is one thing to which I wish to draw particular attention—namely, a great desire to be considered British graduates, and the frequency with which men advertise themselves as such. This is done with the hope of speedily gaining practice, for the vast superiority of British University education over American is well enough known to the public. Apothecaries have recourse to the same plan. Now the sooner this mean dodge is cried down and stopped, if possible, the better, for it must sooner or later bring disgrace on the exalted status of the medical profession in the United Kingdom. There is a man in Chicago generally believed to be a "Dublin doctor," but in reality holding a Philadelphia M.D., who has a certificate of attendance on the clinical instruction in the Meath Hospital, Dublin, and a certificate from the Dublin Lying-in Hospital, however obtained, publicly exposed in his office as British diplomas, in order to dupe the public into believing him a British graduate.

A few months ago a man in Dumfriesshire was fined for appending his name, as a physician, to a certificate of death. He produced a diploma from the "Livingstone University, in America"—wherever that may be, in Patagonia, perhaps?—and one from the "Edinburgh University of Chicago." *There is no such institution in Chicago.* "Degrees in America are as plentiful as mushrooms," as the *Lancet* well remarked, and are freely bought and sold whenever desired. The Dumfriesshire man illustrates this point also. Nay, more. The "University of Philadelphia" would not seem to be guiltless on this score, for it was caught last summer selling diplomas, and a prosecution ordered. But as I have seen nothing of it since, I presume hush-money was liberally called into requisition.

"PERSONAL—WANTED, THE ADDRESS OF SOME Doctors' Widows having their Diplomas" is a copy of an advertisement in my possession. This is one plan of obtaining a hold of qualifications.

Antagonism of Jaborandi and Atropia.

M. VULPIAN has laid before the Académie de Médecine the result of his researches upon animals, showing the antagonism between these two drugs, and their inverse effect upon the biliary and pancreatic secretions.

Jaborandi excites these secretions actively, but an injection of sulphate of atropia causes their arrest, and the pancreatic fluid and bile are no longer observed to pass from the canals previously placed in the ductus choledochus and pancreaticus. *Le Progrès Médical*, No. 12, 1875.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 30, 1875.

THE ADMISSION OF WOMEN TO THE MEDICAL PROFESSION.

THE absorbing interest centred in this important question which has occupied the attention of the Medical Council—the Parliament of the profession—during the past week can be readily imagined. For years past women have sought an entrance through the portals of our qualifying boards, and many a wordy battle has been fought for and against their cause, but law, the strongest of all obstacles, was against them. Still, their claim was not considered by some altogether a hopeless one. One corporation after another, it is true, refused to admit women to examination, and some moralists, with a good show of reason, held it to be indecent and highly improper, that “young ladies should be admitted to anatomical lectures and dissections with young gentlemen.” But women had their champions, who pegged away “in a language all their own,” with indomitable perseverance, until the dawn of success has broken upon their labours, and the Medical Council on Saturday last, by a majority of two to one, bequeathed to them the legacy that “they are of opinion that the study and practice of medicine and surgery, instead of affording a field of exertion well fitted for women, do, on the contrary, present special difficulties which cannot be disregarded, but the Council are not prepared to say that women ought to be excluded from the profession.” This resolution, arrived at after a debate worthy the importance of the subject, and the eminence of those who took part in it, virtually says to women who are now seeking a legal status as medical practitioners, we are anxious that you should not enter the profession, but we will not prevent you if you are so inclined.

On reading the debate it will be seen that several members spoke strongly against the physical unfitness of women for the duties of such a profession as medicine, and yet when the vote was taken they sided with the question that they ought not to be excluded. In vain did Professor Turner, Drs. Wood and Quain, point out th

anomalous position they were placing themselves in by voting for this resolution: the majority refused to see the matter in this light. The deed is done. Henceforth, the Council will offer no opposition, and as Dr. Parkes remarked “the ladies have gained the day.” We wonder to which of the sister professions they will next turn their attention?

THE POLLUTION OF RIVERS BILL

THE *sanitas sanitatum* cry with which the present Government came before the country bids fair to end in a less welcome and useful manner than was expected; indeed, we may expect in future the adoption of a motto of quite another kind. *Ex nihilo nihil fit* will, we fear, be found in every way to express the masterly inactivity and do-nothing policy of the Ministry.

It will be looked upon by the profession and those in charge of the health of the country that Lord Salisbury's announcement of his intention to withdraw the most valuable portion of the Rivers Pollution Bill is in every way inexcusable; there can be no possible reason for such a policy, for the Royal Commissioners of 1868 and 1869 fully reported upon the dangerous nature of the pollution of rivers by owners of mines and by manufacturers and suggested the remedy to stay the evil.

It has been thought that the difficulties presented in dealing with manufacturers who create the evils would be surmounted by adopting the suggestions of the Commissioners, and in those cases where numbers are concerned in the contamination of the stream, it seems only fair to compel them to act collectively, and in this way to secure greater efficiency. If it is found necessary to convey the refuse of mines or manufactures to a distance for purification or subsidense, why should it not be done at their expense? Certainly a very great hardship would be inflicted upon ratepayers by throwing the expense upon parishes and town councils, as all the expense should be borne by those who unwarrantably defile the public water-courses, and who derive large returns from their works improperly carried on. Again, when dye-works obtain water from wells sunk on their own premises, why should this be said to confer a right to carry polluted refuse into rivers?

As to the sewage part of the question for which he proposes to legislate, an almost unanimous desire has been often expressed by corporate bodies to cope with this part of the difficulty, but they have been prevented and thwarted in every way by moneyed and riparian interests, as seen in the unwarrantable opposition got up by Sir Robert Peel to the Birmingham scheme. The purses of the ratepayers have been found unequal to cope with powerful owners of property backed by Parliamentary influence, even when they express great willingness to purify the sewage of the town, and send effluent water back purified and sweetened. That manufacturers may defile it, renders it not only utterly valueless, but more dangerous in every way for all the purposes for which nature originally intended it.

The fact is, the Pollution of Rivers Bill is to be sacrificed to moneyed interests, and in obedience to the manufacturers of the country, who are largely represented in the House of Commons; the public health is thus to be made subordinate to the acquisition of wealth. The Government, when

it took office, professed to be willing to proceed in matters of public health very much in advance of their predecessors, and what have they done to redeem their promise? Next to nothing; and the success of what they have undertaken is made entirely subservient to conditions likely to make them valueless. It is the same with regard to other measures relating to the health of the masses: houses condemned as centres of disease will no more be pulled down under the New Dwellings Act than they were under Mr. Torrens' Act: adulteration will be permitted rather than checked by a Bill which allows the worst offenders to scape by the plea of ignorance of their business.

Notes on Current Topics.

The Harveian Oration.

THE delivery of this annually recurring oration at the Royal College of Physicians of London was entrusted on Friday last to Dr. Guy, who in a brief sketch of the life and times of the immortal discoverer of the circulation of the blood remarked that more than two centuries ago—in July, 1656, nine years before the great plague, and ten years prior to the great fire of London—the old College of Physicians in Paternoster Row was the scene of a touching meeting, when Harvey met the Fellows, his friends and pupils for the last time. On that occasion he was well stricken in years and worn with a terrible malady. He died the next year, making over to the College his paternal estate, to induce other Fellows to do the same, in order to promote the advancement of medical science and many other things, especially this oration, which had been for more than two centuries the occasion of gathering together the *élite* of the profession and many distinguished men connected with learning and literature. The lapse of time had brought about a change in the language in which the oration was delivered. Instead of Latin it was now delivered in our own tongue, which promises to be as generally used all over the world as Latin was formerly over the limited world of its day. Passing on to the consideration of Harvey in his professional character, Dr. Guy said that in his work of discovery he had very considerable advantages; he came of a wealthy family and had independent means of his own, so that he could command the very best education which England or Italy could give, beside which he could either purchase or secure through Royal favour, access to other sources of study beyond the general reach. Harvey combined the professions of physician, surgeon, and accoucheur, but he was not overwhelmed with the cares or anxieties which the demands of a large practice involve. He had for his contemporaries such men as Shakespeare, Milton, Bacon, Ben Jonson, and others. He was the first physician who largely practised vivisection to aid him in his studies, and it was worthy of remark that no thought of cruelty, no misgivings as to the lawfulness of the practice, seemed ever to have crossed his mind. After considerable and patient research Harvey discovered the circulation of the blood. He regarded the pulsations of the heart as the beginning of life, the microcosm of life, the foundation of

life, and the source of all action, and calculated from experiments that in half an hour the heart beat more than two thousand times, and by that means sent forth through itself more blood in that short space of time than the whole body contains. Dr. Guy next gave a technical analysis of Harvey's theory, and wound up an able address by an exposition of the chief features of his character, and a warm eulogium on the benefits which had resulted to medical science from his discovery.

The orator was frequently cheered, and a cordial vote of thanks was passed him for his address.

Election at the College of Surgeons of England.

A MEETING of the Fellows of the College will be held at the College on Thursday, the 1st July, at 2 p.m., to elect three Fellows into the Council of the College. The candidates for the vacant seats are Mr. Prescott Hewett, Mr. Spencer Smith, and Mr. Birkett—who are retiring after five years of office, but intend offering themselves for re-election—Mr. Cooper Forster, Mr. Hussey, and Mr. Snee. We are less able to form an opinion as to the result of the election this year than hitherto, but we think that it is scarcely just to a member of the Council who has held office only five years not to re-elect him. There is a considerable expense and an amount of labour in obtaining a knowledge of College business entailed upon members of the Council. If, then, a member has done good service during his term of office, he is of real value to the College, and it is only fair to re-elect him, though in justice to younger Fellows, who are daily growing older, we are bound to see that the tenure of office is not unduly prolonged.

Leeuwenhoek.

A COMMITTEE has been formed at Delft, in Holland, to make arrangements for the celebration, on September 8th, of the second centenary anniversary of the discovery of microscopic animals by Leeuwenhoek, a native of the town. It is intended to render the occasion especially interesting by the exhibition of the microscopes which the distinguished naturalist made, and of letters and memorials of him. The committee are also endeavouring to raise a fund for the purpose of founding a gold medal, to be awarded under the name of the Leeuwenhoek medal, every tenth year, to the Dutchman or foreigner who shall have done most for the advancement of microscopical science. The award is to be made by the Royal Academy of Sciences at Amsterdam.

The Influence of Syphilis on Pregnant Women Treated in Various Ways.

DR. WEBER, of St. Petersburg, has had great opportunities of seeing syphilis among pregnant women. He has published in the *Allgemeine Med. Central Zeitung* of the 3rd and 6th February, 1875, the results of some observations on 129 pregnant women affected with syphilis, admitted into the hospital of Obushow during the ten years between 1863 and '73. Of these women 35 were treated locally or by expectation; 35 were treated by external inunction; in 23 the inunctions were accompanied by internal treatment with iodide of potassium

and tincture of iodine; 19 were treated by iodide of potassium and corrosive sublimate taken internally; whilst in 17 cases the iodide of potassium was the sole remedy employed. He gives numerous statistics, which may be thus summed up:—

In general, the course of the pregnancy was interrupted in 20 or 25 per cent of these cases; this proportion, however, may be reduced by remembering that of these women 4 had erysipelas of the head, 1 had recurrent fever, and 1 typhus. All modes of treatment, he found, which took place by the digestive organs predisposed to premature births. When the patients were treated by expectation, there were 20 per cent. of births before term. Among those of these cases, however, attacked with typhoid fever, with relapsing fever, and with extensive abscesses, a violent attack of fever appeared to have been the cause of the premature labour.

In those pregnant women who were treated by inunction and local applications, there were no disturbances in the course of the pregnancy. This confirms the opinion of Dr. Sigmund, that the treatment by external inunction has no bad influence on the course of the pregnancy. In those women where the inunction was accompanied or followed by the internal use of the iodide of potassium, the proportion of premature births was 37 per 100; but this is reduced to 20 per 100, because of 2 severe cases of erysipelas of the face.

The general treatment by the solution of iodide of potassium and perchloride of mercury gave 15 per cent. of premature births. In the cases treated by the iodide of potassium there were 42 per cent. of premature births.

The disastrous action of general treatment did not at all correspond to its duration, but rather to its effects on the digestive organs. Hence we must conclude that the general treatment ought to be interrupted at the first signs of digestive impairment in the pregnant woman. The period of pregnancy at which the general treatment is commenced does not seem to have any influence on the production of premature labour. The degree of development of the syphilis appears to have some influence on the determination of the premature birth.

The puerperal period formed an abnormal course in 4 cases out of 14 treated locally; in 3 out of 8 treated by inunctions and the iodide of potassium; in 3 out of 4 treated by the iodide of potassium and corrosive sublimate internally; and in 4 cases in 10 treated by the iodide of potassium alone. These facts seem to point to the great importance of mercurial inunction in the treatment of pregnant women.

In an article in the *St. Louis Medical and Surgical Journal* of May, 1875, Dr. Coles quotes Cazeaux, to the effect that numerous observations show that syphilis at its commencement does not usually endanger the fetus, but that at a more advanced period it involves the greatest peril. Others have remarked that when the disease is in its tertiary stage the fetus may escape. Dr. Drysdale has seen many cases of abortion due to syphilis late on in the tertiary period. To say anything absolute upon this point, Dr. Coles says it is generally agreed that the fetus is not, as a rule, destroyed from syphilis before the fifth month. The fetus remains dead *in utero* some time before expulsion, and becomes putrescent. Fetuses aborted from this

cause not unfrequently exhibit no bodily marks whereby they can be distinguished from those lost through other agencies. In most cases, however, some morbid phenomena may be noticed in the placenta or membranes.

Dr. Drysdale has just seen a case where a lady, infected by her first husband (by kissing, before marriage, on the mouth), married a second husband 15 years afterwards, not having had any child by the first husband, who died in India. She became pregnant by the second husband, and had a dead child at full time. She had had syphilitic disease of the knee-joint.

Dr. Prosser James.

THE *Students' Journal* some time ago stated that this gentleman had so far recovered from a long illness as to be able to deliver his summer course of lectures on *Materia Medica and Therapeutics* at the London Hospital.

We understand that for the present Dr. Prosser James will not engage in any other public work, but devote himself entirely to his practice as a consulting physician. Even his editorial labours in connection with this journal, which have been suspended for many months, will not be resumed.

Unhealthy Condition of Ireland during the past Three Months.

THE mortality of Ireland as given by the Registrar-General for the last quarter was nearly 2,000 (1,910) in advance of that of the corresponding period of the preceding three years. This high mortality raised the death-rate 2.1 per 1000 over the average, and the Registrar-General considers it may be attributed to the inclemency of the weather and to the prevalence of scarlet fever. It would seem that the recommencement of the system of small-pox inoculation is also, to a certain extent, to blame for this heavy increase in the mortality, for it appears that, of 239 deaths from small-pox during the quarter, as many as 222 occurred in Connaught, in which province alone the inoculations took place. Scarlatina also caused 1,107 deaths against, 760 in the same period this time last year, the virulence of the disease in some districts being frightful.

The Irish Pharmacy Bill.

THE Irish Pharmacy Bill has passed its second reading, Sir Michael Beach having cleared the way for it by sacrificing the "reciprocity" clause, to which the London Pharmaceutical Society objected. Except as a matter of principle, the striking out of this clause does not much affect the settlement of the pharmacy question, for it is improbable that Irish dispensing chemists will care to go to England to open shop, and it is certain that they will be glad to get rid of the competition of English pharmacists. Neither will the medical profession in Ireland be dissatisfied with the concession, inasmuch as it will exclude from Ireland the counter-prescribing chemist, who absorbs in his illicit practice so much of the medical attendance upon the English public. The cession of this clause is, however, a display of weakness on the part of Sir Michael Hicks-Beach almost amounting to pusillanimity, and it is calculated to bring into contempt the

claim of his Government to firmness of ruling. He had most distinctly given the world to understand that he would stand by the clauses of his Bill at all hazards, and we here find him showing the white feather at the threatening of an opposition which need have frightened no courageous statesman.

The Coming Meeting of the British Medical Association.

THE provisional programme has been issued. The meeting will be held at Edinburgh on Tuesday, Wednesday, Thursday, and Friday, August 3rd, 4th, 5th, and 6th, 1875, the President being Dr. Copeman, of Norwich, and the President-elect Sir Robert Christison. The Address in Medicine will be given by James Warburton Begbie, M.D.; the Address in Surgery by James Spence, F.R.C.S.Ed., Professor of Surgery in the University; and the Address in Physiology by William Rutherford, M.D., F.R.S.E., Professor of the Institutes of Medicine in the University. The Presidents of Sections are as follows: *Public Medicine*—Right Hon. Lyon Playfair, M.P., C.B., F.R.S.; *Medicine*—Dr. Quain, F.R.S., London; *Surgery*—Professor Lister, F.R.S., Edinburgh; *Obstetric Medicine*—Dr. Matthews Duncan; *Psychology*—Dr. Lowe, F.R.S., Edinburgh; *Physiology*—Professor Burdon Sanderson, F.R.S., London.

The programme of business is as follows:—

Tuesday, August 3rd.—11 a.m. Service in St. Giles's Church; sermon by Rev. D. Macgregor. 1 p.m. Meeting of Committee of Council. 3 p.m. Meeting of the Council, 1874-75. 3.30 p.m. General Meeting—President's Address; Annual Report of Council; and other business. 9 p.m. Reception in University Library.

Wednesday, August 4th.—9.30 a.m. Meeting of Council, 1875-76. 11.30 a.m. Second General Meeting—Address in Medicine. 2 p.m. Sectional Meetings. 9 p.m. Soirée—*Conversazioni* given by the Royal College of Physicians.

Thursday, August 5th.—9 a.m. Meeting of the Committee of Council. 10 a.m. Third General Meeting—Reports of Committees. 11 a.m. Address in Surgery. 2 p.m. Sectional Meetings. 6.30 p.m. Public Dinner.

Friday August 6th.—10 a.m. Address in Physiology. 11 a.m. Sectional Meetings. 1.30 p.m. Concluding General Meeting. 4 p.m. Garden Party in the Royal Botanic Gardens.

Saturday, August 7th.—Excursions: Bass Rock, Melrose, Trossachs, Roslin.

Inoculation of Small-pox and its Results.

THE state of the West of Ireland as regards the prevalence of small-pox is a pitiable illustration of the incompetency of the law to deal with an offence perpetrated in the face of day, and hardly even denied by the guilty parties. The inoculation mania in Connaught has, in the last three months, cost 222 lives, and most of the registrars of that province refer to its prevalence in their districts, and to the terrible misery caused by it. At the same time we find it stated by one of the Ballina guardians that the inoculator, who plied his trade quite openly, could earn £14 in one day, and that even persons who occupied

a respectable position had no hesitation in committing deliberate and evident perjury to screen him from punishment. This terrible state of things will never be brought to an end until the parents themselves are held responsible to the law for the inoculation of their children. Pending such a change in the law, the Catholic priesthood of Ireland could stop inoculation by raising their fingers, and, strange to say, their fingers are not raised.

Unfounded Charge against a Surgeon.

ANOTHER of the many unfounded charges against members of the profession has been added to the long dismal roll, and it gives us sincere pleasure to record for once a common-sense magisterial decision in this case, which was brought under notice at Newark-on-Trent a few days since. A warrant had been issued against Mr. Buckby, surgeon of that town, for that he, being under the influence of liquor, was incapacitated from properly treating Mrs. Fletcher, a patient in child-birth, from which neglect she died. The magistrate, after fully sifting the evidence, came to the conclusion that there was nothing to warrant them in committing Mr. Buckby, who was thereupon discharged.

Laryngeal Phthisis.

THE Metropolitan Throat Hospital of New York, of which Dr. Clinton Wagner is the Medical Superintendent, has issued its first report, from which we learn that out of fifty-one cases of tuberculosis treated in the year, in ten the disease was confined to the lungs; in sixteen, to the throat, and in twenty-five it existed in both lungs and throat; in sixteen of the latter the disease predominated in the lungs, and in the remaining nine cases, the laryngeal symptoms were the more prominent.

Action of Eserina in Chorea.

DR. E. BOUCHUT (*Bull. Gén. de Thérap.*), from the results of four hundred and thirty-seven observations upon the action of the active principle of calabar bean, particularly in the chorea of children, says that eserina, while diminishing muscular contractility, augments that of the smaller vessels. It may be employed hypodermically or by the stomach, and should be given fasting. It may be given hypodermically in the dose of one-twentieth to one-twelfth of a grain, and, as its effect only lasts one to three hours, the dose may be repeated until one-fourth to one-third of a grain is given in twenty-four hours.

The effects of eserina are observed within a few minutes from its administration, and these are constant in the dose of one-twentieth to one-twelfth of a grain. It usually produces paleness, with contraction, occasionally followed by diminution of rate in the pulse. Nearly all the children to whom eserina was administered experienced malaise, burning pains in the epigastrium, with gastralgia, nausea, and rejection of stringy sputa. By its use choreal movements were moderated, and in ten days chorea was usually cured.

Eserina occasionally causes bilious vomiting; it does not modify the temperature sensibly. In the doses above mentioned, eserina never produces colic or diarrhoea. Given internally, it usually produces no effect upon the pupil. It frequently causes profuse perspiration of the face and body.

Paresis, and occasionally transitory paralysis of the diaphragm, are among the most serious and painful phenomena produced by this remedy.

Dr. Bouchut has never seen tremor or convulsions produced by the use of eserina, and believes these symptoms only occur when the remedy has been employed in toxic doses.

Dr. Latham on Medical Science.

DR. LATHAM, of Cambridge, in an introductory lecture delivered in that city, says that the clinical physician knows that the phenomena of disease are not explained by the phenomena of healthy texture, nor by the action of healthy organs. The medical man must have a sound knowledge of the groundwork of physiology to begin with; but all the minute portions, all the original investigations and experiments, had better be postponed until the student has obtained a certain knowledge and familiarity with the other branches of professional study. Among certain so-called purely natural science men we see little deference shown to the opinions, and little regard to the work of others, little of that humility which characterises the distinguished workers in other branches of science, but a bold and arrogant confidence in their own opinions, and a contemptuous disdain of the opinions of others. This may be modified in the course of years, when, humiliated by their fallacies being exposed by better-trained workers, they feel, though perhaps they do not confess, that less original research and more careful and extended acquisition of facts already established would have been better for their peace of mind, their usefulness, and their reputation. In your professional work you will find abundant opportunity for original research in its highest and noblest forms—the relief of pain and suffering, the repair of injuries, the controlling of disease, and the prevention of death.

Hydatid Disease.

DR. SPENCER COBBOLD, in a lecture to the students of Middlesex Hospital, says that, from his researches, hydatids of the liver constitute about 44 per cent. of the cases of the hydatid disease. In 6 per cent. of all his cases the hydatid had found its way into the brain and caused death, and in 3½ per cent. the hydatid was in the heart. Probably hydatids cause the death of about one-fourth of all persons they attack.

A Case of Syphilitic Sarcocoele.

A CASE of enlargement of the left testis is reported in the *Presse Méd. Belg.* of May 16, where a patient came to the Hospital Saint-Pierre, of Brussels, on the 6th March, 1875. At that time he had a tumour of the left testicle and enlargement of the corresponding spermatic vessels and cords. He said that this had come on after a gonorrhœa contracted in January. The testis was hard, the cord presented the same hardness, and was the size of the quill of a pen. There was no change in colour of the parts, and neither heat nor pain. The diagnosis made was simple chronic inflammatory orchitis, and a compressive bandage was applied, but did no good.

On the 8th May he returned, under the care of Dr. Thiry, when both testes were found implicated, as well as

the constitution. The body and lower limbs were covered in some places with plates of irregularly rounded form, of a dusky hue, which remained on pressure, and perfectly represented the characters of a parchment syphilitic eruption, in that they occupied the dermal tissue and did not go beyond it. In other places were seen lobular tumours occupying the subcutaneous cellular tissue, hard, not depressible, and also representing, on pressure, all the characters of syphilomata.

Among the tumours of this last kind, some had undergone a slight softening at their periphery, due to the suppurative inflammation caused by their presence. This suppuration was slow, and wanting in energy; it ended in a pus ill bound together, or bad aspect, and scanty, which became concreted in the form of crusts on the top of the tumours just described. In the right testicle the epididymis was hard, weight, chestnut-like. The volume of the left was quadrupled.

The patient, on being interrogated, said that more than a year before he had had relations with a woman of suspected morality, and had seen an ulcer of the prepuce after that intercourse. This soon healed, and the patient forgot all about it.

Dr. Thiry remarks that a peculiarity worth noting is, that in these cases of slow evolution of syphilis, it is the glandular organs, and especially the testes, that are affected. Syphilis concentrates itself for a long time in the testicle, and only attacks the other tissues later on. In this case the syphilis is not the less grave; the more time it has required for its development the longer it will require to disappear. A long and persistent treatment will be required. He prescribed four pills of five milligrammes of corrosive sublimate a day, one to be taken in the morning, one at noon, one at 4 p.m., and one in the evening in a glass of decoction of sarsaparilla. Mercurial friction of a quarter of an hour to be made on the internal aspect of the legs, thighs, and arms. After each two frictions a bath of starch to be taken. The diet strictly confined to roast meat, vegetables, and patient to abstain from acids.

As a general rule, we have found large doses of the iodide of potassium such a rapid cure in similar cases that we are a little surprised to find that Dr. Thiry has not made any use of this medicine in this case. Doses of one gramme, or fifteen grains, thrice or four times daily, in plenty of water, act marvellously well.

THE Society of Arts held its annual *conversazione* at the South Kensington Museum on Friday evening, there being an assemblage of between two and three thousand present, amongst which was a large sprinkling of the medical profession.

AFTER the Harveian Oration at the College of Physicians on Friday evening, the President announced that the Baly Gold Medal had been conferred on Professor Claude Bernard, a distinguished French physician, in recognition of his services in the cause of physiology.

DR. STOKES, Regius Professor of Physic in the University of Dublin, has just received, through Count Munster, from the Emperor of Germany, the honour of knight-

hood in the order instituted by Frederick the Great, "Pour la Merite."

ON Sunday night, a young woman named Ellen Palvey, aged 25, was admitted into King's College Hospital, suffering, it is feared, from an acute attack of hydrophobia. The unfortunate woman, about three weeks since was bitten by a ferocious dog. The wound partially healed up, but on Sunday morning symptoms of hydrophobia exhibited themselves.

WE recently reported a case of death occurring from an explosion in Ireland, the immediate cause being that sulphuret of antimony had been used instead of black oxide of manganese in the manufacture of oxygen gas for a magic lantern. The Irish Apothecaries' Company, whose servant made the error, have agreed to pay £1,500 compensation to the widow of the deceased.

THE Society of Public Analysts, at a general meeting on June 2, "feeling the deep obligations they owed to the Right Hon. Dr. Lyon Playfair, M.P., and Dr. Charles Cameron, M.P., for the strenuous and successful (!) exertions which they had made in the House of Commons for the improvement of the Sale of Food and Drugs Bill," unanimously elected those gentlemen honorary members of the society.

WE find in the public journals a memorial signed by the Chairman of the Enniscorthy Town Commissioners and by forty-two ratopayers, addressed to the Inspectors of Lunatic Asylums in Ireland, and complaining of the system by which the contracts for Asylum supplies were given away. The inspectors elicited that there was a little mistake of 2s. per ton in the price at which the coal supply was taken and might have been taken, but did not feel called upon to interfere further.

"FEARFUL CATASTROPHES" have forced themselves sadly upon the attention of the reading public during the past few days. Floods, resulting in the destruction of hundreds of lives and property to an enormous extent, have occurred in the South of France, Bohemia, Moravia, and the South Tyrol. Now, accounts reach us of terrible earthquakes in the Andes, with the loss of thousands of lives and the entire destruction of seven towns and portions of several others.

A REMARKABLE phenomenon has occurred at Clew Bay, Westport. An island, named Inishgowia, was discovered a few mornings previously, literally covered with herrings, much to the astonishment of the islanders, who are unable to explain from where their flight originated, or by what mysterious means they came upon the island, which is at present veiled in mystery. It is thought a tidal wave might have occurred during the night, and deposited them there, but it is not definitely ascertained as yet. The matter has created much surprise in the locality.

Literature.

THE PATHOLOGICAL ANATOMY OF THE NERVOUS CENTRES. (a)

THE author has not hesitated to avail himself of the writings of others, drawing largely on the scattered emanations of Jackson, Allbut, Ogle, Reynolds, Wilks, Lockhart Clarke, Bastian, Dickinson, Crichton Browne, &c., &c.; but, contrary to the fashion of many authors, he has had the good taste to acknowledge the source of his information.

The arrangement of the work is described as follows: "It is proposed to divide the subject into two parts; and first, to describe the pathological anatomy of the brain and spinal cord; and secondly, the mode in which these pathological results are grouped in certain conditions, which symptomatically have been given special names, as mania, melancholia, &c. In pursuing this plan, it will be convenient to divide the first part of the subject into—1. Congenital Abnormalities of the Cerebro-spinal Centres; 2. Abnormalities of the Vascular System; 3. Inflammations; 4. Degenerations; 5. Tumours: while the second part will include the pathological anatomy of mania, melancholia, dementia, idiocy and cretinism, general paralysis of the insane, delirium tremens, paralysis agitans, epilepsy, chorea, hydrophobia, tetanus, locomotor ataxia and progressive muscular atrophy, and various local paralyses." This arrangement is in many cases logically incorrect, and the author is evidently fully aware of this, for further on he says: "In making his division of the subject, it will be readily understood that it is simply for the sake of convenience; its imperfections are manifold." As an example, in the first part, the fifth section, on tumours, stands by itself, without any connection with the second section, on abnormalities of the vascular system; yet the tumours of the brain and spinal cord are pathologically divided into those connected with the membranes, those having their origin in the walls of the vessels, and those springing from the neuroglia, the connective tissue of the brain and cord.

The work is a good compilation, and no doubt Dr. Fox has succeeded in his desire "to bring together in a convenient and readable form much that is now scattered in publications of many kinds." Sufficient prominence has not been given to certain parts of the work, notably the histological portion; there is wanting that careful and minute description of pathological appearances which alone can render the work of great value to the student, the consummation of which appears from the introduction to be the great wish of the author; and although the work contains a fair series of carefully executed coloured plates, the majority illustrating the minute morbid anatomy, yet the descriptions of these are so meagre, and the references so slight, that several are almost passed unnoticed: thus, Plate 3 is described as "Myelitis—Swollen Nerve Fibres," and the only reference to it in the text is, "Plate 3 is an example of myelitis following fracture of the bodies of some of the vertebrae, and consequent hæmorrhage." Again, Plate 7, representing grey degeneration of the cord, is passed by in the text thus: "Plate 7 is a tolerably good example of grey degeneration affecting the cord." We might adduce further examples, but the above must suffice to show the almost total neglect of important minutiae. The drawings illustrative of the minute anatomy are chiefly from microscopical preparations of sections of nervous tissues; but Dr. Fox is silent as to the mode of preparation: this omission is to be much regretted, for certainly his method of preparation should have been a prominent feature in the work. The only hint one can gather from a careful perusal of the work is on page 122,

(a) "The Pathological Anatomy of the Nervous Centres." By Edward Long Fox, M.D., F.R.C.P., Physician to the Bristol Royal Infirmary, &c., &c. With Illustrations. London: Smith, Elder, and Co. 1874. Pp. 401.

where, referring to miliary sclerosis, it is stated that "after preparation in chromic acid the white matter shows a number of opaque spots." The vagueness of this statement may be gathered from the fact that the reagent in question is employed in solutions containing from $\frac{1}{10}$ per cent., or even less, to 3 per cent.

The volume will be read with profit by those who are interested in this special branch of pathology; but the value of the work as a book of reference is greatly diminished in consequence of the absence of an index: this defect will no doubt be remedied in the next edition.

MECHANISM OF NATURAL AND MORBID PARTURITION. (a)

THE fame of Dr. Matthews Duncan as an authority on matters relating to obstetrics is now so well established that we are certain to have some new views and important additions to science in every work that he writes. The work before us consists of a number of papers published from time to time, and among the chapters which are most interesting we notice one on the power called forth in ordinary labour, the maximum force in difficult labour, and the strength of the uterus, &c.

In his introductory chapter Dr. Duncan divides the question of the mechanism of parturition into three stages—the measurement of the passage and the body to be pushed through it, the way in which the fœtus traverses the passage, and the forces requisite to do the work. The second chapter is devoted to long delay after the escape of the liquor amnii. In the third the curves of the genital passages are described. Dr. Duncan here shows that there is usually a lateral curve in the genital passages which is due to the obliquity of the axis of the uterus towards the right side. He thinks that when the fundus uteri is inclined to the right, that part of the foetal head towards the left will be most pushed down, because the line of force will be nearer the outer side of the curve. He thus thinks that a face presentation may be produced when the occiput is towards the right, and he finds a confirmation for this explanation in the fact shown by statistics, that face presentations are relatively more frequent in the second than in the first position of the head.

The same mechanical point is involved in the question of the effect of anterior or posterior obliquity of the uterus in relation to the brim of the pelvis, in producing lateral obliquity of the foetal head.

In the seventh chapter the author speaks of the effective power of parturition, and he takes great exception to the calculations of Professor Haughton, which lead to the conclusion that the auxiliary forces exceed those of the uterine as ten to one. He finds that the whole force exerted is not much above fifty pounds.

In the ninth chapter Dr. Duncan shows that the spinal column of the fœtus gives way under a tension which varies from 90 to 150 pounds, and that 20 pounds more added will produce decapitation.

The tenth chapter treats of the motions of the foetal head in the maternal passages, and the author speaks of the description given by Kueneke of this mechanism, in which he asserts that the same plane of the foetal head, which at first coincides with the brim becomes coincident in turn with successive planes of the pelvis, so that the head descends as if fixed to a lever moving on a hinge at the symphysis pubis.

The sixteenth chapter speaks of the expulsion of the placenta, and Dr. Duncan shows that when no traction is made on the cord, it is the edge of the placenta, and not the point of insertion of the cord, which first presents. The placenta becomes folded on itself.

The remaining chapters are devoted to the important

question of placenta prævia. He does not agree with Barnes that this phenomenon is due to the excessive growth of the placenta, and shows that the spontaneous separation of the placenta is due to lateral stretching of the uterine wall.

All practitioners interested in the important questions relative to normal and abnormal parturition should study carefully this most learned and admirable treatise.

THE YEAR-BOOK OF PHARMACY FOR 1874.

IT was our privilege to pass an encomium on the "Year-book of Pharmacy for 1873," and it affords us sincere pleasure to speak now in equally favourable terms of the volume for 1874, edited by Mr. Louis Siebold.

We have a high opinion of the utility of these annual retrospects of the progress of a science, and we are confident that to the busy pharmacist the volume before us will be highly appreciated. The book opens with an admirable introduction from the pen of the editor. It is impossible to read this article without being struck with the evidences of the care which has been bestowed on the compilation of it; in it allusion is made to almost every paper of value published during the year. The subject-matter of the book is considered under the heads of *Materia Medica*, *Pharmaceutical Chemistry*, *Pharmacy*, *Notes and Formulae*, and the book concludes with the "Transactions of the British Pharmaceutical Conference," which are edited by Professor Atfield.

We congratulate the pharmaceutical profession on the publication of this admirable record of the progress of pharmacy during the past year.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON FOR THE YEAR 1874.

THE London Obstetrical Society has during the past year fully maintained its reputation for usefulness, and illustrates the benefit which accrues from societies established with the view of discussing special subjects.

The London Obstetrical Society holds its meetings during ten months in each year, thus setting an example of energy which other societies, especially those of Dublin, would do well to imitate. The sessions of the Dublin societies are unnecessarily short; thus, that of the Surgical Society of Ireland extends over very little more than four months, that of the Pathological over but five. The Obstetrical alone, of the Dublin medical societies, holds its meetings during eight months in the year.

The volume before us contains communications on a variety of subjects, and these vary greatly in value and interest, but we do not think a single meeting passed without something of value being either recorded or elicited.

The first meeting of the year was opened by what was virtually a fresh discussion on Dr. Routh's paper "On the Use of Intra-uterine Stem Pessaries." We cannot say that anything novel was brought forward, nor that there is any thing startling in the fact that Dr. Edis was able to record four cases in which serious, and in one instance, even fatal, results followed the *injudicious* use of stem pessaries. Such results, on the contrary, are, in our opinion, only too likely to follow if these instruments be employed in unsuitable cases and without due precautions. To introduce a stem pessary while metritis or endo-metritis exists, or, under any circumstances, without keeping the patient for a time quiet, and under observation, is, in our opinion, a most hazardous proceeding, and almost certain to be followed by unpleasant, if not by serious, consequences. On the other hand, when suitable cases are selected and proper precautions adopted, a stem pessary is sometimes a valuable and efficient aid in the treatment of uterine disease, and this we deem to be the opinion implied, if not openly expressed, by the various speakers.

(a) Contributions to the Mechanism of Natural and Morbid Parturition, including that of Placenta Prævia. By J. Matthews Duncan, President of the Obstetrical Society of Edinburgh. Edinburgh: A. and C. Black. 1875.

Dr. Gray, of Armagh, communicated the particulars of an instructive case, in which the greater portion of the cervix uteri was torn almost completely off during labour, the remaining attached portion subsequently separating from the body, the patient nevertheless making a good recovery. A very similar case has recently been brought under our notice in which an inexperienced practitioner, desirous of imitating the practice advocated by Dr. Geo. Johnston in his "Report of the Rotunda Hospital" for the past year, of applying the forceps in cases where the os uteri is but partially dilated, tore off and removed on the blades of his forceps a complete ring of muscular tissue, which, on careful examination, proved to be the lower segment of the cervix uteri, which was torn off by the operator, the os uteri having been evidently undilatable as well as undilated. We call attention to Dr. Gray's case in the hope that the knowledge of the fact that under certain circumstances the cervix will be torn from the body before it will dilate, may deter practitioners from applying the forceps before the os uteri is dilated, unless very urgent symptoms make the proceeding imperative.

A paper on what was formerly termed "Vaginismus," but more correctly named by Dr. Barnes "Dyspareunia," communicated to the Society by Dr. Schnegierief, of Moscow, does not seem, judging from the brief discussion which followed, to have attracted that attention which it deserved. The investigation of the causes producing painful or imperfect sexual intercourse has as yet made little progress. We are satisfied that the views held by Simpson or Scanzoni are only in part correct. Dr. Schnegierief shows that there are at least two different forms of the affection. In our opinion he, too, fails to grasp the subject in its full extent, or to realise how numerous are the causes producing this not uncommon and often most distressing affection.

Dr. John Williams's paper "On the relation between Congestion of the Uterus and Flexion of the Organ" is worthy of a careful perusal, and though we are unable to agree with him in some of his conclusions, we look on his contribution as one of great value. Dr. Williams's researches with reference to menstruation have established his claim to be considered a careful and diligent observer, and as the paper we are now referring to is, to a great degree, based on the results of his previously recorded observations, "On the Structure of the Mucous Membrane of the Uterus" (*Obstetrical Journal*, vol. ii.), we attach considerable weight to them, and for that reason regret that his deductions tend to what we believe to be erroneous conclusions—namely, that flexion of the uterus is the nearly invariable cause of congestion of that organ,—a conclusion in our opinion as erroneous as its converse, that congestion of the uterus is a frequent cause of flexion. We have for a long time past carefully observed and registered the cases of flexion of the virgin uterus which have come under our observation, and we have never once met with a case in which we were able to satisfy ourselves that a flexion—no matter how acute—had *per se* given origin to congestion of the organ; but we have frequently observed that various exciting causes induced congestion in a previously flexed uterus, of which exposure to cold and the occurrence of sexual intercourse were the most common. We must point out that Dr. Williams contradicts himself more than once in the course of his paper—thus, at page 206 he says: "The period during which the menstrual discharge flows is the time in which the muscular walls of the uterus contain least blood;" while at page 113, when endeavouring to prove this theory, he says, speaking of painful menstruation: "The uterine walls contain a larger quantity of blood than usual." This contradiction exemplifies the difficulty of establishing a theory not fully supported by clinical facts. We believe—and our belief is founded on extensive clinical experience—that it is impossible for a healthy uterus to become flexed, but that flexions of the virgin uterus, either the result of disease, or congenital, are not

infrequently met with; that in either case, more especially in the latter, the flexion may for years exist without causing discomfort, but that any cause producing an augmented flow of blood to the organ, as in young women on the occurrence for the first time of sexual intercourse, or exposure to cold, when the menstrual flow is impending, may, by causing congestion of the uterus, give rise to a long train of distressing symptoms. We are unable from want of space to pursue this subject further; but we trust that Dr. Williams will be induced to proceed with his investigations, not with the view of supporting one view of this important subject, but of eliciting the truth. With Dr. Barnes, we deny that the profession is divided into two camps on the subject of flexions, and we are satisfied that the great majority of observers believe that a flexion may proceed or follow congestion, and *vice versa*.

Many other subjects besides those alluded to were brought before the Society, which we regret we are unable to refer to.

DISEASES OF CHILDREN. (a)

DR. STEINER'S work has become a favourite throughout Germany, and as it is very practical we are glad that it has been translated into English. For nearly twenty years the author has been at work in the Francis-Joseph Hospital for Children, at Prague, where, as a physician and teacher, his great merits are highly appreciated. The diseases of children have come to be recognised as well worthy of special study. The difficulties by which this study is surrounded, and the great success which rewards those who give it attention makes the subject important to every practitioner. He who succeeds with children is likely to succeed with adults; and as the work before us is of moderate dimensions, we anticipate success for the English version presented by Mr. Lawson Tait. We could have wished, in some instances, that the translation had been a little more free. Still a few Germanisms are not sufficient to destroy the interest of the work. At any rate, they are compensated for by the notes and additions made by Mr. Tait, chiefly relating to the surgical diseases of children. As an example of these additions we may mention the valuable observations on the after-treatment of tracheotomy. Dr. Steiner has omitted all directions for this. All operators find after-treatment more important than the operation itself, and therefore we think the translator has done well in inserting the necessary directions. Tracheotomy in children is seldom performed except in croup and diphtheria, though it is occasionally resorted to for the removal of morbid growths from the larynx. In four such cases under Dr. Steiner, one resulted in recovery, and also survived a subsequent attack of croup; two died of asphyxia after tracheotomy had been declined; and one was removed from the hospital unrelieved. He thinks children under three years of age are not fit subjects for the operation.

The first few pages of the work are occupied with general directions for the investigation of disease in children, and some brief but useful remarks are given on the examination of the thorax, the abdomen, and the digestive system. The second division is occupied with diseases of the nervous system, and will perhaps be more frequently referred to by practitioners than any other. The general diseases of nutrition are grouped together in the seventh division under the heads Rickets, Scrofula, Tuberculosis, Purpura, and Rheumatism. Dr. Steiner's work closes with

(a) "Compendium of Children's Diseases." A Handbook for Practitioners and Students. By Dr. Johann Steiner, Professor of the Diseases of Children in the University of Prague, and Physician to the Francis-Joseph Hospital for Sick Children. Translated from the Second German Edition, by Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women, Consulting Surgeon to the West Bromwich Hospital, Lecturer on Physiology at the Midland Institute. London: J. and A. Churchill. 1874.

a chapter on diseases of the skin, which we are glad to see is confined to eighteen pages. Mr. Tait has added in the form of an appendix some useful rules for the management of children, issued by the staff of the Birmingham Hospital for Sick Children, and freely distributed amongst the poor. The example might be followed by other hospitals for children. The work is well got up, and furnished with an index. It is a pity the edges are not cut.

DISEASES OF THE KIDNEY AND URINARY DERANGEMENTS. (a)

THERE are ten chapters with an introduction in this work of Dr. Dickinson, all of them replete with information and interest. In the introduction our author defines diabetes as a disease of the nervous system characterised by the secretion of saccharine urine. Excess of urine and thirst seem to have been recognised as far back as the days of Aretaeus; but Willis, who classified the cranial nerves, seems first, in 1674, to have mentioned the presence of sugar in such cases of wasting. He refers it to drinking strong wines, and to mental causes, sadness, or long sorrow. He considered it a disease of the blood rather than of the kidneys. The disease has for the most part been regarded as functional, not structural, in character.

Chapter I. treats of glycogenesis and glycosuria. Sugar is a necessary constituent of the milk even of carnivora, and hence, with animals who eat only flesh, it is evident that such sugar as they secrete must have been developed by their own bodies, since none enters from without. In 1848 Bernard and Barreswil showed to the Academie des Sciences alcohol made from liver sugar, and they inferred that sugar was developed in this organ. Bernard found sugar abundantly in the blood of the hepatic vein, though none in the blood of the vena portæ. The sugar, however, was not at once formed as such, but passed through an amyloid stage. A peculiar animal starch or glycogen was produced in the liver, even though the diet had been entirely restrained to flesh. This product was extremely unstable, continually passing into sugar, both during life and after death, by virtue of a kind of fermentation set up by the contact of blood, blood, saliva, or almost any animal fluid being sufficient to effect the transformation.

Dr. Dickinson then goes on to examine the point alluded to by Dr. Pavy, and by Dr. Robert McDonnell, and holds that neither of these observers have proved their point, that sugar is not contained in the liver during life, which was asserted by Bernard. Vivisections have been multiplied to prove both of these positions. Dr. Dickinson alleges that glycogen can be extracted by water from the healthy liver of almost any animal, forming a milky solution from which it can be thrown down by alcohol or glacial acetic acid. The contact of blood, saliva, pancreatic juice, or the liver tissue itself is sufficient to set up a sort of fermentation, by which it becomes transformed into sugar. The liver is practically its great source, and it appears to contain a maximum amount of this substance in the lower animals about six hours after a full meal. It attains its maximum when the diet is starch or sugar, and falls to its minimum with gelatine and oil for diet. In nitrogenous diet the food is broken up, he thinks, by the liver, into urea and glycogen.

Experiments on animals show that the hepatic glycogen attains its greatest amount with a diet of starch and sugar; that it is formed, though more scantily, from albumen, fibrin, and gluten; while animal oil or fat, vegetable oil, and gelatine fail entirely, or almost entirely, to supply means for its production. The sugar in the blood seems used up in the nutrition of the muscles and other tissues. Schiff thinks that glycosuria is the result of the excessive formation, not of glycogen, but of the ferment. This is

very improbable. Urine, when healthy, can hardly be said to contain a trace of sugar.

Bernard punctured the floor of the fourth ventricle immediately above the source of the pneumogastric nerve, and sugar at once appeared in the urine; but puncture of the medulla made the urine saccharine, even when these nerves were cut. Bernard hence inferred that the route lay along the spinal cord and splanchnic nerves to the vaso-motor nerves of the liver, causing relaxation of the blood-vessels. It is said that wounds of the medulla oblongata to produce glycosuria must necessarily involve the olivary fasciculi. Dr. Dickinson mentions that a lesion of these bodies is almost invariably present in persons who die of glycosuria.

Dr. Dickinson concludes that the superabundance of the circulating sugar essential to diabetes is a matter of increased supply, not diminished consumption; and thus the problem limits itself to the intrusion in excess of sugar into the blood. Clinical observation supports the view that this is a form of diabetes which depends not on the making of sugar within the organism, but on its passage as such from the stomach to the blood, depending on the ingestion of sugar and starch. This is the milder form of diabetes.

Bernard describes diabetes as an exaggeration of nutritive phenomena; but this seems disproved by the condition of the liver in diabetic patients. Dr. Dickinson thinks that in diabetes the liver forms sugar instead of glycogen. Both forms of diabetes in this view are owing to the failure of the liver to make glycogen. Nervous disturbance is the chief cause which excites the gland to the action necessary for diabetes. This irritation may arise in many parts of the sympathetic, in the cervical region of the cord, or anywhere in the great central tract lying between the cord and the crura cerebri. The cerebro-spinal nerve of the liver has its origin at the fourth ventricle, and irritation of this spot, if permanent, causes diabetes.

Chapter II. treats of pathology. Attention of late years has been directed to the brain in diabetic subjects, with the result of finding, in exceptional cases, softening, intra-cranial growths, &c., as complication. Dr. Dickinson, from his own experience, has found that diabetes is produced by substantial and constant changes in the nervous centres, none the less significant because, as with many other diseases of these structures, they are such as ordinarily to elude the naked eye. He has found excavations and tunnels in the nerve matter along the course of vessels in eleven cases of diabetes. When the disease has proceeded to its natural end the excavations are widely scattered through the brain, numerous, small, and closely set in the white matter of the convolutions, fewer and larger about the central parts. The corpora striata, optic thalami, pons, medulla, and cerebellum are the chosen seats for the largest and most striking holes.

In rapidly fatal cases the cavities, which in such are larger than when the disease has been more chronic, are sometimes filled with a translucent gelatinous substance, containing, besides vascular structure, the granular or globular products of nervous degeneration.

In diabetes the lung, and to a less extent the kidney, takes on inflammatory action: may not the nervous changes, more especially as they follow the course of blood-vessels, be attributed solely to the morbid influence of diabetic blood? Dr. Dickinson thinks not. He thinks that the nervous lesions of diabetes are original to the nervous system, and that they constitute the initial fact of the disorder, of which glycosuria is the leading symptom; and this is borne out by the common observation that the most frequent cause of diabetes is mental.

Every tissue has its own way of behaving under disease. Under the same influence, say of hyperæmia, one tissue may indurate, another soften, a third caseate, a fourth dissolve and disappear. Fibrous tissue thickens and indurates; muscle becomes fatty and softens; pulmonary tissue hepatises, caseates, disintegrates, and

(a) "Diseases of the Kidney and Urinary Derangements." By Howship Dickinson, M.D. Cantab. In three parts. Part I., Diabetes. Longmans, Green, and Co. 1875.

finally is spat up; nervous matter softens, and, if death do not interfere, melts away, and is removed by absorption, leaving simple vacuities as the only record of the morbid process. There are many diseases of the brain and cord in which disintegration, erosion, or excavation are found, to wit, such changes as produce insanity, more especially general paresis, the lesions of which are nearly akin to diabetes.

With respect to the liver, Dr. Wilks has noticed that the diabetic liver is tough, dark, and homogeneous. It was natural in only six out of twenty-seven cases recorded in St. George's Hospital. The peculiarities of the diabetic liver may be generally summed up as increase of blood and such changes in its tissue as chronic hyperæmia induces—enlargement, hardness, and overgrowth of epithelium and fibrous tissue. The alterations in this organ are such as concord with the view that it is not primarily affected in the disease, but that it is modified by an over-activity of circulation and function which is instigated by influences external to itself.

Dr. Wilks and Dr. Pavy have recognised the disease of the lung ensuing on diabetes as of inflammatory origin, and essentially different from that set up by tubercle, though resembling it in its course and results. Hepatisation, caseation, and excavation are common. Twenty-seven post-mortem examinations of diabetic patients in St. George's Hospital gave no instance in which tubercle-like changes were found elsewhere than in the lungs—general or scattered tuberculosis was unrepresented in the series. The rarity of grey tubercle is striking. Dr. Dickinson thinks that the lungs are affected with chronic, circumscribed, and caseating pneumonia; but he adds that it is not easy to distinguish with the naked eye the caseous nodules which result from them belonging to tuberculosis. Red and grey hepatisations are found, the latter tending early to break up and form sloughing cavities. The origin of the pneumonic change has been attributed to the contact of saccharine blood; but Dr. Dickinson doubts this. He thinks the changes in the lungs may more properly be ascribed to the nervous system. Dr. John Reid refers to the frequent occurrence of pneumonia in his experiments on the pneumogastric nerve, and Brown-Séquard found that lung disease was caused by injuries of the brain near the pons Varolii. He considers that just as the altered function of the liver is due to nervous hyperæmia originating in cerebral irritation directed to the gland ultimately by the sympathetic nerve, so we may with probability assign the state of the lung to a similar result of the same central influence.

The kidney of diabetic patients is usually found to be bulky, and more than naturally full of blood. The gland is often soft from fatty degeneration. The larger blood-vessels, as well as the least in the body, are usually smooth and natural to the naked eye, unlike what is found in albuminuria. The watery part of the blood seems increased in this disease. The leading peculiarity of diabetic blood is the presence in it of sugar, which is found most abundantly two or three hours after dinner. It appears to permeate the whole body.

Dr. Dickinson examined the urine of 106 insane persons in Bethlem Hospital, and found that in forty-seven of the cases copper was reduced, and in fourteen of the cases the amount of sugar was large enough to be recognised by boiling with liquor potassæ.

In Chapter III. Dr. Dickinson treats of the subjects, Distribution, and Causes of the Disease. Males are much more subject to diabetes than females. Nearly twice as many males as females die of the disease. It is commonest between thirty and sixty. It is very rare before the age of six or after sixty-five. Diabetes mellitus is all but unknown in childhood, although diabetes insipidus is common. The disease belongs to adult life, and is related, not to sexual, but to cerebral functions. It is most fatal and acute in youth. The disease is found more

frequently in agricultural counties and in the coldest counties of England.

Diabetes is often hereditary, and it can sometimes be traced to perturbation of mind, and also to mechanical injury of the nervous centres. Many members of the same family have been observed to become diabetic. But twenty-nine cases of fatal diabetes in St. George's Hospital gave only two in which any hereditary history could be traced. Grief, anxiety, protracted intellectual toil, violent anger, and mental shock are assigned as frequent causes. Sexual excess is mentioned among the more infrequent causes of the disease. But there is no evidence that this vice is other than a rare cause. Sexual excesses or abuse is apt to engender especially spinal lesions, such as are evinced by paraplegia and ataxy, rather than diabetes. Alcohol is not a cause of the disease, according to Dickinson. The disease has been sometimes thought to manifest itself as a sequel to some other complaint. Out of 225 cases, Griesinger assigns three to continued fever, one to scarlatina, one to pleurisy, one to acute rheumatism, and ten to intermittent fever.

In Chapter IV. the author treats of the general symptoms and course of the disease. The bowels are often obstinately constipated, and there are feelings of indigestion, flatulence, eructation, and gastric uneasiness; eczema of the vulva, irritation of the orifice of the urethra, and impotence in the male, are occasional symptoms. The mind deteriorates. The breath acquires a peculiar ethereal odour. The tongue is often red, and latterly is apt to become glazed and dry. The teeth are apt to fall out. The lower limbs may become highly œdematous. The patient has no pain, but becomes very weak, and complains most of the dryness of the mouth. Boils and carbuncles often occur spontaneously. Gangrene may occur. Albuminuria is among the later complications of the disease. Cataract is a late complication of the disease. The common sequel of the disease, pulmonary complications and excavations, is not to be distinguished in its symptoms from a rapid form of tubercular consumption. Fatal œdema of the lung is not unusual. Coma may be the cause of death, if the patient live long enough.

The temperature is somewhat lower than normal in uncomplicated diabetes. The general lowering of the temperature is probably due to the loss of the material which when oxidised produces heat. Among 225 cases of diabetes mentioned by Griesinger, twenty had cataract. Surgery in such cases is attended by unusual danger. In an instance within Dr. Dickinson's knowledge the patient sank after an operation for cataract, which was quite successful locally. Dilatation of the retinal vessels is noticed in diabetic patients, more especially in the veins, and atrophy of the optic discs with amaurosis has been noticed.

As a rule, diabetes is chronic, and may cause deaths at all periods, from six months up to fifteen years after its commencement; but, as a rule, the disease proves fatal within some four years.

To be continued.

Correspondence.

CORONERS' LAW AND WORKHOUSE MANAGEMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—My attention has been directed to your issue of the 23rd June, in which appears a notice of an inquest held at Athy Union Workhouse on the body of a woman who had, through mistake, swallowed a portion of anodyne liniment intended and ordered for a rheumatic patient occupying the bed next to deceased in the infirmary.

The facts elicited on the inquest were that, owing to imperfect local arrangement, any patient could get possession of the food or medicine intended for his or her next neigh-

hour without leaving his or her bed, and by merely extending the arm to reach it. The liniment swallowed consisted of about one drachm of simple camphor liniment, and not more than five drops of laudanum, and was duly labelled—"For external use—POISON." This draught may have acted prejudicially on a heart nearly worn out by disease, helped on its downward course by albuminuria. No evidence could be clearer than that of the union surgeon, whose accurate diagnosis left no doubt as to the cause of death.

It may be said "that the accuracy of diagnosis should have been tested by a post-mortem examination," to which I reply that in the absence of suspicion of any criminal intention, the coroner would scarcely be justified in ordering a post-mortem examination where he had no power to give the beggarly two-guinea fee to the union surgeon.

The jury, however, very properly recommended "that a press with lock and key should be erected in each ward of the union infirmary, in which all active or dangerous drugs should be kept, and that this press should be committed to the care of some responsible party."

In conclusion, I must request that you will kindly correct the erroneous view of the subject in your publication as an act of the merest justice to the union medical officer.

I am, dear Sir, yours truly,

ROBERT CARTER, Coroner.

Kilcullen, 25th June, 1875.

[If the newspaper report is to be trusted, it was plainly proved that the patient, who had been for a long time ill, and whose death at some not distant time was anticipated, drank a liniment in mistake. In a few hours the woman, who had appeared likely to survive for many days or weeks, was dead. The workhouse surgeon swore, with these circumstances before him, that the death was from heart disease, having had no opportunity whatever of satisfying himself by examination that such a statement was true.

Possibly the liniment might not have poisoned a healthy person; but it appears certainly to have caused the premature death of this patient. For that death someone was responsible, and it is monstrous that, without investigation, so rash a statement as that made in evidence should have the effect of relieving the responsible persons from proper censure or punishment.—ED. M. P. & C.]

Medical News.

Charing Cross Hospital Medical School.—On Thursday last the distribution of prizes for the Winter Session, 1874-5, and the Summer Session, 1874 took place. The following is the list:—

Winter Session, 1874-5.—Llewellyn Scholarship, P. B. Conolly. Governor's Clinical Gold Medal, W. J. Brookes. Anatomy (Senior), Silver Medal, A. Greenwood; Certificate, D. Colquhoun, H. Whitehead, F. S. Boreham. Anatomy (Junior), Bronze Medal, H. Hoole; Certificate, S. F. Newton, A. D. Leahy. Physiology (Senior), Silver Medal, D. Colquhoun; Certificate, H. Whitehead, J. L. Robertson. Physiology (Junior), Bronze Medal, H. Hoole; Certificate, S. F. Newton, A. D. Leahy. Chemistry, Silver Medal, H. Hoole. Medicine (Senior), Silver Medal, W. J. Brookes; Certificate, E. M. Rodwell, H. Packer, P. B. Conolly. Medicine (Junior), Bronze Medal, D. Colquhoun; Certificate, H. Whitehead, A. Greenwood. Surgery (Senior), Silver Medal, P. B. Conolly; Certificate, H. Packer, J. A. Phillips. Surgery (Junior), Bronze Medal, D. Colquhoun; Certificate, H. Whitehead, A. Greenwood.

Summer Session, 1874.—Botany, Silver Medal, S. L. Newton; Certificate, D. Colquhoun, A. Greenwood. Materia Medica, Certificate, W. B. Hodgson. Midwifery, Certificate, P. B. Conolly. Forensic Medicine, Silver Medal, W. J. Brookes; Certificate, D. S. E. Bain. Pathology, Silver Medal, W. J. Brookes; Certificate, J. G. Blackman. Practical Chemistry, Silver Medal, D. Colquhoun; Certificate, A. Greenwood, H. Whitehead, S. L. Newton. Psychological Medicine Prize, P. B. Conolly, D. S. E. Bain.

Gleanings.

Præputial Calculi.

Dr. F. W. ZAHN communicates the following case to *Virchow's Archiv.*, February 15, 1875:—

The patient, a peasant 52 years of age, was found on examination to be suffering from cystitis, and, in addition, congenital phymosis. The præputial sac was stuffed with stony concretions of various sizes, which rendered urination a matter of some difficulty.

The patient had formerly made use of a catheter, and more recently of a knitting-needle, to press the stones back and thus allow of urination. Quite lately one or more of the concretions had become dislodged, thus allowing a somewhat freer stream. As the cystitis seemed dependent upon the difficulty of urination, the operation for phymosis was suggested, which the patient refused. He was then put upon quinine, which relieved many of his symptoms, chill, &c., connected with the bladder-trouble.

Six months later, the patient came again under observation. The cystitis had continued, and he was weaker. Two more stones had been passed. An incision was now made, and the concretions removed. The largest of these, rough and convex on its surface and resting on the glans, caused a flattening of the glans, or rather an hour-glass contraction. The urethra was much narrowed to a point about three centimetres from its opening. This narrowing having been enlarged by a tent, the rest of the urethra was found of normal size.

Soon after this operation the patient began to show signs of renal disease, and finally died with symptoms of uræmic poisoning. Unfortunately, no post-mortem examination was allowed. The calculi, fourteen in number, weighed in all 28.5 grammes. The largest was egg-shaped, 29 millimetres long, 26 millimetres broad, and 22 millimetres thick, and had a volume of 9 cubic centimetres. This was the one referred to above as pressing upon the glans. The other concretions varied in size down to that of a peach-kernel, and were of various shapes and appearances. Section showed a central roundish nucleus, sometimes distinguished from the outer layers by being of a reddish colour, in other cases by its softer consistency, but always homogeneous. Outside of this the accretion was arranged in concentric layers. The nuclei contained much horny epithelium, which was only sparingly found in the outer layers. After a somewhat minute discussion of the origin of these concretions in general, Dr. Zahn states it as his belief that they are formed around the "epithell pearls" which are found in the smegma præputii of newly-born children.

Cirrhosis of the Liver in Young Children.

Dr. CAZALIS reports (*Le Progrès Medical*, No. 12, 1875) two cases of cirrhosis of the liver occurring in children seven and nine years of age respectively. The first child had suffered much from cold, hunger, and privation during the siege of Paris. She presented, on admission to the hospital, moderate œdema of the lower members, abdomen distended with ascites, the superficial veins distended, not painful on pressure; face not swollen, but emaciated. Sonorous râles could be heard in the lungs. The urine contained albumen. About a week later an acute attack supervened, accompanied by very severe abdominal pains, like those of peritonitis, and intense dyspnoea; pulse 130.

During the next few days the dyspnoea diminished, but the ascites increased. Puncture of the abdominal cavity was followed by relief. No more fluid formed there; but the lungs became œdematous, and diarrhoea, erysipelæ, and gangrene of the vulva supervened, followed by death. Post-mortem examination showed pleuritic effusion, moderate œdema of the lung with atelectasis of the lower border. The liver was very small, presented plaques of perihepatitis, was mammillated on the surface. The hepatic tissue was hard and resistant. The capsule of Glisson was enormously developed; the parenchymatous substance was circumscribed by fibrous tissue, hard and of a uniform dark brown colour. The branches of the portal vein were surrounded by an abundant mass of fibrous tissue. The peritoneum was covered with false membrane.

The second case was, in the main, similar to the first. The child had lived in a damp ground-floor apartment, and in a miserable way. The symptoms were very similar to those of the first case, and the autopsy showed, as in that instance, extreme atrophy of the liver, indications of perihepatitis,

mammillations of the surface, and, upon section, fibrous grey tissue, enclosing numerous patent vessels, islets of yellow, soft glandular tissue, and, in some places, intense congestion. In neither of these cases was there any suspicion of syphilis or malarial poisoning. Dr. Cazalis regards these cases as worthy of record on account of the extreme rarity of the occurrence of cirrhosis at such an early age.

The wholesale drug trade of Dublin has received recently a notable accession in the establishment of the firm of Messrs. Warren and Co., of Beresford Place, who represent some of the London houses in the trade of druggists' sundrymen and chemists, and in other cognate lines of business. Mr. J. V. Warren, the principal of the firm, was long known in Dublin as the enterprising and business-like manager of one of the largest houses in that line of trade, and as the patentee of "Warren's Sweet Essence of Rennet," and of a fluid extract of annatto for dairy use. Warren and Co. have established their firm in the spacious warehouses formerly occupied by Mr. Valentine O'B. O'Connor, and have collected a very handsome and complete stock of goods, which, in the extent of some of the departments, entirely distances any effort of the sort hitherto made in Dublin. The firm are representatives of the well-known house of Lynch and Co., of Aldersgate Street, and has in stock, in addition to a vast stock of the usual "druggist's sundries," all the well-known specialities of that firm—their spray producers, catheters lined with spiral wire, poison-bottles, and new obstetric stays being of special interest to medical men. In this line of trade Warren and Co. may be almost said to be its pioneers for Ireland, at least, in regard to the extent of their stock, which seems to comprise every article which could be possibly required. In the chemical trade the firm are representatives of the old house of Davy, Yates, and Routledge, of London, from whose factories they exhibit some very beautiful specimens of chemicals well worthy of inspection by the connoisseur in such matters. With the support of these firms and others of equal standing in lines of business in which we are not concerned, the new firm may be expected to take front rank, and will, we imagine, become yet as essential to the apothecaries and druggists of Ireland as such clients are to them.

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE.

THE Publishers will be glad to send receipts for several hundreds of unpaid subscriptions. If those gentlemen whose subscriptions are in arrear for three, four, and five years will kindly send cheque or post-office order to either of the offices of this Journal they will be particularly thanked.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ERRATUM.—We regret that by an unfortunate error in our report of the Obstetrical Society in our last issue Dr. Tilt's speech was ascribed to Dr. Playfair.

DR. CAMPBELL BLACK'S letter is unavoidably held over.

OUR INDIAN CORRESPONDENT'S letter is also held over, on account of the Medical Council proceedings.

ST. THOMAS'S HOSPITAL.—The distribution of prizes to the students in the school will be undertaken this year by the Dean of Westminster, at 8 o'clock on Saturday next.

M. A. B.—The length to which the proceedings of the Medical Council have run in our columns preclude our referring to the subject brought under notice.

THE INDEX.—The Index which we usually give with the last number of each volume is unavoidably held over until our next, in consequence of the proceedings of the Medical Council.

THE "MEDICAL RECORD."—Our contemporary, the *Medical Record*, which was started as a weekly about eighteen months since, announces in its last issue that it will be discontinued in that capacity, and will appear only for the future as a monthly publication.

DR. GARLAND.—Your indignation is entirely gratuitous. If the allusion had been observed by the editor it would have been struck out in accordance with the policy of the journal not to express opinions on religious questions. We think it unnecessary and inexpedient to publish your letter.

VACANCIES.

Dispenser at one of H.M.'s Naval Hospitals. Particulars obtainable at the Admiralty. (See Advt.)

County Down Infirmary. Assistant Surgeon and Registrar. Salary, 60 guineas, with board and apartments. (See Advt.)

East London Hospital for Women and Children. Resident Medical Officer. Salary, £80 per annum, with board and lodging. Applications to the Secretary. (See Advt.)

St. Bartholomew's Hospital. Assistant Physician-Accoucheur. Honorary. Full particulars at the Clerk's Office.

Dental Hospital, London. Assistant Dental Surgeon. Applications to the Hon. Sec., Leicester Square, W.

Liverpool Northern Hospital. House Surgeon. Salary, £100. House Physician. Salary, £90; and an Assistant House Surgeon. Salary, £50, all with residence and maintenance in the house. Applications to the Chairman of the Committee.

Worcester Lunatic Asylum. Assistant Medical Officer. Salary, £100, with board and residence. Address Dr. Sherlock, at the Asylum, Powick.

Township of Manchester. Junior Assistant Medical Officer for the Workhouse Hospital. Salary, £120. Applications, endorsed "Medical Appointment," to the Poor-law Offices, New Bridge Street.

Amersham Union. Medical Officer for the Workhouse and for the District. Salary respectively, £50 and £63 per annum. Address the Clerk to the Board.

Carnarvon Infirmary. House Surgeon. Salary, £80, with board and lodging. Apply to the Secretary, the Infirmary, Bangor.

Swansea Hospital. Resident Medical Officer. Salary, £70 per annum, with board and lodging. Address the Secretary.

Marlborough Union. Medical Officer for the Second District. Salary, £80, exclusive of fees. Address the Clerk to the Guardians.

APPOINTMENTS.

BOOKET, T. L., L.K.Q.C.P.I., L.M., L.R.C.S.I., Medical Officer for the Lacey District of the Whitechurch Union, Salop.

BOUSKE, W., M.B., C.M., House Surgeon to the West Cumberland Infirmary, Whitehaven.

BRUCE, J. M., M.D., M.R.C.P.L., an Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

CANT, W. E., L.R.C.P.L., F.R.C.S.E., House Surgeon to the Hospital for Sick Children, Great Ormond Street, London.

COOKE, E. M., M.R.C.S.E., Senior Assistant Medical Officer and Deputy Superintendent to the Worcester Lunatic Asylum, Powick.

GREEN, T. H., M.D., F.R.C.P.L., an Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

HAMES, G. H., M.R.C.S., a House Surgeon to St. Bartholomew's Hospital.

HARVEY, R. J., M.D., M.B., C.M., a Physician to the Fever Hospital and House of Recovery, Cork street, Dublin.

INGLE, R. N., M.D., L.R.C.P.L., F.R.C.S.E., a Surgeon to the Brighton Hospital for Sick Children.

LANGAN, F., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Longford.

LUCKY, W. C., M.D., C.M., Resident Physician to the Ben-Rhydding Hydrophatic Establishment, Wharfedale, Yorkshire.

RIDLEY, Dr. JAMES, Medical Officer to the King's County Infirmary and County Gaol.

ROE, Dr. R. G., Medical Officer to the Cliffoney (Carney) Dispensary District, Sligo Union.

SAMPSON, G. G., M.R.C.S.E., a Consulting Surgeon to the East Suffolk and Ipswich Hospital, on resigning as Surgeon.

SMITH, G. J. M., M.B., C.M., M.R.C.S.E., Demonstrator of Anatomy to the Westminster Hospital School of Medicine.

SPROULE, G. K., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer and Public Vaccinator for the Frome or No. 1 District of the Frome Union.

THORNTON, W. P., M.R.C.S.E., a Surgeon to the Hospital for Diseases of the Throat, Golden Square.

Marriages.

CAMPBELL-BARTY.—On the 17th inst. at St. Mary's Church, Donnybrook, Arthur Robert Campbell, M.D., to Lucy Lee, eldest daughter of Frederic Barty, late of Dublin.

DAVIS-BEECH.—On the 17th inst., at Christ Church, Upper Tean, Staffordshire, Wm. Hancock Davis, M.D., Tean, second son of W. A. Davis, M.D., Newry, to Sarah, daughter of James Beech, Blythe House, Tean.

Deaths.

CLARIDGE.—On the 17th June, at Pershore, John Claridge, L.S.A.L., aged 71.

CLARKE.—On the 7th June, at South Hackney, R. L. Clarke, Surgeon, formerly of St. Albans.

CRICHTON.—On the 2nd June, at Woodside, Arbroath, J. Thomas Crichton, M.D., aged 63.

FRANCE.—On the 15th June, at Chesterfield, William H. France, M.R.C.S.E., aged 40.

HENDERSON.—On the 3rd June, at Fourdoun, Joseph Henderson, L.R.C.S.Ed., aged 69.

HEWITSON.—On the 15th June, at Weardale, Darlington, Wm. Hewitson, L.R.C.P.Ed., aged 50.

LATHAM.—On the 14th June, Alford Wm. Latham, M.R.C.S.E., of Darlaston, aged 40.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

DEPUTATION OF MEDICAL OFFICERS OF HEALTH FOR DUBLIN TO THE COUNCIL OF THE COLLEGE OF SURGEONS.

A DEPUTATION of the medical officers of the North and South Dublin City Districts was introduced to the Council of the Royal College of Surgeons by W. H. O'Leary, Esq., M.P. for Drogheda.

The accompanying letter from these gentlemen was read:—

TO THE LOCAL GOVERNMENT BOARD, IRELAND.

GENTLEMEN,—At a meeting of the dispensary medical officers of the North and South Dublin City Districts, held on October 27th, it was unanimously resolved to forward the accompanying statement, in order that it might be brought under the notice of the Local Government Board. We observe that a meeting of the urban sanitary authority was held on Monday, the 26th ult., and that they then proceeded to appoint officers under the provisions of the recent Public Health Act, when the following appointments were made, and at the salaries herein mentioned:—

	Per Annum.
Dr. Mapother, Medical Officer of Health ...	£309 0 0
Dr. Cameron, Consulting Medical Officer ...	300 0 0
Mr. Boyle, C.E., Secretary and Executive Officer ...	300 0 0
Two Sanitary Inspectors (Police) each ...	160 0 0
Three Sergeants (sub-officers) each ...	89 14 0
One Sergeant (nominal salary) ...	5 4 0
Five Acting Sergeants (nominal salaries) each ...	2 12 0
Two Acting Sergeants, each ...	84 10 0
Two Constables, each ...	81 18 0
One Clerk ...	52 0 0
Keeper of Disinfecting Chamber ...	39 0 0
Messenger ...	19 10 0
Disinfecter of Dwellings, at 3s. per disinfection	

The Committee fixed the salaries of the thirteen dispensary medical officers, who, under the recent Public Health Act, are medical officers of health, at £10 each per annum in addition to the other emoluments of their office. Now, with greatest respect, we protest against the scale of payment awarded to us, as medical officers of health, upon the following grounds:—

1st—On account of the utterly inadequate remuneration offered.

2nd—That the duties of the office are compulsory.

3rd—Any extra payment received by us for the carrying out of the Compulsory Vaccination and Registration Acts is very hardly earned, and involves much additional labour and responsibility.

4th—It is derogatory to our profession to accept any such payment as that offered; and we unanimously decline to accept same.

5th—That the Legislature, in their wisdom, have agreed to pay a proportion (one-half, probably) of the medical

salaries (under the 10th clause of the Act). In your recent circular as to the scale of remuneration for sanitary officers it has been laid down that the amount of payment of sanitary officers should not exceed one-fourth of the Poor-law salary. We beg you will, however, take into consideration the exceptional instances of large towns, such as Dublin, Belfast, Cork, &c., on the grounds of the onerous and vastly greater amount of sanitary work in comparison with rural districts; in proof of which we append the population of the various city districts, according to the last census:—

Dublin City.		Population by Census in 1871.
North side	No. 1 District ...	49,137
	No. 2 " ...	31,993
	No. 3 " ...	27,546
South side	No. 1 District ...	32,184
	No. 2 " ...	29,952
	No. 3 " ...	38,811
	No. 4 " ...	36,703

We submit that, in a large city, the dispensary medical officer visits daily many of the homes of the sick poor, and is, of necessity, the first to see zymotic disease at its onset, and to advise the preventive measures necessary to guard against its further spread. With regard to the sanitary requirements of Dublin, we would direct your attention to the accompanying reports of the Dublin Sanitary Association. A careful perusal of these clearly demonstrates the multifarious sanitary defects which must necessarily exist in every large city. The whole system of preventive medicine is now placed in the hands of the Dispensary Medical Officers of Ireland; and, from the tenor of the instructions already issued by the Local Government Board, the initiative must, in every case of sanitary procedure, be taken by those officers. Under all these circumstances, we trust that your board will take the case of sanitary officers of large towns into your special consideration. We unanimously and respectfully protest against the rate of payment proposed to be awarded to us by the urban sanitary authority of Dublin, and are strongly of opinion that, for the carrying out of these duties, as laid down in your Instructional Circular, that the minimum salary for the due performance of the sanitary work imposed upon us by the Public Health Act should be, at least, one guinea per week, or fifty-two guineas a year. In forwarding the above protest, we beg to state that we approach the Local Government Board of Ireland with the greatest respect, and have the utmost confidence that they will, on the present occasion, deal fairly and liberally with the members of a learned profession.—And we have the honour to remain, gentlemen, your very obedient servants.

[Here follow the names of thirteen of the medical officers.]

Professor Macnamara, in a very effective speech, referred to his experience of a city dispensary practice, and

proposed the following resolution, which was seconded by the Vice-President of the College of Surgeons, and carried unanimously :—

“That the Council of this College having had their attention directed to the very inadequate scale of remuneration in a very great number of instances fixed upon by the sanitary authorities, not only in this city but throughout Ireland, as salaries for the medical officers employed under the provisions of the Public Health (Ireland) Act, feel it to be their duty respectfully to urge upon the Local Government Board the propriety of their taking such steps as will secure for said officers a scale of remuneration more in accordance with their social and professional status, and with the important and arduous nature of the duties expected at their hands.”

Dr. Speedy spoke exhaustively upon the subject, and Dr. Maunsell and others took part in the conversation.

THE IRISH PUBLIC HEALTH ACT.

At three o'clock on Monday afternoon a deputation, consisting of the President of the King and Queen's College of Physicians and a number of Fellows, waited on Sir M. H. Beach, Chief Secretary for Ireland, at the Castle, for the purpose of presenting a memorial on the subject of the remuneration apportioned to sanitary medical officers under the new Public Health (Ireland) Act.

The deputation consisted of the following :—Dr. Duncan, President ; Dr. Henry Kennedy, Vice-President ; Dr. J. Magee Finny, Registrar ; Rev. Dr. Haughton, Dr. J. W. Moore, Dr. Sinclair, Dr. Duffey, Dr. Evory Kennedy, Dr. Johnson, Dr. Churchill, Dr. Grimshaw, Dr. Hayden, Dr. Banks, Dr. Cryan, Dr. Grattan, and Dr. William Moore.

Sir Alfred Power was also present.

The President, addressing Sir Michael Beach, said that the deputation felt greatly indebted to him for allowing them to appear before him with such promptitude. He regretted to state that some distinguished members of their profession were compelled to be absent : Sir Dominic Corrigan, Dr. Hudson, Dr. Stokes, and Dr. Head. After Dr. Finny had read the memorial, he (the President) would, with the permission of Sir Michael Beach, make a few observations in support of it.

Dr. Finny, Registrar, then read the following :—

TO THE RIGHT HONOURABLE SIR MICHAEL EDWARD HICKS BEACH, BART., M.P., CHIEF SECRETARY FOR IRELAND.

The Memorial of the President and Fellows of the King and Queen's College of Physicians in Ireland.

Humbly sheweth,—That your memorialists desire to express a general approval of the provisions of the Public Health (Ireland) Act. That they regard the appointment of the dispensary medical officers as sanitary officers, under section 10 of the Act, with much satisfaction, as a recognition of the necessity of placing the medical profession in the foremost rank of an organisation for purposes of public health. That they are fully conscious of the number, significance, and novelty of the duties which will have to be discharged by the sanitary officers under the Act—the most important of which duties can only be efficiently performed by medical men, in consequence of their education, qualifications, and training. That the responsibility of carrying into effect the principal of these duties—namely, the reporting upon nuisances, the investigation of outbreaks of preventable disease, the prevention of the spread of sickness, the examination of air, water, and food ; the drawing up of periodical reports on the health of sanitary districts, and the compilation of statistics of disease—is especially imposed upon the medical sanitary officers. That the remuneration so far offered by the local sanitary authorities to the medical officers of health is quite inadequate, when regard is had to the multifarious and very responsible nature of the duties to be performed by them, and to the qualifications required of them. Lastly and especially—that the interests of the community at large

imperatively demand—on the grounds equally of humanity, justice, and economy—that the Public Health Act should be carried into effect in the best manner, and by willing officers. For all these reasons, your memorialists respectfully pray that you will take steps to secure a favourable consideration of the question of the apportionment of equitable and sufficient remuneration to the sanitary medical officers of Ireland in their endeavour to advance the public weal. And your memorialists will ever pray. Signed on behalf of the College,

JAMES F. DUNCAN, President,
J. MAGEE FINNY, Registrar.

November 14th, 1874.

Dr. Duncan wished in the first instance to disclaim any sympathy with the language used by some medical men on this matter. The College of Physicians think that they are the natural guardians of the interests of the medical profession throughout the country. In that capacity they had taken this matter up. At the same time they wisd it to be understood that none of their fellows or actual members of the College were personally interested in the question whatever. None of those present were sufficiently involved to be interested. There were some members of the deputation who were *ex-officio* guardians themselves, and who therefore could have no feeling of sympathy with the language which had been addressed in a very improper way to the boards of guardians generally throughout the country. They were there before the Chief Secretary in the interests of the public. They felt that that very important Act was calculated to be of great benefit to the country, and therefore it was desirable that it should be carried out effectually. Now, possibly, as it appeared to them, with all the trouble and expenditure connected with the getting of that Act of Parliament, very heavy loss might be incurred by the country uselessly because of the omission that had been made with regard to the persons who were really to carry the provisions of the Act into effect. After referring to the visit of the College deputation to London on the subject of the Irish Public Health Act, he remarked that a considerable number of dispensary officers through the country were opposed to having this duty put upon them in the arbitrary manner prescribed by the Act. They thought the performance of the duties should be left to their option. They had, however, been obliged, in fact, to fulfil those duties whether they liked it or not. In addition to being extremely unpleasant, the duties were dangerous, owing to the liability the medical officer was subject to on the score of infection. They were also, in the course of the performance of their duties, brought in contact with persons upon whom they were more or less dependent in the way of practice in the country if they faithfully discharged their duties to the public in having nuisances for which those persons were responsible removed. The effect of that would be that they would lose their practice, and perhaps be exposed to actions at law for damages. They felt that the remuneration for these services should be commensurate with the arduous character of the work to be done. With regard to the cost to the country, he might mention that many members of the profession were not dependent on the incomes of their practice, but had properties in various parts of the country, and, therefore, were not desirous of having taxation increased. But it was really for the interests of the public that if these duties were to be discharged at all, it was only just that they should be properly paid for.

The Rev. Dr. Haughton entirely concurred in all that had fallen from the President. They felt bound to assist their dispensary brethren, and to express the grievance which was felt. The duties were such as could not be discharged by policemen or even solicitors, but required the training and skill of the medical man accustomed to track the sources of disease to their haunts, and accustomed to take precautions against its spread. When the College supported the view that the medical officers should be *ex-officio* sanitary officers, it certainly proved no part of their interests that they should be under paid. That they were now there was no doubt. He read a letter from a sanitary

medical officer who received a salary of £30, and who stated that he would gladly part with his salary and give as much more out of his own resources to anyone who would relieve him of the duties. He claimed to have considerable knowledge of sanitary medicine, and he believed all the money that was being spent on sanitation would be a perfect delusion unless a class of men were employed and paid whose advice would be worth following.

Dr. Grattan and Dr. Evory Kennedy having spoken in support of the memorial,

Dr. Grimshaw argued that he thought the remuneration should be fixed in proportion to the population, area, and number of houses contained in the district. Those were, they believed, the real elements upon which the proportion of salary to be paid should be calculated.

Dr. Wm. Moore having made some observations,

The Chief Secretary in reply, said that he fully admitted both the importance of the subject the deputation had brought before him and their right as representing the College of Physicians to deal with it. He thought it must also be admitted that the medical dispensary officers had a special claim as compared with other persons, to be appointed under the Public Health Act, on the consideration of the Government, for the reason that had been already stated, that they are appointed to these offices without their own consent. It was right, however, to add that the proposal as to their being *ex officio* sanitary officers, was, so far as he could learn, never objected to by them as being an unfair proposal, but was a proposition that commended itself to the support of everyone in and out of the House of Commons—at least so far as he could be led to conclude from the representations made to him. The bill had been passed with the unanimous concurrence of the Irish members. The dispensary medical officers were chosen to these positions for two reasons: first, because it was considered that they were better qualified to fulfil the duties of the position than anyone else who could be appointed; secondly, because they could be had more cheaply to the rate-payers than if fresh officers were appointed. It was obvious that the mere fact of their holding the appointment of dispensary medical officer enables them in the performance of the office to ascertain facts connected with sanitation which would not fall under the notice of anyone else, unless specially appointed for the purpose. He thought it was reasonable to conclude, therefore, that their appointment as sanitary officers would be most acceptable to the rate-payers. Well, then, when the bill was brought in, it contained a proviso that the Local Government Board should settle the salaries of these officers. He proposed this because he thought it the best and the simplest way. Then it was suggested to him by several members of the House of Commons that, as half of the salaries would have to be paid by the board of guardians or sanitary authorities, it was only right that the initiative as to the fixing of salaries should be vested in the local authorities. He could not resist such a suggestion. As the Act now stood that power was vested in the sanitary authorities, subject to the Local Government Board. What had been done by the Board up to the present had only been preparatory. It now became the duty of the Local Government Board, in pursuance of the Act, to consider how far they can improve these salaries. The ultimate decision must rest with them. In many cases he thought the salaries proposed were inadequate for the work to be done. They must further remember that each of the cases must fairly be judged upon its merits—(hear, hear)—and he thought he might remark that boards of guardians, not being sufficiently acquainted with the duties that their officers had to perform, and wishing to try what the actual work to be done might amount to, had only fixed upon the lowest figure as commencing salaries to be paid to those officers. It was, therefore, quite possible that in many cases the salaries at first fixed might require hereafter to be raised. It had been admitted that it had been impossible

to arrive at a definite conclusion, he supposed, in any case, as to the actual amount of work that had been done by sanitary officers before the Act was brought into operation. He could only say that he thought it was fairly the duty of the Government to see that, so far as depends upon them, the duties of the officers appointed under this Act should be efficiently performed, and that officers shall be fairly remunerated for those duties. His friend Sir Alfred Power would, he felt sure, devote to the matter that attention which he devoted to all questions relating to the local government of the country; and, in conclusion, he might say that he was extremely glad to hear from the deputation that they repudiated the language that had been made use of by some members of the profession towards boards of guardians. (Hear, hear.) He regretted very much that such language should have been used. The question which they had been discussing could only be settled by mutual concession and fair dealing on both sides. If the matter was fairly put before the guardians, he had no doubt the matter would receive impartial and just consideration.

The deputation having thanked Sir Michael Beach for his courtesy, then withdrew.

POLICE CALLS FOR DISPENSARY DOCTORS.

TO THE EDITOR.

SIR,—I have been long wishing to direct your attention to a grievance under which I personally suffer; it is this: I am dispensary doctor in a town in the south, where fairs are held monthly. On those occasions rows are constant, in which one fellow or more gets a cut head or other wound. The wounds are generally on the face or head. If on the latter organ, I have to get the part shaved for effectual dressing. The grievance I have to complain of in connection with those cases is that the parties are brought to me by the police with visiting tickets. I have to attend at the police barracks or at my own house, when they stagger into me drunk, it has frequently happened that the police knock me out of bed at night, although I stop up late on these occasions.

The explanation I have frequently got from the head constable in charge is that he is directed by circular from head quarters in Dublin to call on me as dispensary doctor with a visiting ticket to attend those cases, regardless whether they live in or out of my district, be they farmers or farmers' sons, tinkers or vagrants of any other class. Now, Sir, I am sure you will agree with me that this is unjust treatment and ought not to be submitted to quietly without remonstrance from you who are so friendly to the dispensary doctors.

Whilst I have to complain so strongly of the police authorities, I am glad to be able to say from personal experience that the authorities at Dublin Castle have always remunerated me for attendance at Petty Sessions. I have only to show that the magistrates required my attendance and evidence, when they at once direct the Crown Solicitor to pay me invariably a guinea.

Trusting that the ventilation of this matter in your influential journal may be of service to myself and my professional brethren, I am, Sir, your obedient servant,

A DISPENSARY DOCTOR.

The question at issue is one of those which would deserve and require careful investigation by the Irish Medical Association. We have no doubt that when once presented with a red ticket the medical officer must attend, but we are under the impression that he could in a suitable case raise the question of the legality of the issue of the ticket by applying to his committee to cancel it, and if they did so, he would then be in a position to apply to the Castle for payment. Most positively he may and should in any case refuse to give the authorities any information whatever.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, December 12th, 1874; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, DECEMBER 12TH, 1874.														
			Annual rate of mortality per 1,000 inhabitants.	Total Burials registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Poz.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	10,050	314,666	27	112	161	23	49	...	1	18	...	...	2	3	1	1	33
BELFAST	20,687	182,082	31	81	107	14	16	...	3	22	...	1	5	3	...	...	24
CORK	13,816	91,965	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK	8,509	44,209	21	22	18	1	9	...	...	...	...	...	...	...	...	...	13
LONDONDERRY	21,865	30,884	8	5	5	...	3	...	...	...	...	...	...	...	1	1	...
WATERFORD	17,209	30,626	15	9	9	1	4	...	...	...	...	...	...	2	...	...	2
GALWAY	21,358	19,692	37	9	14	2	6	...	1	...	...	...	...	...	...	...	5
SLIGO	30,835	17,285	36	5	12	1	5	...	...	3	...	1	...	...	...	...	3

BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

THE deaths registered in the Dublin district during the week represent an annual mortality of 27 in every 1,000. In London the death rate was 25.

In the Dublin district the births registered amounted to 112, and the deaths to 161. The average numbers were—births 166, and deaths 163.

The deaths from zymotic diseases numbered 32, including 2 from fever (1 typhoid, and 1 simple continued), 18 from scarlet fever, 1 from measles, 3 each from croup and diarrhoea, 2 from quinsy, &c.

In the Belfast district 22 deaths resulted from scarlet fever, 5 from fever, 3 from measles, a like number from diarrhoea, and 1 from whooping-cough.

In the Dublin district 11 children died from convulsions.

Forty-three persons succumbed to bronchitis, 2 to pneumonia, and a like number to lung disease unspecified.

Paralysis caused 5 deaths, apoplexy 2, insanity 2, brain disease unspecified 3, liver disease and hernia 1 each, stricture of intestines and enteritis 2 each, aneurism 2, and heart disease 7.

Fifteen persons fell victims to phthisis, 2 each to hydrocephalus and mesenteric disease, and 1 to cancer.

DR. ROBERT BARRY, of Limerick, has recently succeeded **Dr. Kavanagh** in the office of Registrar of Births, Deaths, and Marriages for St. John's City District. The appointment is especially interesting to Irish Poor-law medical officers, because it is, we believe, without precedent. The acceptance of the office of Registrar is by the Act of Parliament left quite voluntary to the dispensary medical officer, but practically it has always been compulsory. Sir Alfred Power, in his evidence before the House of Commons Committee stated, that the Local Government Board disapproved of a dispensary doctor refusing the Registrarship, or resigning it, and would prevent his doing so if possible.

CARLOW UNION.

SALARIES UNDER THE PUBLIC HEALTH ACT.

A COMMUNICATION from the Local Government Board, dated December 9, was read by the Chairman, from which the following is extracted:—

“SIR,—There remains the question of the additional salaries proposed for the sanitary officers—viz, £10 a year each; and the Local Government Board cannot look upon that as adequate remuneration for those officers. It is to be borne in mind that it is not optional with the dispensary medical officers, as in the case of other officers, to accept their appointments under the Public Health Act, and in the opinion of the Local Government Board it will not be for the advantage of the Union, nor promote the efficient working of the Public Health Act, if officers on whom devolve the execution of important duties under the Act were impressed at the outset with the apprehension that their services will be inadequately remunerated. The officers are now under an obligation to perform their duties, and no delay should take place in determining their salaries. The Local Government Board trusts that those views will be acquiesced in by the sanitary authorities, and lead to a further consideration of the part of their proposals, with a view to placing the salaries of the sanitary officers on a scale more in accordance with the basis suggested in the Board's circular letter of the 8th October last.

“(By Order),
“B. BANKS, Chief Clerk.”

Mr. Fitzmaurice said for the present they should not increase the sanitary officers' salaries. Outside the town the guardians were looked upon as sacrificing the ratepayers.

The Relieving Officer said it would be quite impossible for him to attend the sanitary business in his districts without some remuneration. Last week he was obliged to pay half-a-sovereign for a car, and in twelve months those expenses would amount to a considerable sum, as he had to visit and report on 191 townlands, and where necessary serve notices for the abatement of nuisances.

The subject then dropped.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

ATHY UNION.

Mr. LYONS moved that Dr. Moore, who has acted as temporary medical officer of the workhouse during the illness of the late Dr. Kynsey, be paid at the rate of £2 per week for his services. Dr. Kynsey had been the faithful officer of this house for nearly thirty-five years, and if the board did not now pay Dr. Moore, Dr. Kynsey's family would have to do so.

Mr. Reeves, in seconding the motion, said he would consider it a very great hardship if the board allowed the family of the late Dr. Kynsey to pay Dr. Moore.

Mr. Whelan proposed an amendment that as the matter had already been so fully discussed, it should not now be opened up again.

The amendment was lost by a majority of four.

DIRRAW DISPENSARY.

At a special meeting of Dirraw Committee, a letter was submitted from Dr. MacArthur, resigning the office of medical superintendent of the district, owing to his acceptance of a similar appointment at Greyabbey, after which the following resolution was unanimously adopted:—"In accepting Dr. MacArthur's resignation the committee express their regret at losing the services of a medical officer whose Christian character they so highly esteem, and of whose professional ability they have had the most satisfactory proof. They heartily wish him great success in his new and important sphere of usefulness."

A meeting of the committee was held for the purpose of electing a successor. As there were three candidates the voting was spirited, the result, however, being that Dr. MacKeown, Kilrea, was declared elected by a majority. Dr. MacKeown's friends in Kilrea testified their delight at his appointment by illuminating the street in which he lives with tar-barrels, and there were similar demonstrations in his new district.

OMAGH UNION.

It was moved that Dr. Fleming be elected as consulting sanitary officer. They all knew him long in connection with that house, and he considered it would not be fair to do otherwise than recognise his merits by appointing him.

Dr. Edward Charles Thompson was also proposed for the appointment. Dr. Thompson's testimonials, his proposer said, were of the highest order; he had made the subject of hygiene his special study, and had passed a searching examination in that department of medical science, having attended the lectures of Dr. Parkes, who was the highest authority in the kingdom on sanitary matters.

Mr. David Rodgers proposed the election of Dr. John Rodgers, late of her Majesty's Navy.

The Chairman proceeded to take the poll for the three gentlemen before them, and found that Dr. Fleming ob-

tained 14 votes, Dr. Thompson 17 votes, and Dr. Rodgers 3 votes. On a tie being taken between Dr. Fleming and Dr. Thompson, it was found that there voted for Dr. Fleming 16, and for Dr. Thompson 18.

Dr. Thompson was then declared elected by a majority of two.

BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

The deaths registered in the Dublin district during the week represent an annual mortality of 44 in every 1,000. The high death rates afforded by the returns for Dublin and the provincial towns for last week are partly due to irregularity in registration—arrears being generally entered up in the last week of the quarter. In London the death rate was 37 in every 1,000 of the estimated population, in Glasgow 59, and in Edinburgh 42.

In the Dublin district the births registered amounted to 205, and the deaths to 269. The average numbers were—births 150, and deaths 155.

The deaths from zymotic diseases amounted to 36, against 32 in the week preceding. Of these deaths only 2 were caused by fever (1 typhoid, and 1 simple continued fever); 11 were caused by scarlet fever, showing a decrease of 7 as compared with the preceding week; 1 each by measles, diphtheria, croup, whooping-cough, and dysentery, 4 by influenza, 3 by diarrhoea, 6 by erysipelas &c.

In the Belfast district 34 deaths were caused by scarlet fever, 1 by small-pox, 10 each by measles and fever, 3 each by whooping-cough and diarrhoea, and 2 by diphtheria.

In the Dublin district 12 children died from convulsions.

The cold weather has raised the deaths from diseases of the respiratory organs from 47 in the week ended the 26th of December to 88 in the past week.

Bronchitis proved fatal in 68 instances, pneumonia in 12, laryngitis and pleurisy each in 1, and lung disease unspecified in 6; apoplexy in 8, paralysis in 7, cephalitis and epilepsy each in 2, brain disease unspecified in 6, insanity in 1, jaundice and liver disease each in 2, heart disease in 7, and aneurism in 1.

Phthisis proved fatal in 27 instances, hydrocephalus in 3, mesenteric disease in 2, scrofula and gout each in 1, and cancer in 4.

Four deaths were caused by violence, 2 by fractures and contusions, and 1 each by burns and scalds.

C. E. CREAN, L.K.Q.C.P.I., &c., has been appointed Superintendent Medical Officer of Health for the Claremorris Union, and Sanitary Officer for the Ballyhaunis Rural Sanitary District.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January 2nd, 1875; the Total Number of BIRTHS and DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JANUARY 2ND, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	10,050	314,666	44	205	269	41	79	...	1	11	1	1	2	3	4	8	92
BELFAST	20,687	182,082	74	143	260	28	36	1	10	34	2	3	10	3	18	11	67
CORK	13,816	91,965	50	58	89	11	23	...	...	...	...	...	1	7	2	4	35
LIMERICK	8,509	44,209	16	19	14	...	5	...	...	...	...	...	...	...	...	1	1
LONDONDERRY	21,865	30,884	35	18	21	4	12	...	...	...	...	...	1	...	2	4	10
WATERFORD	17,209	30,626	95			8	17	...	...	...	...	...	4	...	1	2	29
GALWAY	21,358	19,692	63	13	24	3	4	...	2	...	...	...	3	1	...	2	7
SLIGO	30,835	17,285	36	11	12	1	5	...	...	3	...	2	...	...	...	...	4

SANITARY SALARIES.—MORE SEALED ORDERS.

THE Waterford guardians have followed the lead of the Dublin Corporation, in fixing nominal salaries for their medical officers of health, and have been brought to their senses, after much fruitless remonstrance, by the Local Government Board sending them a sealed order. The order recited the salaries as follows:—Executive sanitary officer, salary as clerk of union, £160, ditto under Public Health Act, £25. Sanitary officers: salaries as dispensary officers, £120; salary under new Act, each, £20. Waterford dispensary doctors, for rural portion of their respective districts, each, £5. The Clerk explained that portion of the letter accompanying the order referring to the amount to be refunded from the Treasury in this way. The circular of the Local Government Board stated that half of the proportions of one-fourth of the salaries under the new Act would be recouped, but here the salaries were beyond that scale, and, therefore, they could only expect to be recouped "one-half of one-fourth," the proportions actually allowed. Mr. Clampett said that other sanitary boards to whom sealed orders have been sent under this Act had not received them as final, but had taken the opinion of counsel as to whether or not the Local Government Board had this absolute power. They should do the same, and even, if necessary, have the question brought before Parliament (oh, oh).

At the Board of Guardians of Kilkenny, last week, a letter was read from the Local Government Board, stating that the Board proposed to fix the salaries of the medical officers under the Health Act at £20 a year each, and for that purpose a sealed order will be issued accordingly. In Thurles the guardians raised the salaries of their six medical men, under the Health Act, from £10 to £20 each, and the Local Government Board have approved of same. In the South Dublin Union the doctors' salaries are struck at £25 each.

At the weekly meeting of the Cavan Union Board, a sealed order was read fixing the salary of the consulting sanitary officer at £25 per annum, being an increase of £15 on the sum fixed by the guardians, and increasing

the salaries of the remaining sanitary officers £10 each, being £20 each per annum.

At a meeting of the Guardians of the Longford Union, a letter from the Local Government Board was read, stating that if the guardians would not without further delay increase the salaries of the sanitary officers, a sealed order would be forthwith issued for that purpose compelling them to do so. At a former meeting, with Lord Granard in the chair, it was unanimously decided by a full board that ten per cent. on their present salaries was sufficient remuneration for these officers, but the Local Government Board did not approve of this arrangement, and asked the Board to reconsider their decision, and have the salaries fixed in accordance with their circular letter of the 20th October. The guardians, in the absence of Lord Granard, declined to take further steps in the matter.

The Cork Corporation has also received its ultimatum, and has "protested," which does not make much difference in the circumstances.

OUT-DOOR RELIEF IN IRELAND.

THE proceedings of the Mountmellick (Queen's Co.) guardians last week are significant and interesting, as indicating the notion which Irish guardians sometimes have of the honourable discharge of their duties. It was broadly stated by one of the board—with what truth we cannot say—that a brother guardian was in the habit of obtaining outdoor relief for persons whom he well knew to be capable of earning their living, in order that he might be able to secure the labour of these persons on his own farm at a reduced rate.

DEATH OF DR. COMERFORD, ESQ., OF KILKENNY.—Dr. Comerford, Esq., died in Kilkenny on Thursday night. Since Christmas he has been confined to his bed, suffering from a severe attack of typhus fever, which resulted in effusion of the brain and death at the early age of forty-six years. Dr. Comerford was a very popular citizen, and is universally regretted.

A DIGEST OF THE SANITARY LAWS IN FORCE IN IRELAND.

Prepared by W. D. WODSWORTH, Esq., Assistant-Secretary to the Local Government (Ireland) Board.

THE following abstract of the sanitary laws in force in Ireland has been prepared with a view to afford information and assistance to those engaged in carrying those laws into effect, or in the words of the tenth section of the Public Health Act, 1874, "in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally superintending the execution of the sanitary laws within the district."

WATER.

Many duties are devolved on sanitary authorities in regard to the supply of pure and wholesome water for the inhabitants of the district, and also with respect to prevention of pollution of water.

In districts where no water companies are established by Act of Parliament, the sanitary authority may make agreements for the supply of water to persons, on such terms as may be agreed upon between the authority and the persons receiving such supply, and have power for recovery of water rents so accruing.

To provide water for public and private use, for drinking and for domestic purposes, the sanitary authority may dig wells, cleanse, and keep them in repair by paving, puddling, surrounding with proper stone or brick brims, or covering with stone or woodwork.

They may make and maintain reservoirs or cisterns, or purchase waterworks already established, and do any other acts necessary.

They may buy up any dam, mill, or weir which interferes with a proper supply of water, or may purchase land covered with water, or any water-right, but they must not injuriously affect any river or canal, or any legally established water supply.

In the sanitary authority is vested all property in wells, fountains, and pumps provided for the use of any place, not being the property of, or vested in any person or corporation other than officers of such place.

For the gratuitous supply of water to the public, the sanitary authority may continue, maintain and plentifully supply with water all existing public cisterns, pumps, wells, reservoirs, conduits, aqueducts, and works belonging thereto; or they may substitute other such works equally convenient; and may also construct any number of new cisterns, &c., for the gratuitous supply of any public baths or wash-houses, not established for private profit or supported under borough rates.

They may also supply water, and charge for it, to public baths and wash-houses, or for trading or manufacturing purposes.

To supply water "for private use" the sanitary authority may, with the approval of the Local Government Board, contract with any person or company, or may provide in other ways and maintain waterworks and "all things necessary and proper" to secure a supply of pure and wholesome water, laid on at such pressure as will carry it to the top of dwelling houses: Provided that there is no waterworks company in the district who would supply the water required; and before constructing waterworks themselves, the sanitary authority is bound to give due notice to any such company, in order that it may have an opportunity of agreeing, subject to approval of Local Government Board, to supply what may be reasonably required, and upon reasonable terms.

Section 76 of the same Act enables the sanitary authority, by notice to "owner," or by doing the work themselves, to furnish any house with water which may be reported by the surveyor to be without a proper supply; but this section limits the expense so to be incurred to 2d. a week. (a)

The Towns Improvement Act, 1854, making provision, amongst other things, for a better supply of water in towns with 1,500 inhabitants or upwards, directs meetings to be convened on application of twenty-one or more householders, with a view to carrying any part of the Act into operation, and after approval of Local Government Board of adoption of any part of its provisions, the sanitary authority (Town Commissioners) may take effectual steps for the supply of water for public and private use; may purchase, hire, construct, lay down, and maintain waterworks, main pipes, forcing apparatus, service pipes for private houses, and may supply public baths and wash-houses, works, manufactories, or other premises.

(a) See section 51, 21, & 22 Vic., cap. 98, Comp. p. 477, "owners" instead of "occupiers."

See also section 20, 24 & 25 Vic., cap. 61, Comp., p. 479, as to supplying water and charging for it.

Penalties of various amounts are recoverable for any damage to waterworks or supplies.

Penalties of £5, and £1 a day during continuance of offence, may be summarily imposed for wilfully or carelessly breaking, injuring, or opening any lock, cock, waste-pipe, or waterworks; or for unlawfully flushing, drawing off, or diverting or taking water from waterworks, or for wasting, or causing to be wasted, the water supplied by the sanitary authority.

The same penalties are recoverable for polluting the water supply, bathing in any waterworks or stream belonging to the sanitary authority; or for washing, cleansing, or throwing therein, or causing to enter therein, any animal (dogs or sheep, for instance), rubbish, filth, stuff, or thing of any kind; or for suffering to run, or be brought therein, the water of any sewer, sink, drain, engine, or boiler, or other filthy or unwholesome or improper water, or, in fact, doing anything whereby the water supply may be fouled.

Proprietors of gas works may be fined £200, and £20 a day, whilst offence continues, and costs of suit, for bringing or causing to flow into waterworks or stream under sanitary authority, or into any drain or pipe connected therewith, any washings or substances produced in gas manufacture; and £20, and £10 a day, whilst offence continues, for causing the water supply to be fouled in any manner.

For the purpose of ascertaining the facts as to the water being fouled, the sanitary authorities may open the gas proprietors' pipes, conduits, and works, and examine them, the expense being borne by the proprietors, if such fouling has taken place, and by the sanitary authority if it has not.

In case of pollution "arising from sewage," the sanitary authority may take proceedings by indictment.

If any well, public or private, or water supplied from any public pump is so polluted as to be injurious to health, the sanitary authority, on the fact being represented to them, may obtain an order from justices in petty sessions to remedy the same, or close the pump or well, or direct that the water be used for certain purposes only, and justices may order the water to be analysed.

Expenses incurred by "Rural" sanitary authorities are chargeable, firstly, as regards "general" expenses (as defined by sec. 13), on a common fund raised out of the poor-rate of the electoral division, or parts thereof, (a) in the rural sanitary district; and secondly, as regards "special" expenses (as defined in sec. 13), on the dispensary district, electoral division, or townland, as the case may be, and are to be defrayed out of rates assessed for the purpose, the Local Government Board having power to determine the area of taxation.

Money may be borrowed at interest by sanitary authorities, with the sanction of the Local Government Board, from any person willing to lend it, or from the Public Works Commissioners, with the consent of the Commissioners of Her Majesty's Treasury, on the recommendation of the Local Government Board, and either for general or for special purposes. Money borrowed is not, however, to exceed twice the net annual value of the premises assessable and is to be repayable within not more than 60 years, or if borrowed from Treasury for sanitary improvements, within 30 or 50 years, as provided by the Sanitary Acts, and at three and a half per cent. interest.

Limits as to rates imposed by local Acts of Parliament are not to apply to rates required for sanitary purposes; and in towns where the Towns Improvement Act, 1854 (17 & 18 Vict., c. 103), is in force, and the provisions as to supply of water have been adopted, assessment may be made up to but not exceeding 2s. in the pound.

Watercourses adjoining or near to any highway may be scoured, cleansed, and kept open by surveyors, and may be constructed if necessary.

Ditches, gutters, drains, or watercourses, are likewise to be dealt with by the sanitary authority, and covered in or improved, owners or occupiers of land or grounds, not being waste or common, being compensated for any damage done.

BATHS AND WASH-HOUSES.

Where the Baths and Wash-houses Acts are in force the sanitary authority has conferred upon them all the rights, powers, and duties attached to the Council, Town Commissioners, or other acting bodies.

Where the Baths and Wash-houses Acts are not in force "for promoting the voluntary establishment of such places in towns and boroughs," the sanitary authorities may adopt them, and then proceed to provide public baths and wash-houses, public open bathing-places, tubs and troughs, and drying grounds.

(a) The townland is the smallest area of taxation, and is not to be divided.

Loans for these purposes may be borrowed from the Public Works.

Land may be hired or purchased, or appropriated if vested in municipal authorities or Town Commissioners.

Buildings may be erected, converted, altered, and enlarged, and fitted up and furnished.

Existing baths or wash-houses may be purchased.

Supplies of water may be obtained from companies, bodies, or individuals, and the baths, wash-houses, and bathing-places may be sold, if after being seven years established, they are deemed unnecessary.

Bye-laws may be made to regulate such places, and charges for use arranged, and offenders be dealt with by the sanitary authority.

NUISANCES.

The sanitary authority is required to inspect the district from time to time, by itself or its officers, to ascertain what nuisances exist calling for abatement, and to enforce the provisions of the Nuisances Removal Acts.

If it should happen that a sanitary authority does not do its duty, and the default is proved to the satisfaction of the Local Government Board, they may give directions for delegation of the powers of the sanitary authority to the chief officer of police of the place, and expenses incurred thereby will be recoverable from the sanitary authority.

Nuisances are defined as follows in the Nuisances Consolidation and Amendment Act of 1855 and the Sanitary Act of 1866:—

Any premises in such a state as to be a nuisance injurious to health. (a)

Any pool, ditch, gutter, water-course, privy, urinal, cess-pool, drain, or ashpit, so foul as to be a nuisance or injurious to health.

Any animal so kept as to be a nuisance or injurious to health. (b)

Any accumulation or deposit which is a nuisance or injurious to health. (c)

Any house, or part of a house, so overcrowded as to be dangerous or prejudicial to the health of the inmates. (d)

Any factory, workshop, or work-place, not already under a Factory Act or Bakehouse Regulation Act, not kept in a cleanly state, or not ventilated so as to render harmless, as far as practicable, impurities generated in the work, or so overcrowded as to be dangerous or prejudicial to the health of those employed.

Any fireplace or furnace used in any manufactory or trade-process which does not, as far as practicable, consume its own smoke.

Any chimney (not being the chimney of a private dwelling-house) sending forth black smoke in such a quantity as to be a nuisance.

Candle, melting, soap, slaughter-houses, or places for bodies, blood, or burning bones; any building or place used for any trade or process "causing effluvia," certified by medical officer, or two medical practitioners, to be a nuisance, or injurious to health of neighbouring inhabitants, may be dealt with under section 27, 18th & 19th-Vic., cap. 121, as therein directed.

The sanitary authority (as stated above) is to cause inspection of its district, "with a view to ascertain what nuisances exist calling for abatement;" and this applies to furnaces and fireplaces, to consume their own smoke especially.

Notices of nuisances existing may be given to sanitary authority by any person aggrieved thereby, or by sanitary inspector, or two or more householders, or relieving officer, or constabulary officer.

The sanitary authority is to serve notice on the person causing, or suffering the nuisance to continue, or on the owner, or on the occupier of the premises. (c)

(a) For instance, any badly ventilated, or insufficiently drained house, or house without proper sewerage, or dilapidated and rotting premises. If houses are reported unfit for human habitation, any two justices may prohibit the use of them, and issue an order to the owner or occupier accordingly.

(b) For instance, pigs, or an ass, or goats kept in a house wherein human beings live and sleep, instead of having a suitable place constructed for them outside the house.

(c) For instance, an accumulation of filthy matter of any kind, house soil, slops, vegetable refuse, or other foul things.

Slaughter-house offal not sufficiently covered, or deodorised in the earth, or by earth, peat, mould, or other deodorising and disinfecting agent.

Stagnant holes in back premises—anything rotten, rotting, or offensive to sight or smell.

(d) See note a.

(e) Such notice should be signed on behalf of the sanitary authority by their clerk or executive sanitary officer (sec. 62, Public Health Act), and should require the owner or occupier to abate the nuisance within a time to be specified in the notice (sec. 21, Sanitary Act, 1866). If, at

Where the person causing the nuisance cannot be found, and it is not the fault of the owner or occupier, the sanitary authority may itself abate the nuisance.

If a medical practitioner certifies that articles of clothing or bedding in a house, or any part of it, need to be disinfected, the sanitary authority may do what is needed.

If the sanitary authority does any acts to abate nuisances it can recover costs and expenses from owner or occupier at its discretion, requiring payment in the first instance, as in the Act directed.

For carrying Nuisances Acts into effect the sanitary authority can demand entrance into premises to make necessary examinations.

In cases of "recurring" nuisances, steps may be taken before justices for abatement, or remedy.

CONTINUED SCAVENGING.

In any case where there is "urban" sanitary authority, if the Local Government Board should see occasion to issue an order for making due provision for the proper cleansing of streets, removal of house-refuse, cleaning earth-closets, &c., within its district, the urban authority would be bound to carry the same into effect, and would be liable to a penalty for default, if an occupier of a house sent notice to cleanse it, and it was not done within seven days.

DRAINS AND SEWERS.

Where the Towns Improvement Act applies, the sanitary authority has power to make and maintain public sewers, and may purchase rights in, contract for, or purchase any sewers within the town and alter and maintain the same.

They can also take compulsory steps under the Towns Improvement Clauses Act in regard to the drainage of houses, and also as to the level of foundations of any new house, constructing drains, outfall into cesspools, providing privies and ashpits, and their inspection.

Under the Sanitary Act, 1866, any owner or occupier of premises may cause his drains to empty into public sewers, after notice to the sanitary authority, and on terms and conditions to be agreed upon.

This may be done by owners or occupiers, both within and beyond the district. A penalty of £20 will be incurred if such drains be made so to empty into the sewers of the sanitary authority, without due notice to the sanitary authority, and their agreement, and the sanitary authority can close any drain made in contravention of the provisions of the Act.

Where there are no drains for houses, or insufficient drains, the sanitary authority can require the owner of a house to make drains into a public sewer, if not more than 100 feet distant, and may do the work themselves, at the owner's expense, if he fails to do what he is required to do by the sanitary authorities' notice.

Under the Sewage Utilisation Act, 1865, the sanitary authority can construct such main sewers as they may think fit for keeping their district properly cleansed and drained, and may combine with other districts for making main sewers, or carrying into effect a system of sewerage for the use of such districts.

They may also obtain the use of any such subjacent sewer for "outfall" by agreement and after inquiry by the Local Government Board.

A power of entry into any lands or premises is given to the sanitary authority for making, or for keeping works in repair, and the sanitary authority may borrow money for sewer purposes, or take land for the purpose, and may compensate for damage sustained by works for carrying sewerage powers into effect.

But sanitary authorities are prohibited from making a sewer so as to drain "direct" into any stream or watercourse.

Expenses, "special," for Sewer works incurred by a "Rural" are chargeable under the Public Health Act, 1874, on the contributory district, the Local Government Board first determining the area of taxation.

Expenses under previous Acts in regard to sewers and waters were chargeable on the electoral division only.

(To be continued.)

the expiration of the time named, the nuisance is not abated, the sanitary authority may cause complaint thereof to be made before a Justice of the Peace, who shall thereupon issue a summons requiring the person in default to appear before any two Justices in Petty Sessions assembled, who may make an order for the abatement or discontinuance and prohibition of the nuisance (sec. 12, 13 & 19 V., c. 121).

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

THE general meeting of the Association which was summoned by the President for the 6th of January last was held on that day at the Royal College of Surgeons. On the chair being taken by the President, Dr. Henry Smith, it appeared that, inasmuch as, in consequence of a secretary not having been appointed in the room of Dr. Quinan, resigned, sufficient publicity had not been given of the intention to hold the general meeting, the members present were therefore of opinion that it would be inexpedient to enter upon the business which was for the consideration of the meeting. Accordingly it was decided that an adjourned general meeting should be held on the 27th of this month, and it was remitted to a committee to make the necessary arrangements for the holding of the meeting, and for the issuing of invitations to all members of the profession whose co-operation in the reorganisation of the Association might be considered desirable, and who might be willing to give their assistance for that object.

The President and Council, therefore, earnestly solicit the co-operation of the profession, and especially of the Poor-law medical officers of Ireland, in this effort to reorganise an Association for the representation of their views and interests, and request the attendance at the general meeting of those who are willing to give their assistance for such object.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF DECEMBER, 1874.

- DECEMBER 1ST.—Kirkwood, Kingston Dodd Lloyd, Woodbrooke, Carrick-on-Shannon, Co. Leitrim, Lic. R. Col. Surg. Edin. 1873, Lic. R. Col. Phys. Edin. 1873.
- 3rd.—O'Dea, Patrick St. Laurence, Duras, Kinvara, Co. Galway, Lic. R. Col. Phys. Edin. 1874, Lic. R. Col. Surg. Edin. 1874.
- 8th.—Enright, Thomas, Castlematrix, Bathkeale, Co. Limerick, Lic. R. Col. Surg. Irel. 1873, M.B. Univ. Dub. 1874.
- 9th.—Moutray, Charles Drummond, Airmount House, Kilmainham, Co. Dublin, Lic. R. Col. Surg. Irel. 1873, Lic. R. Col. Phys. Edin. 1874.
- 11th.—Herapath, Charles Kynaston Coathupe, Sidney House, Brunswick Square, Bristol, M.R.C.S., Engl., 1874, Lic. K. Q. Col. Phys. Irel. 1874.

- 12th.—Ryan, Joseph Michael, Ardee, Co. Louth, Lic. 1874 and Lic. Midwfy. 1874, R. Col. Surg. Irel., Lic. Apoth. Hall, Dub., 1874.
- 14th.—Metge, Richard Toler, Banbridge, Co. Down, Lic. R. Col. Phys. Edin. 1874, Lic. R. Col. Surg. Edin. 1874.
- 15th.—Leader, Richard Radley, Keale House, Mill Street, Co. Cork, M.D. 1873 and M.Ch. 1873, Qu. Univ. Irel.
- 15th.—Johnston, John Somerville, 1 East Wall, Londonderry, Lic. 1874 and Lic. Midwfy. 1874, K. Q. Col. Phys. Irel., Lic. R. Col. Surg. Irel. 1874.
- 16th.—Purcell, Richard, Kanturk, Co. Cork, Lic. Apoth. Hall, Dub., 1856.
- 19th.—Lamprey, Joseph John, 4 Clifton Terrace, Monkstown, Co. Dublin, Lic. 1874 and Lic. Midwfy. 1874, K. Q. Col. Phys. Irel., Lic. R. Col. Surg. Edin. 1874.
- 22nd.—Guthrie, James, Greysteel, Eglinton, Co. Derry, Lic. R. Col. Surg. Edin. 1873, M.D. Q. Univ. Irel. 1874.
- 22nd.—Duke, Alexander, 2 Proby Square, Blackrock, Co. Dublin, Lic. 1874, and Lic. Midwfy. 1874, K. Q. Col. Phys. Irel., Lic. R. Col. Surg. Irel. 1874.
- 22nd.—Mulock, Frederick John, Kilnagarna, Athlone, K. Co., Lic. 1873 and Lic. Midwfy. 1874, R. Col. Surg. Irel., Lic. K. Q. Col. Phys. Irel. 1874.
- 26th.—Parker, Joseph, 10 Upper Mallow Street, Limerick, M.D. 1874 and M.Ch. 1874, Q. Univ. Irel.
- 28th.—Rooney, James, Shercock, Co. Cavan, Lic. K. Q. Col. Phys. Irel. 1874, and Lic. Midwfy. do. do. 1874, Lic. R. Col. Surg. Irel. 1874.
- 30th.—Jennings, William, Maternity Hospital, Cork, M.D. 1874 and M.Ch. 1874, Qu. Univ. Irel.
- 31st.—Weddick, John, Union Workhouse, N. Brunswick Street, Dublin, Lic. 1874 and Lic. Midwfy. 1874, K. Q. Col. Phys. Irel., Lic. R. Col. Surg. Irel. 1874.
- 31st.—Daly, Maurice C., Waterhouse Road, Cork, M.D. 1874 and M.Ch. 1874, Qu. Univ. Irel.

ABBEYLEIX UNION.

MR. DELANY moved that Mr. Finnegan's salary as executive sanitary officer should be £20. He thought similar salaries were paid in other unions, and sanctioned by the Local Government Board. If they fixed too small an amount the Local Government Board would send down a sealed order.

Captain Despard proposed that Mr. Finnegan get £25 a year as executive sanitary officer.

Captain Despard's motion to fix the salary at £25 a year was passed by a majority of 12 to 5.

Mr. Delany moved that the sanitary officers' salaries should be fixed at £15.

Mr. Fleming proposed the sanitary officers should get £25 a year each.

On a division, Mr. Delany's motion was carried by a majority of 10 to 7.

Captain Despard wished to know if the duties of the consulting sanitary officer were heavy.

The Clerk replied that the Local Government Board appeared to attach great importance to the office. He then read the duties of the consulting sanitary officer.

Dr. Edge proposed that Dr. Swan be paid £30 a year as consulting sanitary officer.

Mr. Delany moved that the salary should be £20 a year.

Mr. Kennedy proposed £15 should be the salary.

The proposal to fix the salary at £20 was carried by 9 to 7.

BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

THE deaths registered in the Dublin district during the last week represent an annual mortality of 46 in every 1,000 of the population. In London the death rate was 35, in Glasgow 66, and in Edinburgh 45.

In the Dublin district the births registered during the week amounted to 184, and the deaths to 276. The average numbers were—births 164, and deaths 182.

The deaths from zymotics numbered 42, showing an increase of 6 as compared with the preceding week. Of the deaths from zymotic diseases 6 were referred to fever (1 typhus, 3 typhoid, and 2 simple continued fever), 14 to scarlet fever, 7 to diarrhoea, 4 to erysipelas, 1 each to measles, diphtheria, quinsy, croup, whooping-cough, dysentery, &c.

In the Belfast district 20 deaths from scarlatina were registered, also 9 from measles, 3 from whooping-cough, and 1 from diarrhoea.

Fourteen children died in the Dublin district from convulsions.

Sixty-four deaths were caused by bronchitis, 12 by pneumonia, 1 by asthma, 1 by lung disease unspecified; 14 by heart disease, 1 by aneurism, 3 by apoplexy, 6 by paralysis, 2 by cephalitis, 4 by brain disease unspecified, and 4 each by liver and kidney disease.

Twenty-one persons died from phthisis, 1 from mesenteric disease, and 3 each from hydrocephalus and cancer.

The total number of deaths registered during the week from diseases of the respiratory organs, including phthisis, amounted to 109.

Seven deaths resulted from violence—viz., 4 from burns and scalds, 1 each from fractures, drowning, and suffocation.

TULLAMORE UNION.

THE following letter was read:—

“Dublin, 11th January, 1875.

“Sir,—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of the Tullamore Union on the 29th ult., and with reference to the guardians' resolution on the subject, ‘Whether it is the duty of the consulting sanitary officer to visit any place within the union when they consider it necessary in order to have his opinion upon disputed or doubtful points arising under the Public Health Act,’ I am to state that the Local Government Board consider it would be the duty of the consulting sanitary officer to visit any place within the union for the purpose of affording the sanitary authority his opinion upon any sanitary matter in which the sanitary authority should consider such visit and advice necessary for their guidance in the administration of the Public Health Act.—By order of the Board,

“B. BANKS, Secretary.”

DEATH OF DR. FITZPATRICK, OF NAAS.

WE regret to chronicle the death, at Torquay, where he had gone for the benefit of his health, of Dr. John Fitzpatrick, of Bolton Lodge, Naas. Dr. Fitzpatrick for a considerable time filled the arduous office of dispensary doctor of the Naas and Jarogh district, and earned the gratitude of the poor by the manner in which he discharged his duties. He is lamented by a large circle of friends.

WATERFORD DISTRICT LUNATIC ASYLUM.

At a meeting of the Board, held on the 13th inst., it was Resolved—“That the Board, on the occasion of Dr. Fletcher's promotion, desire to record their high sense of the ability and zeal which characterised his connection with this institution. They have been much gratified with the excellent order and discipline uniformly maintained in the establishment, and which have been the pleasing result of the doctor's close attention to the duties of the office of resident medical superintendent; and the governors feel confident that his future career will fully justify his selection for the more important duty to which he is now called. And in parting, they offer him the assurance of their sincere esteem, with best wishes for his welfare.

PARSONSTOWN UNION.

At a meeting of the Parsonstown Board on Saturday, a sealed order from the Local Government Board was read, fixing the following rates as the salaries of the local sanitary medical officers:—Consulting sanitary officer £20 per year; sanitary officer of Parsonstown district £25 a year; sanitary officer of Banagher district £25 per year; sanitary officer Frankford district £25 a year; sanitary officer for Riverstown district £20 per year; sanitary officer of Killyar district £15 per year. The sub-sanitary officers were each allotted £7 10s. per year. The guardians allowed their executive officer £20 per year. Mr. John Corcoran gave notice of his intention to move on that day fortnight that the sealed order be considered with a view to reducing the doctors' salaries under the Medical Charities and Sanitary Acts to a rate proportionate to that allowed in the neighbouring union of Tullamore.

ATHY UNION.

A COMMUNICATION was read from the Local Government Board, expressing their sanction of the payment of a sum of £32 to Dr. Moore for his services as temporary medical officer of the workhouse.

A Guardian expressed his surprise at the Local Government Board sanctioning what he designated an illegal motion. He said it was his fixed determination to resist payment of same.

The Chairman explained that the motion came before the Board, and was carried by a majority. The Local Government Board had to-day sent down an order sanctioning it. If he wished now to take any further steps in the matter, it should be with the Local Government Board, and not with the guardians.

The Guardian said, inasmuch as Dr. Moore was never appointed by this Board, the payment of his salary out of the rates was an illegal act, which he would resist to the utmost, even if necessary in a court of law.

The Chairman said, even if Dr. Moore were not regularly appointed, the fact of the Board actually allowing him to perform the duties, and in many instances giving him instructions, would render them liable, in a legal sense, to the payment of his salary.

The matter then dropped.

THE LATE DR. SHIELL.

The following resolution was recently passed at a meeting of the District Lunatic Asylum at Enniscorthy:—

“Resolved—That we cannot separate without recording our sincere regret at the lamented death of Thomas Wildridge Shiehl, M.B., who was the talented, kind, and courteous Resident Medical Superintendent of this Institution from its opening in January, 1868, to 19th October, 1874, during which period his continuous attention was devoted to the welfare of the patients, and to the interests of the institution generally, which frequently called forth the marked approval of the inspectors and this board; and we take the opportunity of expressing our deep sympathy with Mrs. Shiehl in her sad bereavement.”

A DIGEST OF THE SANITARY LAWS IN FORCE IN IRELAND.

Prepared by W. D. WODSWORTH, Esq., Assistant-Secretary to the Local Government (Ireland) Board.

SEWAGE AND UTILIZATION OF SEWAGE.

The Sewage Utilization and Distribution Acts, 1865, 1867; and Public Health Act, 1874, provide for the removal of difficulties as regards the disposal of sewage, so as not to be a nuisance, and also afford facilities for application of sewage to land for agricultural purposes; for receiving, storing, and distributing it; and making special drainage districts and arrangements for contributions to works either begun or completed.

The sanitary authority may construct sewers for keeping their districts properly cleansed and drained, and have control over them and over sewers previously constructed, and repair the same.

For this purpose they are empowered to carry sewers through, across, or under roads and streets; and through or under any lands whatsoever, and to do works within and without their district.

They may enlarge, alter, arch over, or otherwise improve any sewers vested in them, and may close up or destroy such as have become unnecessary, provided they do not cause a nuisance thereby: and also, if any one is deprived of lawful use of a sewer thereby, the sanitary authority shall provide him with other means of sewerage.

The sanitary authorities are bound to see that the sewers vested in them are neither a nuisance nor injurious to health, and are to cause them to be properly cleared, cleansed and emptied into suitable places, or may collect the sewage or refuse therefrom, for sale; but so as not to create a nuisance.

To effect such outfall and sale of sewage, and its distribution, further powers are conferred on the sanitary authorities by the Local Government Act, 1858; and the Public Health Act, 1874, enabling them to effect these objects within and beyond their district, also for giving compensation for damage.

But before outfall of sewage into a subjacent district is made, the sanction of the Local Government Board is necessary, after public inquiry, if requisite, and after proper terms, conditions, and precautions are arranged.

Owners and occupiers of premises may cause their drains to empty into public sewers. (See Drains and Sewers, p. 13).

If a house is without a drain the sanitary authority may require the owner to make one into a public sewer, if not more than 100 feet distant, and if more, then into a covered cesspool or other approved receptacle, not being under any house.

The sanitary authority may itself provide suitable sewerage from houses whenever any drain, ditch, gutter, or watercourse is a "nuisance," and may assess the expense on the houses, and recover it.

In case of new houses, or houses rebuilt, sanitary authorities (where there is no other enactment, public or private, to the same effect) are to have control as regards seeing that such houses have sufficient water, or earth-closets for the reception and deodorisation of faecal matter, and are bound to see that such places do not become a nuisance, and they may supply earth.

The sanitary authority has also power, conferred by Local Government Act of 1853, section 51, as to supply of water to houses, the removal of house refuse from premises, cleansing of privies, ash-pits, and cesspools.

If it should happen that the sanitary authorities make default in performance of their duties, the Local Government Board can cause the necessary works to be done, and charge all expenses on the district; or under section 37, 37 & 38 Vic., cap. 93, Public Health Act, 1874, this duty can now be enforced by writ of mandamus.

In "urban" districts if the sanitary authority has been required, in pursuance of the 39th section of the Public Health Act, to make provision for cleansing of streets, removal of house refuse, &c., it is liable to a penalty for default, payable to the occupiers of the house.

Expenses under Sewage Acts are chargeable on the borough fund or rate, or special poor-rate, as the case may be, and on the area to be determined (except where borough or urban authorities exist), by the Local Government Board.

Money may be borrowed for sewage purposes under the Public Health Act, and be charged on future rates.

LODGING-HOUSES.

The Local Government Board is empowered in its discretion, by notice in the *Dublin Gazette*, to declare the enactment in section

35 of the Sanitary Act, 1866, to be in force notwithstanding the restrictions contained therein.

After such notice the sanitary authority of the district is empowered to make regulations as to houses or parts of houses let in lodgings or occupied by members of more than one family, such regulations being subject first to confirmation by Local Government Board.

These regulations are (1) to fix the number of persons who may occupy such house or part thereof, and (2) provide for their registration, (3) for their inspection, and keeping them in a cleanly and wholesome state, (4) for enforcing therein the provision of privy accommodation and other appliances and means of cleanliness, and the cleansing and ventilation of the common passages and staircases; (5) for cleansing and lime-whiting the premises at stated times; and the regulations may extend to "ventilation of rooms, paving and draining of premises, and to notices to be given, and precautions taken in case of any contagious or infectious disease."

A notice board, with the words "Registered Lodging-House," is to be affixed to such houses, in some conspicuous place.

The Nuisances Removal Act, 1855, contains special provision also to guard against overcrowding houses occupied by more than one family.

The sanitary authority has power to enforce the regulations made, by means of fines of £2 and £1 a day whilst default continues, and after two convictions for over-crowding a house within three months, any two justices may order the house to be closed.

COMMON LODGING-HOUSES.

The sanitary authority has devolved upon it the duty of the local authority in regard to the acts as to common lodging-houses, which were enacted with a view to promoting "the comfort and welfare of many of Her Majesty's poorer subjects."

A common lodging-house is defined to be a house where persons are harboured or lodged for hire for a single night, or for less than a week at a time; and in places under the Towns Improvement Acts, at an amount not exceeding 4d. per head per night.

It is not lawful to keep a common lodging-house in towns with 3,000 inhabitants or upwards, not being a licensed victualling house, or unless the house is registered as a lodging-house.

The sanitary authority is to give notice to keepers of common lodging-houses to register them in the register which they are to keep, which is to particularise the name of the keeper of the lodging-house, situation of house, and the number of lodgers to be accommodated.

In houses in which vagrants or beggars are received, the keeper thereof may be required to furnish reports of persons resorting thereto.

The sanitary authority may make bye-laws or regulations for such houses, subject to confirmation by the Local Government Board, for their well ordering, number of lodgers, separation of sexes, cleanliness, ventilation, inspection, and may also secure a proper supply of water.

The keepers of such houses are to thoroughly cleanse the rooms, buildings, cesspools, privies and drains to the satisfaction of the sanitary authority; and are to limewash them twice a year.

Lodgers are not to be received until the houses have been inspected and approved by the proper officer, and registered, and the keeper must obtain and produce a certificate of character to the sanitary authority, if required to do so.

The keepers are to give immediate notice to the sanitary officer, medical officer of dispensary district, and relieving officer, of any case of contagious or infectious disease, and such notice is to be given if any person is confined to bed in the lodging-house "for 48 hours" by fever or any infectious or contagious disease, under penalty. Any such case may be removed by the sanitary authority to an hospital. Clothes and bedding may be disinfected, or may be destroyed, and compensation may be given out of the poor rates.

Keepers are bound to give "free access" for inspection of the premises "at all times" when required by any officer of sanitary authority.

Penalties of £5, and £2 a day during continuance of any offence against the Act, are recoverable, and after a third conviction the keeper is disqualified for having or keeping a common lodging-house.

Any person convicted of any offence against the Lodging-House Acts, may be imprisoned for a term not exceeding three months, in default of payment of penalty.

The provision in the Nuisances Removal Act, 1855, to prevent overcrowding of houses occupied by more than one family, applies to common lodgings also.

The sanitary authorities, on receipt of a certificate from a police constable, or inspecting officer, of the existence of any of the causes of complaint "specified in the 1st section of Nuisances Removal and Diseases Prevention Act, 1848," (a) in any common lodging-house are to take the necessary steps to remedy the same, which may be done in pursuance of the 10th section of Nuisances Removal and Diseases Prevention Act, 1855.

These causes of complaint are specified to be a filthy and unwholesome condition of the premises so as to be injurious to health: any foul and offensive ditch, gutter, drain, privy, cess-pool or ashpit; the presence of swine upon the premises; any accumulation of dung, manure, offal, filth, refuse, or other things so as to be injurious to health; and any cattle or animal kept underneath or upon the habitable part of the premises so as to be a nuisance or injurious to health.

ARTISANS AND LABOURERS' DWELLINGS.

The sanitary authority is to administer the Act for taking down, improving, or building dwellings occupied by working men and their families.

The Act applies to the the city of Dublin, towns corporate, or boroughs, towns having town commissioners or other governing body under any local Act, and having not less than ten thousand inhabitants.

If a sanitary officer finds premises in a state dangerous to health so as to be unfit for human habitation, he is to report the same to the sanitary authority in writing, and deliver the report to the clerk of the authority.

The sanitary authority is to refer the report to a surveyor or engineer, who is to consider and to report the cause of the evil and the remedy, if the evil be remediable.

These reports are then to be given to the owner of the house, who is thereafter to come before the sanitary authorities, and the matter is to be discussed and considered by them, and the necessary order be made thereon.

A plan and specification of the works needed is to be made, and the owner to be communicated with, and an order made for the necessary works, such order being subject to appeal to quarter sessions, if notice of appeal be given within a month, and recognisances be entered into with securities.

If the owner objects that he is not the person responsible for what is reported, but some other person, such other person being specified, may appear before the court and be heard, and further proceedings in the case are then to be taken.

Four or more householders may complain to the sanitary officer of the state of any premises, but he is responsible for the inspection of the premises whether he receives such representation or not.

If the sanitary authority does not attend to such reports, the inhabitants may memorialise the Local Government Board for inquiry, who may then peremptorily direct the sanitary authority to proceed in the matter.

Provision is made in sections 14 to 34 of the Act, as to orders for works, ownership of premises, ascertaining liabilities of parties to do necessary works, service of notices, performance of works either by owner, or on his default by sanitary authorities themselves, charging expenses on the premises, and interest thereon. Compensation for demolition of premises, as to taking down instead of improving premises at option of owner. Mode of dealing in case of joint owners, and charges on premises so as to compensate owner by way of annuity and assignment thereof.

Penalties not exceeding £20 for offences against the Act (obstructing sanitary officer, preventing execution of Act, &c.) are recoverable before any two justices.

The expenses of the sanitary authority under the Act are not to exceed 2d. in the pound, to be levied by local rate, and the sanitary authority may borrow money.

As regards "overcrowding" houses so as to be dangerous to or prejudicial to health, the 29th section of the Nuisances Removal Act, 1855, authorises and requires the sanitary authority to take proceedings before justices to abate the overcrowding whenever the medical officer of health, or any two medical practitioners certify to the authorities that any house is so overcrowded.

CELLAR DWELLINGS.

The sanitary authority is responsible for the execution of the laws in regard to places of habitation denominated as cellar dwellings.

The Sanitary Act, 1866, by the 42nd section, applied the provisions of the Public Health Act, 1848, as to cellar dwellings, to

every place where such dwellings are not regulated by any other Act of Parliament.

The Public Health Act provides that it shall not be lawful to let or occupy separately, as a dwelling, any vault, cellar, or underground room not so let or occupied before the passing of the Act.

The Sanitary Act, 1866, adopting these provisions in Ireland, was passed on the 7th August, 1866, so that unless cellar dwellings were occupied, in Ireland, as human habitations before that date, their occupation now is illegal.

Wherever, or whenever, occupied, all such places must be seven feet high, three feet being above the surface of the street or ground. They must have an open area two feet six inches wide, and springing not less than six inches below the level of the floor, and must be well drained and provided with outside window, capable of opening, a fire-place and flue or chimney, use of a watercloset or privy, and ashpit, furnished with proper doors and coverings.

Any person letting or occupying such places contrary to these provisions is liable to a penalty not exceeding 20s. a day as long as the offence continues after notice from the nuisance authority, and the penalty is recoverable before any two justices.

Churchwardens and overseers of the poor are from time to time to give notice publicly of the provisions of the Act in such manner as may be best calculated to make the same generally known.

Where there may have been two convictions in respect of such dwelling-places, within three months, any two justices may order the closing of the premises temporarily, or in case of cellars permanently.

BAKEHOUSES.

The sanitary authority is now responsible for carrying out the provisions of the Act for the regulation of bakehouses wherein is baked bread, biscuits, or confectionery.

The Act has in view the limitation of hours of labour of young persons employed in bakeries, and providing for the observance of cleanliness and ventilation therein.

No person under 18 years of age is to be employed between 9 o'clock at night and 5 in the morning, and if any person is employed contrary to this provision, the occupier of the bakehouse will be liable to penalties of £2 first offence, £5 second, and £1 a day additional for any third or subsequent offence, up to £10, by summary convictions.

The inside walls, ceiling, passages, and staircases are to be oil-painted and limewashed, or partly painted and partly limewashed, renewable periodically, and to be washed with hot water and soap periodically.

Bakehouses are to be kept clean, well ventilated, and free from any effluvia from drains, privy, or other nuisances.

A penalty not exceeding £5 will be incurred by neglect of these particulars, and the justices may order the bakehouse to be put in proper order in addition to, or instead of the penalty, if they see fit, and non-compliance with such order is punishable by fine of £1 a day during continuance.

No place on the same level as the bakehouse, and forming part of the same building, is to be used as a sleeping-place unless partitioned off from floor to ceiling, with an outward window for light and ventilation. (This in places with more than 5,000 inhabitants).

Any person occupying or letting a place contrary to the provisions of the Act is liable to a penalty of £1, or £5 for every subsequent offence.

Sanitary officers have power to enter bakehouses, inspect them, and examine whether they are kept in accordance with the Act, and may obtain a warrant from a justice, if there be refusal to admit, and may then enter with a police constable.

Expenses under the Act incurred by the sanitary authority may be paid out of rates.

HOSPITALS—PROVISION OF—CONVEYANCE TO.

A sanitary authority may provide temporary or permanent hospital accommodation by building, hiring, or contracting for reception of sick persons.

Every sanitary authority being a port nuisance authority, may, with the consent of the Local Government Board, purchase, hire, or erect an hospital, within or without the district, for the reception and treatment of persons affected by dangerous contagious disease, and may purchase or compulsorily obtain by purchase land for the purpose of erecting such a building thereon. (a)

(a) By orders issued under section 30, 29 & 30 Vic., cap. 93, the several boards of guardians have been constituted sole port nuisance authorities all round the coast of Ireland; but under section 5, 26 & 37 Vic., cap. 78, the Local Government Board can assess the expenses as may be deemed fit.

(a) This Act is repealed; but the specified causes of complaint remain the same.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

A GENERAL meeting of the Irish Medical Association and of those members of the profession who were desirous of re-organising the means at present existing of representing publicly the views and interests of medical men in Ireland was held in the Albert Hall of the Royal College of Surgeons, at two o'clock. The chair was occupied by Dr. Smith, of Donoughmore, President of the Association.

Amongst those present were—

Drs. Darby, Bray; Rawdon Macnamara, Martin; Portlaw; Craplin, Kildare; Jacob, Dublin; Hayes, Naas; Morgan, Morrogh, Minchin, H. G. Croly; Lyster, Kelly, Drogheda; Nugent, Duncan, Chapman, Pembroke-Road, &c.

A secretary *pro tem.* having been appointed, letters of apology were read from Dr. Ashe, Londonderry; Dr. Garland, Carrickmacross; Dr. Whistler, Bray; Dr. Davys, Swords; and other gentlemen.

The Secretary read the report, which referred to the circumstance that the Association was in debt to the extent of £76, balance of an indebtedness of £132, towards which the Members of Council had contributed £56, and entered at length upon the necessity for re-organisation of the Association. The Council expressed their complete confidence in the future of the organisation if an earnest and judicious effort at reorganisation were now made by its members and by the profession.

The President addressed the meeting, and referred *seriatim* to the objects which the Association had in view at the present time, and the urgent necessity for its action to maintain the influence and independence of the profession throughout Ireland.

Dr. Martin, of Portlaw, proposed, and Dr. Kelly, of Drogheda, seconded—

That, in the opinion of this meeting, the views and interests of the profession in Ireland, and especially of those members who are connected with the public medical services, are of such importance as to require for their public expression a special and influential association; and that, in this view, it is desirable to reorganise the Irish Medical Association.

Dr. Martin expressed his conviction that the medical men throughout the provinces were as earnest in their desire to support such an Association as the Council could desire, and he anticipated that the effort to reorganise the association would meet with a warm response from them.

Dr. Craplin, of Kildare, moved, and Dr. Morrogh seconded, a resolution having for its object the appointment of a treasurer and the initiation of immediate steps for liquidating the debt of the association before the annual meeting in June.

Dr. Jacob proposed, and Dr. Hayes, of Naas, seconded, a motion which was unanimously agreed to—

That this association is earnestly desirous of the co-operation of the profession generally towards the formation of one medical organisation for all Ireland, believing that the objects to which this association is devoted can be more effectually carried out by the agency of a single and comprehensive system.

THURLES GUARDIANS.

THE following resolution was proposed :—

“That the salary of Dr. Quinlan, Medical Officer of Borrisoleigh Dispensary, be increased from £100 to £120 per annum.”

The following resolution, passed by the Borrisoleigh Dispensary Committee, was handed in :—

“That, having regard to the greater extent of the area and population of the Borrisoleigh district as compared with Thurles, Moyne and Littleton districts, where the medical officers' salaries are respectively £120 per annum each, and taking into consideration the greater difficulty, expense, and danger incurred in discharging the dispensary duties of Borrisoleigh district, it being nearly all mountainous, with bad roads and dangerous river passes; and further, taking into consideration the satisfactory manner in which our medical officer has, for a period of over twenty years, discharged these duties, we deem it but an act of common justice to recommend that his salary be increased to the same standing as the above-named districts—viz, from £100 to £120 per annum.”

After considerable discussion, in which some of the guardians spoke against the proposed increase, the resolution on being put to the poll, stood as follows :—For, 12; against, 9. The resolution was then declared carried.

BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

WEEKLY SUMMARY.

THE deaths registered in the Dublin district during the week represent an annual mortality of 43 in every 1,000 of the population. In London the death rate was 29, in Glasgow 44, and in Edinburgh 34.

In the Dublin district the births registered amounted to 189, and the deaths to 261. The average numbers were—births 157, and deaths 183.

There were only 26 deaths from zymotics registered, being 16 under the number in the preceding week, and 10 less than in the week ended 2nd inst. Amongst the deaths 2 were from fever (1 typhoid, and 1 simple conti-

nued fever), 10 from scarlet fever, against 14 in the preceding week, 2 from influenza, and 1 each from diphtheria, croup, whooping-cough, erysipelas, and diarrhoea.

In Belfast there were registered 20 deaths from scarlet fever, 5 from fever, and 4 each from measles and whooping-cough.

In the Dublin district 15 children died from convulsions.

Bronchitis caused as many as 71 deaths, pneumonia 15, asthma 1, and lung disease unspecified 7.

Two deaths were referred to apoplexy, 4 to paralysis, 3 to epilepsy, 1 to inflammation of the brain, and 7 to brain disease unspecified.

Heart disease proved fatal in 7 instances, pericarditis in 1, liver disease in 1, and kidney disease unspecified in 2.

Twenty-nine deaths resulted from phthisis, 1 from scrofula, and 3 each from cancer, mesenteric disease, and hydrocephalus.

Three accidental deaths and 1 case of suicide were registered.

Fifty-eight of the persons whose deaths were registered during the week were under five years of age, and 82 were aged sixty and upwards.

QUARTERLY SUMMARY ENDING JANUARY 2.

BIRTHS.—In the Dublin district the number of births registered during the quarter amounted to 2,088, being equal to an annual ratio of 27 in every 1,000 of the population.

The ratio of births registered north of the Liffey was 32 in every 1,000 of the population, south of the river 25 per 1,000. In the suburbs 22 in every 1,000.

There was registered in London an annual birth rate of 37 in every 1,000, in Glasgow 36, and in Edinburgh 31.

DEATHS.—The number of deaths registered in the Dublin district during the quarter amounted to 2,138, or 27 in every 1,000. North of the Liffey was 844, or 31 in every 1,000; south of the river 926, or 27 in every 1,000. In the suburbs the annual death rate was 22 in every 1,000 of the population.

The deaths registered in Belfast during the quarter represent an annual ratio of 35 in every 1,000, in Cork, 24, in Limerick 23, in Londonderry 16, in Waterford 26, in Galway 23, and in Sligo 22. In London 26, in Glasgow 38, and in Edinburgh 27.

SANITARY SALARIES.

TO THE EDITOR.

DEAR SIR,—Perhaps you may have statistics by you which would verify a suspicion I am inclined to entertain at present, viz., that the inspectors of cattle throughout the district infected by the rinderpest in England, were allotted a more liberal remuneration than the unfortunate beings now dubbed sanitary officers by the Local Government Board.

In making a calculation of the rate at which I find I am to be recompensed for duties under the Public Health Act, it appears that about 2d. per head, per annum, is considered sufficient to secure the proper sanitation of one of the largest, the worst paid, and I may add one of the dirtiest rural districts in Ireland.

Surely, now, when every aspirant for political honours, to make use of a hackneyed phrase, declaims about the injustice to which the medical profession is subjected, some one member may be found to advance our claims in Parliament, and add another real grievance to the many known as Irish. It might find favour in English eyes as an argument against the popular cry "Home Rule," as evidence of what may be expected were the welfare of the country entrusted to such liberal agents as boards of guardians, or their scarcely more liberal masters, the Local Government Board.

Deputations to high officials in Dublin have proved unavailing, as they must always do, since those who really feel

where the shoe pinches—the rural dispensary physicians—cannot find time or very often means to leave their districts to advance their cause. I would, therefore, suggest a petition to Parliament being used as a last resort.

Let it be signed by the Poor-law medical officers throughout Ireland, for each and every one of us have like causes of complaint; confided to the care of one of the members who belong to our profession, or some other gifted being who is anxious to prove that in his case hustings declarations are something more than words; and backed by the influence of the press.

Should such a scheme prove feasible, I shall have great pleasure in forwarding you a guinea to form the nucleus of a subscription to meet preliminary expenditure.

I am, &c.,
DESPERATION.

LIMERICK UNION.

A LETTER was read from Lord Lifford, as Chairman of Stranorlar Union, County Donegal, asking the Board whether they intended taking any action in reference to the unconstitutional conduct of the Local Government Board in sending sealed orders to the Board of Guardians, fixing the amount of salaries under the Sanitary Act. The communication was referred to the Sanitary Board. Letters were read from Dr. O'Sullivan and Dr. Cullen, resigning their positions as visiting physicians to the Union, in consequence of the manner in which their request calling for a sworn inquiry had been treated by the Local Government Board. The two medical gentlemen subsequently withdrew their resignation, acting on the advice of the Board, pending the report of the Committee, at present engaged in inquiring into the state of the workhouse hospital.

CLAREMORRIS UNION.

APPLICATIONS FOR SMALL-POX PATIENTS' CLOTHES.

A LETTER was read from a man who applied to the Board for the clothes of his daughter, who died of small-pox. The writer wished either to have his daughter's clothes returned, or, if they were to be destroyed, to be given their value in cash, as they were very valuable.

It appeared the clothes had not been destroyed, but only washed.

The Chairman thought that if they had been washed they were disinfected quite enough.

There was another application from a man who declared himself "next of kin" to a man named Tarpey, who had also died of small-pox, and whose clothes and boots—or compensation for the same—he now requested.

The Clerk explained that in this case the clothes of deceased had been burned by order of the Guardians.

MULLINGAR UNION.

A VACCINO-PHOBIC BOARD OF GUARDIANS.

THE Clerk read the following circular from the Guardians of the Keighly (England) Board of Guardians:—

GENTLEMEN,—In consequence of the Bill of Lord Walsingham entitled "An Act to explain the Vaccination Act, 1871," you will have received a circular from the medical department of the Local Government Board urging you to more rigorous prosecution of those parents who object to have their children vaccinated.

This Board has for nearly two years refused to institute such proceedings, certainly with no detriment to public health, and now under the new Act stoutly refuse in any way to be made a tool of.

In the last two elections those candidates have been carried, and that by large majorities, who have been opposed to a policy of prosecution. This fact tends to show that the Acts have been passed and are carried out quite contrary to public opinion.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January 16th, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JANUARY 16TH, 1875.														
			Annual rate of mortality per 1,000 Inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Violence.		
DUBLIN	10,050	314,666	43	189	261	37	82	...	...	10	1	1	2	1	4	4	75
BELFAST	20,687	182,082	41	150	142	22	26	...	4	20	...	4	5	...	4	7	20
CORK	13,816	91,965	27	26	47	6	18	...	...	...	...	...	...	1	...	...	12
LIMERICK	8,509	44,209	33	19	28	6	10	...	...	...	...	...	1	3	...	...	13
LONDONDERRY	21,865	30,884	17	18	10	2	3	...	...	...	...	...	...	...	...	...	2
WATERFORD	17,209	30,626	12	15	7	3	...	...	...	...	...	...	...	1	...	...	...
GALWAY	21,358	19,692	11	6	4	1	3	...	...	...	...	...	...	...	...	...	2
SLIGO	30,835	17,285	54	8	18	2	8	...	...	...	...	1	1	..	1	1	7

SERIOUS CHARGE OF BARBARITY AGAINST A MIDWIFE.

DR. O'RYAN reported that on Sunday morning, 17th inst., he was sent for to see a young woman named Margaret Gorman, shortly after her admission from the house into the lying-in-ward. He attended immediately and found her, a little before 10 o'clock, am., in the pains of childbirth, Mrs. Smyth, the midwife, with her, and also the helper in charge of the ward, Bridget Kehoe. He was greatly displeased to find that this was in the same small ward, and within a few feet of the bed whereon lay the body of a woman, named Nano Irwin, who was dead since six o'clock, a.m. He immediately ordered the midwife to take the young woman, Gorman, into the ward adjoining, and told her he would report her conduct to the board. The clerk said the woman being merely employed by the doctor, and was not under the control of the board. It is for Dr. O'Ryan to deal with her as he deems fit. Mr. Shea: What salary is she in receipt of? Clerk: Of none, regularly; she gets 3s. in each case she's called to attend. Mr. Lalor: There can be no terms too severe for such inhuman conduct on her part. Mr. Richardson complained that though the whole occurrence took place before 10 o'clock in the morning, yet neither master or matron knew anything of it. It appeared they were absent during the whole transaction.

The Matron said she did not hear of the case until after it occurrence, and was not under the impression it was necessary to report it to the master. Mr. Lalor: Not necessary to report a case where a young woman in labour was placed in the next bed to a corpse! I cannot really understand you. Strange discipline there must be, certainly, where no report is made in a case of this kind.

Dr. O'Ryan felt a slight difficulty in dealing with the woman, Smyth, who was but temporarily employed in the capacity of nurse in the lying-in ward. Mr. Richardson said it would be well to have the doctor's report before them in writing.

OWING to the prevalency of small-pox in the Tubbercurry district, the authorities have deemed it advisable not to hold a petty sessions there for the present.

ENNIS UNION.

At the weekly meeting of the Board, a question of importance arose as to whether the dispensary officer of a district, being the sanitary officer under the Act, is bound to attend as a public prosecutor in court in cases where he has certified that nuisances reported and inspected by him ought to be removed. The case is one which is to come before the petty sessions court, and the sub-sanitary officer stated it was essential Dr. Frost should be present to give evidence. Dr. Frost said he objected to appear to give evidence, there being nothing in the Act to compel him to do so. He had furnished his reports upon all the cases brought under his notice, and so far performed the duties required by the law. It would be an invidious thing for him to appear as a public prosecutor. Mr. Thos. Greene, J.P., said it was essential the sanitary doctor should attend at the petty sessions to sustain his report, else the case could not be gone into. At the last petty sessions of Ennis there was a summons at the suit of the urban authority against parties for having polluted the river water by washing sheepskins therein. The prosecution was founded upon the certificate of Dr. Greene, the medical sanitary officer, who recommended this nuisance to be abated. Dr. Greene did not attend, and in consequence the case had to be postponed. Dr. Frost again said he did not consider he was in any way bound to appear as a prosecutor, and would not do so.

Lord Inchiquin—You only appear as witness in your capacity of sanitary officer. The Board of Guardians are the prosecutors.

Dr. Frost—But I consider I am not bound at all to attend at prosecutions.

QUALIFICATIONS FOR A UNION APOTHECARY.

THE Local Government Board has informed the Guardians of the Abbeyleix Union that the person who may be appointed to the office of apothecary of the workhouse must possess a licence from the Apothecaries' Hall of Ireland.

The next meeting will be held specially to consider the whole subject.

A DIGEST OF THE SANITARY LAWS IN FORCE IN IRELAND.

Prepared by W. D. WODSWORTH, Esq., Assistant-Secretary to the Local Government (Ireland) Board.

A sanitary authority may provide or keep a carriage or carriages for conveyance of persons in contagious or infectious disease to hospital or elsewhere, and pay the expense of conveyance.

Persons suffering from dangerous infectious disease, entering a public conveyance without notice thereof to the owner or driver, are liable to a fine of £5, and also compensation to the owner or driver.

A justice of the peace may order removal of persons in dangerous, contagious, or infectious disease to hospital at the cost of the sanitary authority, if such persons are without proper lodging, or in a room occupied by more than one family, or are on board ship.

The order is to be addressed to a police or other officer, as may be deemed expedient, and disobedience of it renders the party liable to a penalty not exceeding £10.

BURIAL OF THE DEAD.—DESTRUCTION OF INFECTED CLOTHING, &c.—DEAD-HOUSES.

The sanitary authority may provide a proper place for the reception of dead bodies.

Any justice may give an order on receipt of a medical certificate for removal of a body, at cost of the sanitary authority, from any living or sleeping-room in cases where death ensued from infectious disease, or where the body is in a state to endanger the health of the living.

If the friends or relations of the deceased person do not bury the body within a certain time, to be limited by the justice, the relieving officer is to bury the body, and the expense incurred by him may be recovered from any person legally liable to have effected the burial.

A Burial Board (as well as the sanitary authority) may make arrangements for facilitating conveyance of bodies to a cemetery, and may provide mortuary houses.

The Board of Guardians may provide for the burial of the bodies of persons drowned and cast ashore, or dying, or found dead, whose family or connections are unknown, and whose bodies are not claimed for the purpose of burial. The relieving officer, with sanction of a guardian, is to bury the body, and the expense is not to exceed seven shillings and six pence.

The guardians may also provide coffins for burial of bodies of persons in receipt of outdoor relief at time of death, and also "in cases of urgency," whether in receipt of relief or not.

PREVENTION OF CONTAGION.

The sanitary authority may provide a proper place, attendance, and appliances, for disinfection of woollen articles, clothing, or bedding, and may disinfect such articles free of charge.

It may also direct destruction of clothing, bedding, or other articles, which have been exposed to infection from any dangerous infectious disorder, and may give compensation for the same.

Persons neglecting proper precautions to prevent spread of disease, either as to lodging, clothing, bedding, letting of houses, or conveyance of parties suffering from infectious disorders, are liable to penalties of various amounts, according to the offence.

The sanitary authority, on a certificate from a medical practitioner, is to give notice to parties, owners or occupiers, to cleanse or disinfect houses, bedding, or clothing, and they are liable to penalties not exceeding 10s., nor less than 1s. a day for every day's default to take the necessary steps; and the sanitary authority may in certain cases (inability from poverty or otherwise) act for the occupier or owner at its own expense.

For the purpose of post-mortem examination, ordered by the coroner, the sanitary authority may provide a separate mortuary or dead-house, and may make regulations for maintaining, supporting, and managing the same.

Persons giving false information in letting or hiring a house or apartments, where infectious disease has been, are liable to penalty by fine or imprisonment.

LABOURING CLASSES' LODGING-HOUSES.

It is competent to the sanitary authority to adopt the Acts passed for the purpose of "encouraging the establishment of lodging-houses" for the labouring classes in Ireland, and for the better providing for the "health, comfort, and welfare of the inhabitants of towns and populous districts."

The sanitary authority are first to give not less than twenty-eight, nor more than forty-two days' public notice of their intention to adopt the Acts, and of the time and place when they will hold a meeting to take the same into consideration.

The expenses of carrying the Acts into execution are, under sec-

tion 6 of the Act of 1866, to be paid out of the rates, which the local authority has power to impose for paving, lighting, cleansing, or otherwise improving the place, and any increase of such rates is subject to approval of the Local Government Board.

The sanitary authority may provide the buildings suitable for the purposes of the Act, by erection or converting the same, and may alter, enlarge, repair, and improve them, and fit up, furnish, and supply them with all requisite conveniences, gas and water.

The net income derived from any lodging-houses or dwellings built under the Acts is to be paid to the local fund in aid of the rates made to meet expenses under the Act.

Money may be borrowed from the Commissioners of Public Works by the sanitary authority, or by companies, and by persons, for the purchase of land or buildings, and the erection, alteration, and adaptation of buildings to be used as dwellings for the labouring classes, and in providing all proper conveniences in connection therewith.

The Public Works Commissioners may, with the approval of the Local Government Board, make rules and regulations as to applications for loans under this Act, terms on which loans shall be made, guidance of parties applying for them or executing works, or rendering accounts, or regarding the class of houses to be provided, and as to their maintenance, repair, and insurance.

Loans are to be repaid within forty years, and with interest at not less than four per cent., and are to be made on mortgage on property of not less than double the value of the loan, and can be recovered through Court of Chancery in a summary way if not duly paid up.

There are also provisions for sale, exchange, &c., of premises, inspection of premises, making of bye-laws, separation of sexes, decent behaviour in lodging-houses, imposition of fines and penalties for offences, &c.

PUBLIC PROTECTION AGAINST FOOD UNFIT FOR HUMAN USE.

The sanitary authority is responsible by their officers for taking steps when necessary to protect the public from a supply of unfit food being sold for consumption in places under their control.

The Nuisance Removal Act, 1863 (applied to Ireland by the Act 32 & 33 Vic., cap. 108, August, 1869) authorises the medical officer of health, or the inspector of nuisances, at all reasonable times to inspect and examine any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, or flour exposed for sale, or deposited in any place of preparation for sale, and intended for the food of man; and if it appears to be diseased, unsound, or unwholesome, may seize the same, to be dealt with by a justice, who may order it to be destroyed, and the person to whom the same belonged, or in whose possession it was found, is liable to a penalty of £20 for each animal, carcase, or piece of meat, &c.; or, at the discretion of the justice, three months' imprisonment.

These powers of inspection and examination are extended by the Public Health Act, 1874, to "milk," in the same way as they apply to flour, &c., in the former enactment.

A penalty not exceeding £5 would be incurred by any person who in any manner prevents a medical officer of health, or an inspector of nuisances, from entering any house or place where articles of food such as are specified are kept for sale or in preparation for sale, or in any way obstructs or impedes such officer, or his servant or assistant.

Also on complaint made by a medical officer of health, or an inspector or other officer of a sanitary authority upon oath, a justice may grant a warrant to such officer to enter any building, or part thereof, or any place in which complainant has reasonable ground for believing that any of the things or articles of food described are diseased, unsound, or unwholesome, or so as to be unfit for the food of man, are kept concealed, and may search for, seize, and carry them or it away, in order to have it dealt with according to law; any person obstructing the officer charged with this duty would incur a penalty not exceeding £20.

EPIDEMIC, ENDEMIC, CONTAGIOUS DISEASES.

"Whenever any part of the realm is threatened with or affected by any formidable epidemic, endemic, or contagious disease," the provisions of the "Diseases Prevention Act, 1855" (extended to Ireland by section 62, of 29 & 30 Vic., c. 90) may be put in force throughout the country, or, in any particular place or places, and for this purpose the Board of Guardians is the exclusive authority, the whole expense being chargeable on the poor rates.

The Act provides for the speedy interment of the dead, house to house visitation, dispensing medicines, guarding against the spread of disease, and affording medical aid and hospital accommodation; and conveyance to hospital, or place of destination is provided for by the Nuisances Removal and Diseases Prevention Act of 1860.

Full powers for these purposes are given, subject to such regulations as the Local Government Board may issue, and for the purposes of this Act the Committees of Dispensary Districts are expected to aid the sanitary authority within their districts.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

MOUNTMELICK UNION.

The following letter was read :—

DUTIES OF CONSULTING SANITARY OFFICERS.

“ Local Government Board, Dublin,
22nd January, 1875.

“ SIR,—The Local Government Board for Ireland had before them the minutes of the Board of Guardians of the Mountmellick Union of the 16th instant, relating to the course adopted by the Chairman at the meeting of the 14th November last respecting a resolution which was proposed in reference to the duties of a consulting sanitary officer, and in reply I am directed to state that although it may be the duty of this officer to visit any place within the union when on special cases required to do so by the sanitary authority, in order to enable him (by personal observation and inquiry) the more correctly to advise them on any matter or proceeding requiring medical knowledge and advice in the administration of the sanitary laws; still it appears to the Board to be at variance with the nature of his office that he should visit the several towns and villages of the union for the purpose of reporting as to the sufficiency of sewerage and supply of water to each. Those duties are clearly defined to be the province of the sanitary and sanitary sub-officers. I am, at the same time, to state that the Chairman at the meeting on the 14th November appears to have taken a similar view in regard to the resolution referred to.—By order of the Board.

“ B. BANKS. Secretary.”

LADIES' VOTES FOR POOR-LAW GUARDIANS.

At the meeting of the Rathdrum Poor-law Guardians, a letter was received from the Local Government Board enclosing a correspondence with Mr. Miles Kelly relative to the right of a lady to vote at the election of guardians, by proxy, out of property left her by a former husband. The Commissioners replied that a lady might vote by proxy if she held a separate estate, but they could lay down no rule as to the case in question.

BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

YEARLY SUMMARY FOR 1874.

Births.—During the year 1874 there were registered in the Dublin district 8,903 births, being equal to a ratio of 28 per 1,000 of the population. The average ratio in the preceding ten years was 28 per 1,000.

33 in every 1,000 of the population occurred in that portion of the city situated north of the Liffey. In that part of the city south of the river, 27 per 1,000. In the suburban districts the number of births registered amounted to 24 in every 1,000 of the population.

In London the ratio of births registered during 1874 was 36 in every 1,000; in Glasgow, 39 per 1,000; and in Edinburgh, 32 per 1,000 of the estimated population.

Deaths.—8,190 deaths were registered in the Dublin district during the year, being equal to 26 in every 1,000 of the population, which was also the average death-rate for the previous ten years.

On the north side of the river there were registered 29 deaths in every 1,000, and on the south side 27 per 1,000. In the suburban districts only 20 in every 1,000 of the population, the ratios being respectively, Rathmines, 19; Donnybrook (which includes 2 hospitals), 23; Blackrock, 18; and Kingstown, 17 in every 1,000.

Of the 8,190 deaths in the entire district, 2,112 were registered in the first quarter, 2,043 in the second, 1,897 in the third, and 2,138 in the fourth, the weekly average being 158.

The deaths registered in Belfast afford a ratio of 29 in every 1,000, in Cork 24, in Limerick 24, in Londonderry 20, in Waterford 25, in Galway 21, and in Sligo 17. As many as 604 deaths from scarlet fever were registered in Belfast during the year, of which number 401 were registered in the last quarter.

The deaths registered in London during the year amounted to 23 in every 1,000; in Glasgow 31; and in Edinburgh 24.

Diseases.—The deaths from zymotics in the Dublin district during the year exceeded the average of the preceding ten years by 63—the number for the past year being 1,916, or 1 in every 4.3 of the deaths, and 61 in every 10,000 persons living. Of the zymotics that which proved most fatal was scarlet fever, which has been epidemic in Dublin for the last fifteen months—this disease caused 834 deaths, or 10 per cent. of the total deaths, and 26.5 in every 10,000 of the population.

352 deaths resulted from fever (100 typhus, 189 typhoid, and 63 simple continued fever).

Two deaths from small-pox were registered, but neither of them occurred within the year.

Whooping-cough, which in the year 1873 proved fatal in 250 instances, caused but 40 deaths in the past year. Measles contributed 97 deaths against 66 in the year preceding. 203 deaths were referred to diarrhoea—the average for the previous ten years being 278.

Diphtheria killed 44 persons, or 6 more than in the year 1873; croup 113, quinsy 19, and erysipelas 49—an excess of 29 as compared with the year preceding.

The number of deaths ascribed to convulsions was 574. Bronchitis caused 1,000 deaths, or 1 in every 8 of the total deaths, and 32 in every 10,000 of the population, and pneumonia proved fatal in 206 instances.

Heart disease was the cause of 376 deaths, aneurism of 19, pericarditis of 9, apoplexy of 125, paralysis of 176, cephalitis of 58, epilepsy of 38, insanity of 19, and brain disease unspecified of 122; Bright's disease caused 44 deaths, nephritis 9, diabetes 5, cystitis 4, stone 3, ischuria 2, and kidney disease unspecified 55; liver disease 118, jaundice 15, hepatitis 5, and spleen disease 1.

Phtisis was less fatal than in any previous year. The deaths from this disease amounted to 862, or 138 below the average of ten years; mesenteric disease numbered 112 deaths, hydrocephalus 144, scrofula 59, cancer 152, gout 6. The deaths from all “constitutional” diseases numbered

1,452, or 46 in every 10,000 living—the average annual number of deaths from constitutional diseases in the preceding 10 years was 1,701, or 54 in every 10,000 of the population. The diminution of deaths from these diseases may be partly ascribed to the large number of children carried off by scarlet fever.

The deaths from violence were about the average, viz.,

194, or 6 in every 10,000 living—of these 173 were accidental, viz., 71 from fractures and contusions, 41 from burns or scalds, 37 from drowning, 8 from cuts or stabs, 5 from suffocation, 3 from poison, and 8 otherwise. There were 8 deaths from homicide, 7 from suicide, and 6 violent deaths were not classed.

CAUSES OF DEATH in Dublin and Suburbs in the Years 1864-74, with the Number of Deaths from each Cause to every 10,000 Persons living.

NAMES OF DISEASES.	NUMBER OF DEATHS REGISTERED.														No. of Deaths from each disease to every 10,000 living.			
	1864	1865	1866	1867	1868	1869	1870	1871	1872	1873	Yearly Av'rage, 1864-73.	1874.				Yearly Av'rage, 1864-73.	1874.	
	(52 wks)	(52 wks)	(52 wks)	(52 wks)	*(53 wks)	(52 wks)	(52 wks)	(52 wks)	(52 wks)	*(52 wks)		TOTAL (52 wks)	1st Quarter.	2nd Quarter.	3rd Quarter.			4th Quarter.
ZYMOTIC DISEASES.																		
Small-pox	42	71	25	2	1	1	—	207	1,350	16	173	2	2	—	—	5.5	0.1	
Measles	12	104	54	405	49	159	53	26	202	66	119	97	33	20	23	3.8	3.1	
Scarlatina	126	100	109	259	424	510	448	258	178	233	264	834	170	176	250	8.4	26.5	
Diphtheria	40	28	55	19	2.1	18	22	22	26	38	37	44	11.	12	11	10	0.9	1.4
Whooping-cough	82	126	194	178	250	20	136	212	66	250	151	40	22	7	6	4.8	1.3	
Fever	395	526	537	359	218	286	371	398	321	274	378	352	105	92	77	12.0	11.2	
Dysentery	45	45	33	17	26	23	19	19	12	6	24	13	2	4	5	2	0.8	0.4
Diarrhea	205	314	313	320	408	218	320	252	196	206	278	203	38	19	101	45	8.8	6.4
Cholera	4	17	1,186	38	12	6	13	12	5	5	130	5	—	1	4	—	4.1	0.2
Other Zymotic Diseases	327	308	345	312	359	285	297	319	268	294	310	326	75	36	64	10.1	9.9	10.3
Total	1,278	1,699	2,831	1,909	1,862	1,556	1,679	1,720	2,642	1,378	1,853	1,916	453	417	540	501	59.0	60.9
CONSTITUTIONAL DIS.																		
Phthisis	907	1,082	984	1,049	857	957	974	977	1,084	1,050	1,000	862	240	225	192	205	31.9	37.4
Others	727	839	680	805	733	647	644	650	670	615	701	590	148	153	153	131	22.3	18.7
Total	1,634	1,901	1,664	1,854	1,690	1,604	1,618	1,627	1,756	1,665	1,701	1,452	388	378	350	336	54.2	46.1
LOCAL DISEASES.																		
Brain & Nervous System	1,070	1,093	1,122	1,209	1,138	973	1,021	1,046	1,074	1,093	1,084	1,112	276	282	277	277	34.5	35.4
Heart & Circ. Organs	326	369	372	377	375	383	367	344	353	443	371	404	99	107	91	107	11.8	13.9
Respiratory Organs	1,507	1,594	1,883	1,664	1,302	1,508	1,387	1,546	1,366	1,005	1,481	1,393	409	344	199	446	47.2	44.4
Digestive Organs	250	309	322	291	271	335	311	317	263	305	297	313	74	84	74	81	9.5	9.9
Urinary Organs	106	110	142	100	98	120	93	126	124	147	117	122	34	40	25	23	3.7	3.9
Organs of Generation	22	21	23	26	18	13	18	19	10	22	10	20	3	12	3	2	0.6	0.6
Organs of Locomotion	14	23	16	19	17	20	21	26	15	17	19	16	2	4	4	6	0.6	0.5
Integumentary System	23	8	7	9	11	10	8	7	8	14	11	10	4	3	2	1	0.3	0.3
Total	3,318	3,467	3,392	3,695	3,230	3,367	3,226	3,431	3,213	3,646	3,399	3,395	901	876	675	943	108.2	107.9
DEVELOPMENTAL DIS.																		
Violent Deaths	752	831	846	849	891	853	861	1,032	1,022	1,091	969	1,063	263	278	247	268	23.9	33.6
Causes not specified or ill-defined	180	165	194	194	198	194	218	183	222	224	197	194	55	45	47	47	6.3	6.2
Total Deaths	7,345	8,151	9,034	8,007	8,004	7,675	7,728	8,144	8,973	8,212	8,177	8,180	2,112	2,043	1,897	2,133	260.7	203

* The numbers for 1868 and 1873 respectively embrace the returns for 53 weeks, this arrangement being occasionally necessary in order that the annual series may correspond with the calendar year.

Ages.—While, as before stated, the general death rate last year was the same as the average for the previous ten years, there was a considerable variation in the rates at the several age periods adopted in these returns—thus, while the average annual mortality during the years 1864-73 amongst children under 5 years of age was only 74.1 in every 1,000 living at that age, and amongst those aged 5 and under 15, only 10.1; the corresponding rates last year were for the former age 76.6, and for the latter 12.5. This increase in mortality, which is due to the epidemic of scarlet fever, was counterbalanced by a corresponding decrease in the deaths amongst persons aged 20 years and upwards.

It will be seen that the low death-rate amongst females as compared with males, obtained through all the age-periods, except 5 and under 15, and 15 and under 20, at which period the deaths of females from phthisis always largely exceed those from that disease amongst males.

NAAS PETTY SESSIONS.

SANITARY PROSECUTIONS.

The executive sanitary officer of the Naas Union proceeded against Mr. Cunningham for being the owner of five houses, none of which had back-door or ash-pit, &c.

Dr. Hayes having been sworn, requested permission to say a few words before giving his evidence. He said as this was one of the first cases under the Sanitary Act brought before the Naas petty sessions, he wished to state as well, for the information of the bench as for Mr. Cun-

ningham, and others in court, that in these cases he was not a willing witness. The duty of giving evidence was imposed on him by Act of Parliament, and the orders of the Local Government Board. By the Public Health Act the dispensary medical officers throughout the country were appointed, without any option on their part, as sanitary officers, and no matter how disagreeable or invidious the duties devolving on them might be, they were bound to perform them. He merely made these observations that the public might know he was coerced to give evidence.

CARLOW GUARDIANS.

It will be remembered that some weeks since, as reported in the *Freeman*, the Local Government Board directed the guardians to hold a special meeting for the purpose of reconsidering the salaries which they had fixed, with a view to adopting a more liberal scale of remuneration. This meeting was duly convened, but the guardians were almost unanimous in adhering to their original decision, notwithstanding the explanation given by Mr. Robinson, one of the inspectors, who was present on the occasion by appointment. The result was that the Local Government Board determined the salaries at £20 each by sealed order, with the exception of Dr. Charles William M'Dowell, whose salary was allowed to remain at £10, that gentleman receiving £10 also from the Town Commissioners acting as an urban authority. The chairman and other guardians expressed themselves strongly on this arbitrary assumption of power by the

Board above, the former gentleman suggesting that he should endorse the order as read under protest. Mr. Roche renewed the subject to-day by asking if any action would be taken, or if they were obliged to submit calmly to the course adopted by the Local Government authorities, Mr. Kelly suggesting that at the meeting of Parliament they should adopt a petition protesting against the action of the Board, and seeking for some relief from the operation of the Act, in which they should solicit the support of the county and borough members. The other guardians fully concurred in these views, and ultimately Sir Thomas Butler gave notice that on Thursday, the 18th, he would call the attention of the Board to the late sealed order of the Local Government Board, fixing the salaries of the sanitary officers under the Public Health Act, 1874, contrary to the wishes of the great majority of the guardians, and would now move a protest to that effect. The remainder of the business was of the ordinary routine character.

THE "SWEATING" SYSTEM IN DUBLIN.

THE allusion in a recent report of the Dublin Sanitary Association to the dangerous condition under which a class of the tailoring work of the city is conducted has induced, says the *Freeman's Journal*, a spirit of active inquiry among those opposed on business or other principles to the "sweating system." It is asserted that this practice of the trade is at present adopted in a greater or less degree by the vast majority of 88 houses in Dublin. Of these, it is stated, only six get their work made on the premises, 26 get it done partly on the premises, and partly by sweaters, while 56 houses employ the sweating system solely. This, we are told, is carried on by the master tailor giving his customers' clothes to be made in the dwellings of poor workers, who, for the most part, have but one room to answer all the requirements of bedroom, sitting-room, workshop, &c. Here a number of male and female operators work all day and often all night. It has been known that persons sick with small-pox, measles, or other contagious diseases have lain in such apartments while the making of clothes intended for immediate wear by different customers of all classes was being carried on. Several instances of this have been related in sanitary reports. It is a significant fact, if it be a fact, that while 400 tailors are employed in masters' workshops, the amount of labour produced by the sweating system is represented by 2,000 hands. This work, moreover, is, we are assured, performed "in the lowest quarters of the city," the lowest quarters being synonymous with the most unhealthy.

The Public Health Committee of the Corporation, according to their uniform custom, consider it their duty to whitewash—metaphorically, not actually—the system of tailoring in the tenements of the poor. The Committee having directed, as it is stated, that with a view to ascertaining the sanitary condition of the dwellings in the localities referred to in a communication addressed to them by the Tailors' Society, a report was now submitted, from which it appeared that 56 houses had been inspected; that all in which tailoring was being carried on were provided with sanitary accommodation; and that in none of these was sickness found to exist. Of course! if the Public Health Committee were to be believed, the slums of the Dublin liberties are pure as the meadows of paradise, and the pestilential miasms of the fever dens of the city as the balmy of zephyrs.

ENNISCORTHY UNION.

THE following report from Dr. Furlong was read:—
"The master has informed me that in the detached ward the mothers have been in the habit of churning the milk allowed to their children, appropriating the butter to their own use, and feeding their infants on the result-

ing sour milk. I believe it my duty to ask the board to deal with those cases with the utmost severity, as it is a matter of vital importance that the food of young children should be of good quality. In the practice above alluded to, I find the solution of a problem that had long puzzled me: With a liberal allowance of the best nutriment, I remarked with considerable uneasiness that an unusually large percentage of the children born in the workhouse were ill-nourished, very many of them pining away and dying without any apparent cause."

It was moved, seconded, and passed—"That the master get summonses for the guilty parties and bring them before the bench of magistrates, and that the assistance of a solicitor be engaged."

THOMASTOWN UNION.

THERE has been a fearful outbreak of fever in the village of Graiguenamanagh, directly traceable to a neglect of the sanitary laws, it being without doubt in a most unenviably filthy state. In proof not only of this, but of the desire of some to remain in the state described, there are eleven cases of complaint for non-compliance with notices served at the instance of the sanitary authority. Dr. Johnstone, the sanitary officer of Inistiogue, and the sanitary sub-officer have each summoned to Thomastown Petty Sessions a man for assaulting them while in the discharge of their duty under the sanitary laws.

KILKENNY WORKHOUSE.

AN election for workhouse medical officer, in room of the late Dr. Comerford, took place last week. There were three duly qualified candidates, on whom the board divided as follows:—For Dr. Hackett, Ballyraggett, 24; for Dr. James, 4; for Dr. Phayer, 8. The Chairman then declared Dr. Hackett duly elected.

LOCAL GOVERNMENT BY RATEPAYERS.

THE following little episode, which occurred at the last meeting of the Waterford Corporation, illustrates the propriety of placing the administration of important and complex Acts of Parliament in the hands of "corporators" and guardians:—

It was moved that Dr. Cameron be re-appointed city analyst at a salary of £20 per year.

The resolution was put and declared carried.

Corporator No. 1.—The amendment should have been put first.

Ditto No. 2.—Question.

No. 1.—I am very happy to say you are not in the chair I am addressing a gentleman, and not you.

The original resolution was then about to be put, appointing Dr. Cameron during the pleasure of the council, amidst some confusion, when

No. 2 said (looking at No. 1)—"Shut up."

No. 1 (excitedly pointing to No. 2)—I call on you, Mr. Chairman, to have that expression withdrawn. It must be withdrawn, if I were to stop here till night. I am accustomed to the society of gentlemen, and not buffoons.

No. 2.—No one would take you for a gentleman.

No. 1.—I am a gentleman, and not a mud-scribbler. I am not a sneaking fellow like you.

The resolution was then put and lost by 13 against to 10 for.

At the meeting of the Newcastle West Board of Guardians, Dr. Ambrose, late medical officer of the Ardagh dispensary district, was allowed two-thirds of his salary—£87 odd, superannuation, on his retirement after a service of forty years.

REPORT OF HEALTH OF DUBLIN AND ITS
SUBURBS FOR THE WEEK ENDING JAN. 30.

Total registered deaths in Dublin and suburbs *	...	234
Ten years average of same week	...	201
Excess of mortality above average	...	33
Ratio of deaths, suburb of Rathmines	...	32 per 1,000.
" " " Donnybrook†	...	48 "
" " " Blackrock	...	22 "
" " " Kingstown	...	17 "
" " " Entire Dublin district	...	39 "
COMPARATIVE RATIOS—London	...	25 "
" " Glasgow	...	28 "
" " Edinburgh	...	29 "

The deaths from zymotics numbered 36. Of these 10 were caused by fever—2 typhus, 1 cerebro-spinal, 3 typhoid, and 4 simple continued fever. Scarlet fever shows a further decline, having caused only 4 deaths. Six deaths were caused by erysipelas, 2 by pyæmia, 3 each by diphtheria and diarrhoea, 2 each by croup and whooping-cough, 1 by measles, &c.

Ten deaths from scarlet fever, 7 from fever, 5 from whooping-cough, 4 from diarrhoea, and 3 from measles, were registered in the Belfast district.

In the Dublin registration district 8 children died from convulsions.

Bronchitis proved fatal in 63 instances, pneumonia in 16, pleurisy in 1, and lung disease unspecified in 4.

Heart disease caused 10 deaths, pericarditis 1, apoplexy 2, paralysis, insanity, and epilepsy 1 each, cephalitis, 3, and brain disease unspecified 3; liver disease 2, nephritis and kidney disease unspecified 1 each.

Twenty-four persons died from phthisis, 3 each from mesenteric disease and cancer, and 1 from gout.

Seven deaths were accidental—viz., 2 from fractures and contusions, 1 from burns, 1 from drowning, and 3 "otherwise."

A YOUNG girl having died of small-pox at the Castlebar Workhouse, co. Mayo, the relatives of the deceased had the body conveyed away with the intention of waking it. Dr. Walsh having been informed of the occurrence, at once asked for the intervention of the constabulary, and, accompanied by 23 policemen, proceeded to the place, and insisted on the immediate burial of the body. The Board of Guardians at their meeting passed an unanimous and well-deserved vote of thanks to Dr. Walsh for his praiseworthy energy in the discharge of his duties.

THE *Ballina Herald* says: Small-pox is spreading over this and the adjoining county, and so rapidly as to threaten soon to leave no place unvisited. We take the following startling account from the *Mayo Telegraph* :—

In the matter of figures, too—the most stubborn fact that facts can assume—the public may not have heard of the announcement in a Roman Catholic chapel a few Sundays ago, that in that parish alone *three hundred* people had *died* of small-pox within a short period. Dr. Blackwell, however, on last Saturday, reported that there were seventeen cases in Tannaghbeg, that inoculation was on the increase, and that "Dr." Prendergast, "Dr." Joyce, and the rest of the profession are now taking the inoculating matter from the dead bodies of their patients.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR
THE MONTH OF JANUARY, 1875.

- JANUARY 2ND.—Murray, Henry George, 29 Crosthwaite Park, Kingstown, Co. Dublin, Lic. 1874 and Lic. Midwfy. 1874, K. Q. Col. Phys. Irel., Lic. R. Col. Surg. Irel. 1874.
- 5th.—Drummond, David, Dunfillan, Rathgar, Co. Dublin, M.B. 1874 and M.Ch. 1874, Univ. Dub.
- 6th.—Leader, Nicholas, Keale House, Mill Street, Co. Cork, Lic. R. Col. Phys. Edin. 1874, Lic. R. Col. Surg. Edin. 1874.
- 7th.—Blunett, George Augustus, 8 Anglesea Avenue, Blackrock, Co. Dublin, M.B. Univ. Dub. 1873, Lic. R. Col. Surg. Irel. 1873.
- 8th.—Dorman, John Cotter, Kinsale, Co. Cork, M.B. 1874 and M.Ch. 1874, Univ. Dub.
- 9th.—Hogan, Edward Michael Angelo, 30 Wentworth Place, Dublin, Lic. R. Col. Surg. Irel. 1873, Lic. K. Q. Col. Phys. Irel. 1874.
- 15th.—Bookey, David Brownrigg, Ballyisland, Carnew, Co. Wexford, Lic. R. Col. Surg. Irel. 1872, Lic. K. Q. Col. Phys. Irel. 1874.
- 15th.—Kellett, Leonard Henry, Dr. Stevens' Hospital, Dublin, Lic. R. Col. Surg. Irel. 1873, M.B. Univ. Dub. 1874.
- 16th.—Raa, Wm. Masters, Dungarvan, Co. Waterford, Lic. R. Col. Surg. Irel. 1874, Lic. 1875 and Lic. Midwfy. 1875, K. Q. Col. Phys. Irel.
- 18th.—Murphy, George Wvndham, Newcastle, Co. Dublin, M.B. 1874 and M.Ch. 1874, Univ. Dub., Lic. Midwfy. K. Q. Col. Phys. Irel.
- 18th.—Macnamara, Rawdon (Junn.), Alnwick, Northumberlandshire, Lic. R. Col. Surg. Irel. 1873.
- 19th.—McCloghry, James, Riverstown, Co. Sligo, Lic. R. Col. Surg. Irel. 1872, Lic. 1873 and Lic. Midwfy. 1873, K. Q. Col. Phys. Irel.
- 19th.—Murray, Chas. Fredk., Ashfield, Beaufort, Co. Meath, M.B. 1874 and M.Ch. 1874, Univ. Dub.
- 20th.—Cleary, Martin Francis, Nenagh, Co. Tipperary, Lic. R. Col. Phys. Edin. 1874, Lic. R. Col. Surg. Edin. 1874.
- 23rd.—Martin Samuel Edgar, 44 New Kent Road, London, S.E., M.D. Qu. Univ. Irel. 1874.
- 23rd.—Mullen, Douglas, Ardmullen, Tuam, Co. Galway, M.D. 1872 and M.Ch. 1873, Qu. Univ. Irel.
- 28th.—Hunter, Robt. Shaw, Newtownards Road, Belfast, Lic. R. Col. Phys. Edin. 1873, Lic. R. Col. Surg. Edin. 1873.
- 29th.—Dowling, Edward Joseph, 14 Thomas Street, Limerick, Lic. Fac. Phys. and Surg. Glasg. 1874.
- 30th.—MacLoughlin, Alexander John Maunell, Doone Rectory, Palles Green, Co. Limerick, M.B. Univ. Dub. 1874, Lic. R. Col. Surg. Irel. 1874.

University of Cambridge.—Scholarships in Downing College.—An examination for three minor scholarships will be held in Downing College on Tuesday, the 6th. of April next, and the three following days, and will begin at 9 A.M. on Tuesday. The examination will be in classics, elementary mathematics, law, and natural science. There will be two papers in law; one on jurisprudence and elementary Roman law, and one on international; including the relations of these to moral science. The examination in natural sciences will include chemistry, theoretical and practical and practical, physics, comparative anatomy, and physiology. Candidates in law and natural sciences will be expected to show such a knowledge of classics and mathematics as will enable them to pass the previous examination. Persons who have not been entered at any College in the University, or who have not resided one entire term in any such College, are eligible to these minor scholarships, which will be of the value of £60 per annum, and tenable for two years, or until their holders are elected to foundation scholarships. No one elected minor scholar will receive any emoluments until he has commenced residence as a student of the College. Satisfactory testimonials as to their moral character must be sent to the Master by all candidates on or before Thursday, the 1st of April, and each candidate is requested to state in which subject he desires to be examined. Further information will, if required, be given by John Perkins, Esq., Tutor of the College.

Irish Poor-Law Intelligence:

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

At the general meeting of the Association, on the 27th of January, the following resolutions, which have been inadvertently omitted from the report of the proceedings, were adopted:—

1. "That it is deemed essential to the existence of the Association that a Secretary be appointed during the interim between this and the General Annual Meeting to be held in June next, and that Dr. Chapman be requested to act as Hon. Secretary till the June meeting."

4. "That it is most desirable that our financial position be at once placed on a firm basis; and that to carry out this object a Treasurer be appointed, and means immediately taken to liquidate whatever sums this Society may be indebted before our next General Meeting, and that Dr. Morgan, 23 St. Stephen's Green North, Dublin, be now appointed."

LIMERICK UNION.

REPORT ON THE HOSPITAL MEDICINE SUPPLY.

LORD CLARINA read a very long and able report drawn up by a special committee of the Board appointed to inquire into the causes of the enormous increase of expenditure occasioned by the ordering and consumption of drugs and medicines in the hospital. The report attributed the increased expenditure in the main to the ordering of large quantities of medicine and surgical instruments by the resident physician, which were not specified in the authorised list by the Local Government Board, nor sanctioned by the Board of Guardians, and also to the alleged manner in which the committee believed the drugs and medicines were disposed of; but they in justice to the resident physician should also state that he had to labour under great disadvantages in respect to surgery accommodation and the absence of the assistance which his predecessor had received from a medical apprentice. The committee, while approving of the humane and thoroughly efficient manner in which the four visiting physicians treated the patients under their care, were impressed with the belief that they had allowed their zeal for the comfort of the patients to exceed their discretion in having ordered the floors of the hospitals to be washed with what is called soft soap, instead of free-stone or other cheaper material, which would be just as efficacious for the purpose required. They found from the examination of the accounts, &c., that in several instances contractors had charged double and even three times the price for drugs, &c., at which they were advertised in trade lists of wholesale houses. Several suggestions were made as to remedies for the future—one that the Government should

be asked to establish a central store for drugs and appliances in Dublin, or in the event of that not being acceded to, that the Local Government Board should draw up alphabetical lists of all medicines they sanction for use in workhouses printed in plain English instead of doctors' Latin, which few, if any, of the guardians can understand. The committee also suggested the appointment of two resident physicians with an apothecary, to discharge the duties connected with the hospital management, believing that more care should be bestowed on the patients by resident doctors than by visiting physicians, who could not be in attendance as regularly or continuously.

At the suggestion of the chairman (Lord Emy), two private letters from the resident physician to contractors were read; one letter opened by asking the opinion of the contractor as to the suitability of a medical hall, in reference to which the writer made inquiry, and then ordered large quantities of medicine, &c., without having got the sanction of the Board of Guardians.

WESTPORT GUARDIANS.

SMALL-POX.

THE clerk reported that pursuant to a report of Dr. Johnson, sent him by the Local Government Board, he stopped the wake of the remains of a person who died of small-pox. The deceased had refused entry to the hospital. The clerk makes the remarkably cheering announcement that no other case of small-pox has occurred in Westport, and naturally takes credit for the prompt and vigorous effect given to the law.

The following resolution was unanimously passed:—

"Resolved—That we commend and highly approve of the zeal and energy displayed by the executive sanitary officer, and the sub-sanitary officers in dealing with the fatal small-pox case. The sanitary officers are directed in all cases of death from small-pox or other infectious disease, where they are of opinion that the speedy burial of the body is necessary for the public health, to give the required certificate stating the necessary steps provided by sec. 27 of the Act of '66. The executive sub-sanitary officers are directed as soon as they receive the order of the justices of the peace to have the body removed into the workhouse dead-house, and buried as speedily as possible. The Local Government Board are requested to say whether there is any legal power to stop the wake in a case of death from small-pox, scarlatina, or other infectious diseases."

REPORT OF HEALTH OF DUBLIN AND SUBURBS
FOR WEEK ENDING FEBRUARY 6, 1875.

Total registered deaths in Dublin and suburbs *	... 189
Ten years average of same week	... 204
Mortality below average	... 15
Ratio of deaths, suburb of Rathmines	... 30 per 1,000.
" " Doonbrook†	19 "
" " Blackrock	22 "
" " Kingstown	14 "
" " Entire Dublin district	31 "
COMPARATIVE RATIOS—London	... 24 "
" " Glasgow	... 32 "
" " Edinburgh	... 21 "

The deaths from zymotics amounted to 21, showing a decrease of 15 as compared with the preceding week. There were only 2 deaths ascribed to fever, 1 to typhoid and 1 to simple continued fever. Scarlet fever caused 5 deaths, croup 4, measles 3, erysipelas and dysentery 2 each, diarrhoea 1.

Fourteen deaths from scarlet fever, 7 from measles, 5 from whooping-cough, 3 from fever, and 2 from diarrhoea were registered in Belfast.

In the Dublin district 12 deaths were ascribed to convulsions.

Forty-eight deaths were referred to bronchitis, 5 to pneumonia, and 9 to lung disease unspecified, 12 to heart disease, 1 to aneurism, 5 to paralysis, 3 to cephalitis, 2 to brain disease unspecified, 1 to nephria, and 4 to liver disease.

Thirteen persons died from phthisis, 4 from hydrocephalus, and 1 each from scrofula, cancer, and gout.

Two accidental deaths were registered.

LISMORE UNION.

INCREASE OF SALARIES.

AT a meeting of the Lismore Board of Guardians the following memorial advocating the claims of the medical gentlemen of the Union to an increased scale of remuneration, and signed by each of them, was read and considered:—

TO THE GUARDIANS OF THE LISMORE UNION.

MR. CHAIRMAN AND GENTLEMEN,—We, the medical officers of the Lismore Union, beg most respectfully to bring under your notice the following facts and statistics which have induced us to seek for an increase to our salaries. We have every confidence in your justice and impartiality, and in thus laying our case before you we feel sure you will exercise those qualities as you have always done, and that you will unanimously agree that the importance and responsibility of our posts are out of proportion to the remuneration we receive. We will not dwell long upon our arduous and oftentimes irksome duties—how frequently we are summoned at midnight, perhaps in the depth of winter, to the most remote

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

and wildest parts of our districts; the risks we run during those sad times when we are visited by epidemics of typhoid and other fevers (at which time, as everyone knows, the mortality amongst medical men is greatly increased); the severe and inclement weather we are oftentimes exposed to, thereby endangering our health and laying the seeds of future suffering. You, doubtless, are already conversant with these facts; but we will lay before you at once the grounds on which we ask for an increase.

In the first place—and we desire to draw especial attention to this—strange as it may seem, it is nevertheless true, that a dispensary doctor now-a-days is not nearly as well paid as his *confrère* of twelve or fourteen years ago. In the year 1862 the salaries of the medical officers of this Union were raised to £100 per annum, to meet the exigencies of the time, and despite the enormous difference in the price of provisions, fuel, house-rent, servants, horses, &c., &c., their salaries have ever since that date remained *in statu quo*. The quarterly return of the Registrar-General, just published, very clearly shows an increase of from 40 to 50 per cent. in the price of articles of food during the last quarter of 1873 as compared with the corresponding quarter of 1864. Now, if £100 a year was not considered too much to grant in 1862 it is plainly quite inadequate now. The same duties are ours! We incur the same responsibilities, and, as we shall presently prove, even a greater amount of work devolves upon us; yet the most onerous duties are expected at the minimum of reward!!! We cannot do better here than quote the words of Lord Granard, who lately said in the House of Parliament, "The Poor-law Union medical officers in Ireland are a most deserving body of men, doing good service to the State for a starvation allowance." Secondly, our duties are very much increased, for, according to the tables which the Local Government Board published in their annual report (see MEDICAL PRESS), "a most remarkable change in the dispensary system is gradually taking place, and a change which seriously affects the medical officers. In every province in Ireland there has been a considerable reduction in the number of patients who come to the doctor, and even a larger augmentation in the number to whom the doctor goes. The white tickets are less by 95,000 than last year; in Munster alone by 16,501; but at the same time the scarlet-runners have risen in number by 17,075; in Munster alone by 9,859. Now, we do not find in the gravity of the year's diseases enough reason for this change; but be the cause what it may, it is obvious that the Irish dispensary doctors have more travelling to do and more time to lose in looking for their patients than they used to have." Thirdly, the majority of the Poor-law Union in Ireland have raised, within the last couple of years, the salaries of their medical officers by sums varying from £20 to £40 per annum. We do not ask you, gentlemen, to double our salaries, we only ask you to give us fair remuneration for our services. As you well know, half of the medical officers' salaries is paid out of the Consolidated Fund, so that an increase of £30 per annum to each would be only £75 a year on the ratepayers at large, and a very small fraction in the pound. The Guardians of this Union have invariably acted towards us with kindness and consideration, and that alone is an incentive to us to do our work honestly and to the best of our abilities. We feel sure they will not, on this occasion, be behind so many other unions in that spirit of liberality which has induced them to allow an increase of salary to their medical officers, but that they likewise will show the same feeling, and "sine grano salis" grant our request.

We have the honour to remain, Gentlemen,
Your obedient servants,

RICHARD O'REILLY, Medical Officer, Lismore
Workhouse and Lismore Dispensary District.

WILLIAM HANNAN, Medical Officer, Tallow
Dispensary District.

J. C. BARRY, Medical Officer, Ballyduff Dis-
pensary District.

GABRIEL O'CONNELL FITZSIMON REDMOND,
Medical Officer, Cappoquin Dispensary
District.

It was ably proposed and seconded that the salaries of the memorialists be increased from £100 to £130 per annum. The resolution was opposed, and an amendment to grant an increase of £20 brought forward and carried by a majority of the Guardians present, a very respectable minority being for the original motion, which, however, was declared lost.

CASTLEBAR UNION.

A LETTER from the Local Government Board was read in reply to the Guardians' inquiry if they had legal power in cases of infectious or contagious disease of retaining the body in the workhouse, and preventing friends calling to see the body. The Local Government Board would not recommend the Guardians insisting on such regulations, referring them to Act 64, No. 15, of the Workhouse Rule, and to sec. 27 of the Digest of the Sanitary Laws.

Dr. Walsh reported that there was no case of small-pox in the Castlebar district, town or country.

Dr. Blackwell reported that the yards, &c., in Balla had been disinfected, &c., and that there were three cases of small-pox, in which the patients were recovering.

Dr. Jordan reported that the disinfecting chamber set up in the workhouse was utterly useless, being merely a "flea-closet," or closet for the destruction of insects in clothing. He recommended the burning of clothing and bedding, except in districts in which the disease had gained headway, and in which such a course was consequently useless.

Dr. Blackwell said he had made the statement about inoculators taking the "matter" off the dead bodies on the information of certain persons whom he would not however like to name.

Mr. Daly considered the statement a fabrication.

Mr. H. C. Larminie remarked that he heard an inoculator boasting of making £80 in one year in one district.

ABBEYLEIX UNION.

THE APOTHECARYSHIP.

"Local Government Board, Dublin,
"1st February, 1875.

"SIR,—With reference to a resolution of the Board of Guardians of the Abbeyleix Union of the 26th ult., I am directed by the Local Government Board for Ireland to state that they do not object, as a temporary arrangement, to the proposal to remunerate Dr. Swan at the rate of £30 per annum for discharging the duties of apothecary to the workhouse.—By order of the Board,

"B. BANKS, Secretary."

Mr. Delany said that a rumour was in circulation that Dr. Swan was about to resign, and this rumour may have something to do with keeping away candidates for the office of apothecary, because it was understood when Dr. Swan ceased to be their medical officer the apothecaryship would be dispensed with.

Mr. Walpole—Have we any ground for putting such a question to Dr. Swan?

Mr. Franks—I got three circulars from candidates.

Mr. Talbot said that the Local Government Board require now that the guardians should appoint an apothecary, while on a former occasion they refused to sanction the appointment of an apothecary.

Dr. Swan said he had no qualification to act as an apothecary.

Mr. Delany said that it would give some guardians much pleasure to have it under Dr. Swan's hand, whether he intended to continue or resign.

The Chairman said that the question was not one which should be put to Dr. Swan.

Dr. Swan said that he is a silent man.

MONAGHAN UNION.

OUTBREAK OF SCARLATINA.

DR. IRWIN, Medical Officer of the Scotstown dispensary district, reported that he found two cases of scarlatina,

and on inquiry he learned that other cases occurred to the children at the school there. He recommended that the school be closed, and that the schoolroom be thoroughly whitewashed and cleaned.

Mr. Rafferty said to order a school to be closed was a very summary way of proceeding. He did not think the guardians had power to do anything of the kind. He believed the best way they could take to remedy the evil would be to communicate with the patron of the school and ask him to close it for some time.

Mr. Rice believed that the case was one in which the board required the advice of Dr. Ross, the consulting sanitary officer. If the guardians did not take action in the matter at once the disease might continue to spread in the school for another fortnight. He (Mr. Rice) would suggest that Dr. Ross be asked to visit the school, and report to the board on the matter.

Mr. Rafferty was not at all sure that the law gave the sanitary authority power to close the school, nor did he believe the guardians had any right to ask Dr. Ross to go to look after the matter.

Mr. Rafferty could not see what right the board had to direct Dr. Ross to visit the school. That was a matter for Dr. Irwin, the sanitary officer. It would, he considered, be unfair to ask the consulting sanitary officer to do other than his regular duties.

After some further discussion, it was resolved to ask Dr. Ross to meet Dr. Irwin at the school, and report on the cases of scarlatina.

CORRESPONDENCE.

MIDWIVES.

TO THE EDITOR.

SIR,—In reference to the letter of "Practitioner" on Midwives, I wish to state my experience.

For more than four years I acted without one, but then made an effort and succeeded in getting a midwife under whose care I must state I have never seen any untoward event; and although it is natural to expect that I have in some cases lost my private patients and their fees, I consider I am fully rewarded by not being obliged to remain (as I often had to do) in a miserable bog cabin all or the greater part of a long winter's night, for it was generally towards night I was called on, the patients dreading it apparently more than the day, and to set out and travel some miles, it might be, after being out all day, and obliged to be up and doing next day, leaves me quite reconciled to some loss. Although I might be aware it would take several hours before labour would terminate, I would not leave, fearing accidents might occur, and to travel there and back would often be a thing to be unthought of. Now I have only to attend when instrumental aid is required, or when hæmorrhage or such urgent cases occur.

It has also been my fate to be called in sometimes to find women just departed, and sometimes to witness their last moments, for need of some one with the slightest knowledge of how to arrest hæmorrhage. I have found them with a fire on the bedroom floor, and a pot of hot water thereon, and assiduously stuping with flannels for flooding. I have felt it incumbent on myself sometimes to call an inquest for my own defence, and to try to arrest such gross maltreatment, so that humanity called for the appointment of a qualified person; but, fortunately, I have met with one who does not assume functions beyond her powers, or I might have cause for complaint, and can fully coincide with "Practitioner" as to the advisability of such a check as he mentions, when, after due

investigation, it was found cases recurred in their practice of such a nature as to leave no doubt as to maltreatment. Such a condition would probably be sufficient check, as few forfeitures would result.

Yours, &c.,

ANOTHER COUNTRY PRACTITIONER.

GLEANINGS.

Hydatid Cyst of the Liver relieved by Aspiratory Puncture.

At a recent meeting of the Société des Hôpitaux, M. Dumontpallier communicated the following case:—

A patient, after having presented for some time the various symptoms of dyspepsia, showed signs of a chronic pleuritic effusion on the right side. A series of blisters were applied, and aspiratory puncture was proposed, the diagnosis of hydatid cyst of the liver having been arrived at. The proposal of this treatment was negatived at the time by the patient and the consulting physicians. Some time afterwards the dyspnoea became very distressing; puncture was again proposed, and was practised with a No. 2 Potain's trocar, about half an inch below the nipple. The exit of a transparent, non-albuminous liquid, containing the débris of hydatid sacs, was the result. The operation was followed by immediate relief, and resulted in complete cure.—*Bull. Gen. de Thérap.*, Nov. 15, 1874.

Preventive and Exploratory Trepanning in Fractures of the Internal or Vitreous Table of the Cranium.

M. SEDILLOT read a note on this subject before the Académie des Sciences at a recent meeting. His conclusions were as follows:

1. Preventive trepanning is the surest method of treating all fractures of the internal table of cranium complicated by splinters.

2. The operation is demanded in cases of external or linear fracture with depression of the cranium.

3. Hesitation is permissible in simple linear solutions of continuity without displacement of the bones.

4. The means of diagnosis comprise the causes of the traumatism, symptoms, auscultation, percussion, thermometry, and of exploratory trepanning.

5. The absence of any exterior fracture does not contra-indicate the possibility of an internal one following direct traumatism of a circumscribed or violent nature; and if auscultation and percussion, the force of the blow, the nature of the wounding body (gunshot wounds) do not indicate the necessity of exploratory trepanning to the surgeon, it is his duty to watch the patient carefully, and to have recourse to this operation without delay, where new symptoms indicate the opportunity. This is understood to be in localities exempt from infectious influences which experience shows to be constantly fatal in similar cases.

6. Precautions and dressings founded upon the theory of ferments will modify, perhaps, this inability to operate, and seem already to promise most favourable results in wounds of the cranium.—*Gaz. Méd. de Paris*, Oct. 24, 1874.

Diet in Dahomey.

CANKIE, with a little animal food at rare intervals, constitutes the almost universal food of the poorer classes. It "reminds one of dumplings boiled with soapuds," whatever those experienced in such a dainty may decide the taste of that delicacy to be. Yams, cassava, and other fruits and vegetables are also occasionally eaten in season, or when they grow to perfection. They are fond of their food "high," even when the smell would completely upset a white man's stomach. The higher classes live much better, and have fowls and game frequently at their "tables," with abundance of fruits of all kinds grown in the country. Some of the grandees have even cooks brought up at the French factories

on the Coast, and affect articles of civilised diet. The fingers are used in lieu of forks, and tables are only to be seen in the houses of the highest nobles. After every meal the hands are washed, the mouth rinsed, and the teeth picked with a chewed stick. A man's wives wait at table, and present the dishes to their lord on their bended knees, none daring to partake until he has finished. Water is the usual beverage, and is dear. It will frequently cost 2½d. per gallon, in a country where people can live on 3d. per day. Intoxicating liquors are now even indulged in to excess by all classes. Every one's health must be drunk in public at all state ceremonies. The king, however, conceals his face while drinking, and it is not necessary to consume the fiery rum which invariably constitutes the toasting liquor on such occasions. The form is merely gone through, and the spirit handed to one of the mob around. The king even keeps a "drunkard," down whose leathern throat the king's surplus rum is poured at state ceremonies; his capacity for holding liquor is said to be something extraordinary.—*From "The Races of Man kind," by Dr. Robert Brown.*

The State of the Pupil in Chloroform-Anæsthesia as an Indication of Danger.

M. BUDIN (*Atlanta Medical Journal*), interne of the hospitals, in examining with care all the details of chloroformisation, with the end of discovering some sign which may guide the surgeon in its administration, has observed that there exists a certain relation between the state of the pupils and the more or less profound anæsthesia of the subject. . . .

1. There exists in the surgical anæsthesia produced by chloroform a constant relation between the state of the pupil and the period of anæsthesia.

2. During the period of excitation the pupil is dilated.

3. This period passed, the pupil contracts; its atresia, very marked for several minutes, accompanies in general, complete anæsthesia.

4. Dilatation of the pupil supervening during an operation indicates in general that anæsthesia is less profound, and that return to sensation is near.

5. The state of the pupil may then serve as a guide in the administration of chloroform.

6. During operations of long duration, if the patient is to be kept completely insensible and immobile, the pupils must be kept constantly contracted.

7. Finally, efforts at vomiting may produce dilatation of the pupils, dissipate the insensibility, and awaken the patient; they annihilate in part the effects of anæsthesia.—*Progress Medical—Gazette des Hôpitaux*, October 1, 1874.

Extra-Uterine Pregnancy.

DR. E. W. SAWYER (*The Boston Medical Journal*) reports the case of a married woman, who had had five children, and in whom all the usual symptoms of pregnancy came on, and persisted until the third month, when colicky pains began to trouble her, and continued throughout her gestation.

At the end of the ninth month regular labour-pains were developed, but subsided after two days. The head of the child could be felt high up in the pelvis; there was no dilatation of the os uteri. Twelve days later, regular pains set in, and continued for a day, at the end of which all motion ceased, after a most violent action of the child. She then had slight hemorrhage for three months, but for some time afterwards her menses returned with the strictest regularity. It being decided to operate, an incision was made through the abdominal walls, and the cyst containing the child was removed. The patient did not rally, but died twenty hours after the operation.

Requests to Medical Charities.—By the will of the late Mr. Roger Jones, of Prince's Park, Liverpool, the Liverpool Medical School receives £2000 to found a scholarship. The following bequests are from the same testator: Liverpool Royal Infirmary, the Royal Southern Hospital, the Blue-Coat Hospital, £1000 each; Liverpool Northern Hospital, £500; the Liverpool Children's Infirmary and the Ear and Eye Infirmary, £200 each; the Liverpool Cancer Hospital and the Consumption Hospital, £100 each, all free of duty.

Irish Poor-Law Intelligence:

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

LIMERICK UNION.

DR. PHAYER'S REPLY TO THE CHARGE OF ALLEGED MIS-MANAGEMENT AND NEGLECT.

THE Local Government Board forwarded a reply by way of exculpation from the charges brought against him by the Visiting Committee as to alleged waste and mismanagement in the surgery. In the course of his reply, the resident surgeon (Dr. Phayer) went on to say:—The charge made by the visiting medical officers that medicines were thrown about or wasted, I deny, as the only two articles mentioned—viz., camphor, which was in a paper, and not tied—having been using it at a late hour the night before; soda, which was in a paper bag near the fire, for the purpose of keeping it dry, the place being so damp, a particle of these drugs were not thrown about or wasted. My surgery was kept without a fire for over a month. It was not till after several applications I got a small American stove, which is scarcely sufficient to heat the place, in fact, up to the present moment the surgery is incomplete (see report of last visiting committee). Dr. Phayer then proceeds to deny seriatim each charge of waste, extravagance, and inattention imputed to him in the report, and he states that any medicines which he got without laying the requisition before the board for them were got in a hurry and to meet unforeseen emergencies. He stated, in fine, that he has been seven years and a half resident surgeon, performing the duties with zeal, energy, honesty, and efficiency, and that if he has committed an error it was one of judgment, which he trusts will be overlooked. Dr. Phayer's reply was reserved for consideration until the bringing up of Lord Clarina's report, which is in the hands of the printer, and which it is probable will be ready for the guardians before their next meeting.

COOKSTOWN UNION.

IN reply to a resolution passed last board day, stating that doubts had arisen as to the liability of dispensary medical officers to attend cases of midwifery, the following letter was read;—

“Local Government Board, Ireland.

“Sir,—The Local Government Board for Ireland have had before them a resolution of the Board of Guardians of Cookstown Union of the 6th inst., requesting to be informed whether it is the duty of a dispensary medical officer to attend upon a midwifery case in his district, and in reply I am to state that if a medical relief ticket be presented to the medical officer in a midwifery case, he is bound to attend upon it as in any other case.

“B. BANKS, Secretary.”

BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

The deaths registered in the Dublin district during the week ending 13th February represent an annual mortality of 32 in every 1,000 of the population. In London the death rate was 26, in Glasgow 36, and in Edinburgh 29.

In the Dublin district the births registered during the week amounted to 202, and the deaths to 192. The average numbers were—births 169, and deaths 197.

The number of deaths from zymotics was 23, against 21 in the preceding week. Of these deaths 11 were caused by fever (1 typhus, 8 typhoid, and 2 simple continued fever), 3 by scarlet fever, 2 each by group and dysentery, and 1 each by measles, erysipelas, and diarrhoea.

Four deaths from small-pox, 7 from measles, and 5 each from fever and scarlet fever, were registered in Belfast.

In the Dublin district 13 children died from convulsions. Bronchitis caused 53 deaths, pneumonia 3, and lung disease unspecified 2.

Three deaths were ascribed to paralysis, 3 to inflammation of the brain, 1 each to apoplexy, insanity, and epilepsy, and 2 to brain disease unspecified.

Heart disease proved fatal in 12 instances, aneurism, liver disease, and diabetes each in 1, and kidney disease unspecified in 2.

Nineteen deaths resulted from phthisis, 5 from mesenteric disease, and 3 from hydrocephalus.

Three accidental deaths—1 from scalds, and 2 from drowning—were registered.

WATERFORD LUNATIC ASYLUM.

A MEETING of the governors of the Waterford Lunatic Asylum took place on Wednesday, Sir R. J. Paul, Bart., in the chair. Dr. P. R. Connolly acted in his official capacity as superintendent. It was ordered that a visiting physician be advertised for at £100 per year, in room of Dr. Connolly.

The following is the address presented to Dr. Connolly on his assuming the duties of resident medical superintendent:

“To Pierce Connolly, Esq., Resident Medical Superintendent, District Asylum, Waterford.

“Dear Sir,—Permit us, the intern officers and attendants of the Waterford District Asylum, to offer you, upon the occasion of your taking possession of that honoured position, and distinctive mark of approval of his Excellency the Lord Lieutenant of Ireland, to accord you, with the fullest meed of sincere feeling, our warmest welcome and congratulations. The connection which exists between you and this asylum is not, dear sir, of yesterday; a score of years has elapsed since your first administration of this asylum, and now that it has grown much larger, and that your administrative care will be more intimately brought into requisition, we are confident that the ability and character from which emanates the recognition of your services will not be lessened.”

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February 13th, 1875; the Total Number of BIRTHS and DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, FEBRUARY 13TH, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhea.	Violence.		
DUBLIN	10,050	314,666	32	202	192	23	59	...	1	3	...	...	11	1	3	8	73
BELFAST	20,687	182,082	28	117	98	17	17	4	7	5	...	...	5	...	...	...	6
CORK	13,816	91,965	24	51	43	7	8	...	...	1	1	...	2	3	...	...	6
LIMERICK	8,509	44,209	35	23	30	5	8	...	...	...	...	...	...	...	...	...	19
LONDONDERRY	21,865	30,884	29	14	17	1	2	...	...	1	...	...	...	1	...	...	5
WATERFORD	17,209	30,626	17	21	10	2	4	...	...	...	...	...	1	...	1	1	2
GALWAY	21,358	19,692	34	9	13	1	8	...	...	...	...	...	1	...	...	1	6
SLIGO	30,835	17,285	33	9	11	1	3	...	...	1	...	...	...	...	...	...	...

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreege of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Union from Railway Station.
Nass	Clane & Timahoe	£125	£25 7 0	428	201	28,068	5,230	Feb. 27	Sallins, 3 m.

NORTH DUBLIN UNION.

ABUSE OF RED TICKETS.

THE Clerk read a letter from the Local Government Board in reference to the application of Dr. Ferguson, one of the dispensary doctors of the union, asking for assistance in the duties of his district, which he said were so much increased recently that they were now heavier than during the small-pox epidemic.

Mr. Tickell complained that many persons in good circumstances, and who were well able to pay a doctor, asked for dispensary tickets. He knew an instance in which a family with nearly £1,000 in the Three per Cents. got dispensary tickets. Within the last few hours two applications were made to himself for tickets—one from the wife of a mechanic who earned 40s. a week, and another by the wife of a gas-fitter who had 35s. a week. He did not think that these were proper cases of relief from the rates. He thought the Local Government Board should be consulted on the subject. If they were to give tickets to such parties they might as well open apothecaries' shops free all over the city. Referring to another matter connected with this subject, he said the guardians had asked the Local Government Board for a sworn investigation in reference to their account for medicines, which amounted to £860, while the bill for the South Dublin Union, where 11,000 more patients were attended, was only £164. They inquired into this subject,

and their medical officers stated that in the South Dublin Union the medical officers were restricted in regard to the number of items; but on examination it appeared that their contracts were unrestricted, and that they had in fact 235 more items in their contract than they had themselves, and their medical officers could not or would not give them any further information on the subject. The reply of the Local Government Board was unsatisfactory. It stated that the cost for medicine in the North Dublin Union did not exceed the average cost all over the country, but it made no allusion to the analogous case of the South Dublin Union, to which the guardians referred them.

The Chairman concurred with Mr. Tickell in reference to parties in good circumstances applying for dispensary tickets. The members of the committee and warders did not make sufficient inquiry into the circumstances of persons who applied for the tickets.

Mr. Bentley thought that the real remedy would be to obtain from the Local Government Board for every guardian who issued a ticket the power to cancel it immediately on ascertaining that the circumstances of the applicant did not entitle him to receive it. Under the present system the whole evil was done before the committee could meet and cancel the ticket. The doctors' time had been wasted and the medicine of the union distributed to persons not entitled to receive it.

After some discussion, the subject was referred to the Dispensary Committee.

The proceedings then terminated.

WESTPORT UNION.

The following resolution was unanimously passed :—

“That, without expressing any opinion as to the mode in which the Local Government Board have discharged its duties under the Public Health Act, 1874, we desire to record our strong conviction that the powers conferred by that Act on the Local Government Board are unconstitutional, as well as impolitic and injurious to the country. We think that as one of the first principles of the Government of Great Britain is that there shall be no taxation without representation, it is unjust that such extensive powers of taxation should be conferred on any public board in Dublin; and we regret this the more as the Inspectors of Prisons and the Inspectors of Lunatic Asylums have also most extensive and despotic powers over the local authorities who are supposed to manage those institutions. We conceive that as regards the salaries and the number of officers, the controlling powers of the Local Government Board should be limited to a veto on any increase of salary or multiplication of officers—that the Act of Parliament, and not merely the will of the Local Government Board, should determine the chargeability of every expense incurred. We believe that where there are Town Commissioners, that body, and not the Board of Guardians, should be the sanitary authority, and that it is unjust to charge any district but the Town Commissioners for the cost of bringing water for the exclusive use of the town inhabitants. Finally, we protest against the centralising policy which is being pursued in Ireland to an extent which we believe would not be tolerated if carried out to the same extent in England as it is in Ireland.”

ALLEGED ADULTERATION OF THE MILK.

On last day a report was received from Dr. Cameron, Dublin, stating that the milk supplied by D. McLean was, to a certain extent, adulterated with water. The Board, fearing that, owing to the circumstances under which the samples were taken and sent to Dr. Cameron, they might not be able to successfully prosecute, resolved to allow Mr. McLean the option of paying a fine of £1. Mr. McLean now wrote to the Board declining to pay the fine, insisting that the sample forwarded could not have been of his milk, in which he never put any water; and asking for an investigation into the matter.

The Chairman read a second report from Dr. Cameron, saying that having carefully analysed two samples of D. McLean's milk, he found they contained a smaller amount of fats than ever occurred in pure milk, and gave it as his opinion they could not prosecute on the second report, which was very different from the first, and the mildest complaint in reference to milk he had ever heard in his life.

Mr. Smith argued that the condition of the milk might have resulted from its being allowed to settle, and consequently giving off cream.

After a short discussion, it was resolved that the second analysis now handed in of McLean's milk differing materially from the first, the Board did not feel justified in ordering a prosecution in this matter.

On the proposition of the Chairman, it was also resolved—“That as to future proceedings, it is ordered that whenever it is suspected that the milk is skimmed or impure, two samples of it are to be taken out immediately on its delivery, and in the presence of the contractor or the person delivering the milk; also in presence of not less than two officers of the house, the clerk or the medical officer being one if possible—the samples of milk to be sealed up with a seal to be purchased and kept by the master, and the two samples to be kept locked up by the clerk.”

FEVER NEAR BALLYCASTLE.

(From the *Ballina Herald*.)

THE public generally are becoming alarmed at the continued presence of fever of a bad type in several townlands in the neighbourhood of Ballycastle. It has been there now for some months, and notwithstanding the medical skill and attention which were employed, has succeeded in carrying off very many victims, in some cases two, three and four members of a family. Dr. Madden, the medical officer of the district, caught the fever soon after it made its appearance, and he is not yet fully recovered from its effects; Dr. Bourne undertook the temporary charge of the district, and he also contracted the disease, and died of it. Dr. Macaulay, of this

town, next undertook the duties, and devoted himself un- sparingly to their discharge. But he could not either escape, and he is now, we regret to say, prostrated by fever. The disease still rages in the district, and we believe there is now no doctor and no nurse to attend the unhappy people. The Local Government Board have been asked to send down a doctor, but it seems that it is not their duty to provide one. A more distressing state of things has not been witnessed in this part of the country since the famine years. We must assume that the local dispensary committees have been aware of the gravity of the circumstances surrounding them, and have been doing their duty as far as they could; but the outbreak of typhus fever in that district and its subsequent course should serve as a warning, and dispensary committees throughout the county should see after the sanitary state of their districts, and on the appearance of infectious disease they should have the persons attacked removed at once to the workhouse hospital, and then have the locality thoroughly cleansed, and the houses disinfected.

CORRESPONDENCE.

TO THE EDITOR.

SIR,—I consider the present a fitting time for the following communication, as the period for the half-yearly visits to vaccination stations is approaching. I dare say mine is not the only district in which the people systematically neglect to obey that part of the vaccination law which enacts that the child shall be brought for inspection on the 8th day after operation, a neglect from which arises [the difficulty which my brother practitioners and I find in supplying ourselves with a sufficiency of lymph to answer the demands upon us, especially at the periodical vaccination season. Some years ago I read (in your pages, I believe) a suggestion that vaccine lymph would be effectual in producing the vaccine disease after a certain degree of dilution. I do not now remember what the specified degree was; but I have been for some time making experiments, the result of which is that I have fixed upon one. It is as follows:—I take twelve points charged in the usual way and place them points downwards in a minute measure and drop upon them five minims of distilled water. Having left them standing for a time sufficient to ensure complete solution, I remove the points and proceed to fill capillary tubes, as furnished to dispensaries generally, out of the minute glass. This solution is sufficient to charge more than a dozen tubes, and each tube contains enough to vaccinate many children. They are then sealed in the usual manner, and as the lymph will keep an indefinite time I am independent of the “Cow-pock Institution,” whose generosity I never could stimulate by any urgency of appeal to send more than some half-dozen points. As I have said, I write in the hope of removing one of the difficulties under which dispensary medical officers labour in their endeavours to carry out the compulsory vaccination law, and I feel called upon to do so, more especially now, when from the invasion of small-pox in several districts a large amount of lymph will be required both for vaccination and re-vaccination. I may add, in conclusion, that I have not yet found any failures from the use of lymph thus diluted, and hope others may be equally fortunate, which I have no doubt they will.

I remain, Sir,

Your obedient servant,

EDMUND P. SHARKEY, M.B., Dub.

Ballinasloe, Feb. 19, 1874.

TO THE EDITOR.

SIR,—The enclosed needs no comment, save that in the “ukase” of the guardians, or “ghouls” of the Newcastle Board, they make no allowance for the additional red-tapeism involved, and the paste-pot and brush, with perhaps a step-ladder to boot, required for the work of bill-sticker. The medical gentleman in question should feel grateful to the Local Government Board for protecting him from such injustice and degradation.

Yours, &c.,

A POOR-LAW MEDICAL OFFICER.

NEWCASTLE UNION.

THE following letter was read at the weekly meeting of the Board of Guardians of Newcastle Union :—

“Local Government Board,
“Dublin, 27th Jan., 1875.

“SIR,—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings of the Board of Guardians of Newcastle Union, on the 21st inst., from which it appears, that a report in the form P was received from Dr. Bolster, medical officer, containing the names of 56 defaulters under the Compulsory Vaccination Act in the Broadford dispensary district; and with reference to the resolution directing Dr. Bolster to post copies of the lists of those defaulters on the dispensary doors (in two stations in the district) and on the chapel gates (six chapels and two Protestant Churches in the district), the Local Government Board desire to point out that this is not a duty which the medical officers of a dispensary district is called upon to perform. As regards the direction that four or five of the defaulters be summoned as an example, the Local Government Board would recommend the guardians to enforce compliance with the requirements of the law without delay in all cases of wilful default.—By order of the Board,

“B. BANKS, Secretary.

“To the Clerk Newcastle Union, Limerick.”

KILLADYSERT UNION.

PROPOSAL TO INCREASE DR. RYAN'S SALARY.

THE first motion considered was that given by Mr. Clancy to increase the salary of Dr. Ryan from £100 to £120 per annum. Concurrent with this motion was one brought forward by Mr. Henn, Q.C., to the effect—

“That we do request the Local Government Board to rescind the order made by them for the £120 a year; inasmuch as Dr. Ryan who receives from this Union £225 a year for his several duties, now requires the same increase of salary not for any extra duty performed by him, but simply in order that his salary as dispensary doctor should be placed on a par with Dr. Vaughan's.”

The notices of motion were then proceeded with. Agreeably to the notice of motion which we have given—“That the recommendation of the Ballinacally Committee of Management to increase the medical officer's (Dr. Ryan's) salary from £100 to £120 per annum be taken into consideration.”

Mr. Clancy proposed that the salary be increased from £100 to £120 per annum.

Mr. Molony—I feel very great pleasure in seconding the resolution of Mr. Clancy. Dr. Ryan, it is said, has been getting £225 per annum. If he gets that money, he earns it for the extra duties he has to perform. He gets £80 a year; 3s. 3d. a day for coming here every day to visit the workhouse. Certainly you will get no medical man, even the doctors who advertise in Dublin—those quacks will not come to see you under 5s. Dr. Ryan has to attend 153 patients in the house. He has 61 to attend to in hospital, and taking those things into consideration I ask you is the £80 a year which he gets sufficient remuneration for his services? If he is leaving his home, he has to provide a substitute at his own expense, and often to my own knowledge he has had to pay that substitute very dearly for his services.

Mr. Henn, Q.C.—I have a few words to say. Dr. Ryan has out of this Union £225 a year. He has a very large private practice besides, and this with the £225 a year he receives from the Union, he can with the greatest ease keep six horses to Dr. Vaughan's one. And, as Colonel Vandeleur says, he is a considerable land proprietor. Then, I ask you, what kind of analogy there is between Dr. Ryan and Dr. Vaughan's case? One actually requires the increase to keep a horse, another can keep a good—plenty of good horses. And really when we come to look into it we cannot help thinking that Dr. Ryan wants this increase simply that he should be placed upon a par with Dr. Vaughan, and that his sensitive feelings would not be hurt by his getting a lower salary, ignoring altogether the fact that he had £125 a year more than Dr. Vaughan before he (Dr. Vaughan) got the increase. First of all, the population of this little Union—this little dispensary district of Ballinacally, one of the very smallest in the whole county of Clare—is 4,500. The salary of our medical officer has been £100 a year. Carrigaholt dispensary district has a population of 5,117. The dispensary doctor of that place is paid exactly £100 a year. Kilmihil district has a population of over 6,000. The medical officer receives £100 a year, where he has a population of very nearly 2,000 more than the population of this district. Kilrush, 8,689. The salary received by the doctor there is £100 per

annum for very nearly double the population of this little district. Craigenock, 8,866. Still more than Kilrush, about double this dispensary district. Then let us take the dispensary district of Ennis. The population of the Ennis dispensary district is 12,186, and for the discharge of the duties performed by the dispensary doctor in that district he gets £110 a year; and we now have to give Dr. Ryan for duties which are exactly three times as small as the duties performed by the dispensary doctor at Ennis £10 a year more than that doctor receives.

Mr. Cannon—It is not alone that our present staff of officers receive a very large sum—£748, which takes 7½d. in the pound to pay them, but I have heard Dr. Ryan grumble and say that he thinks he must resign his appointment. If you increase his salary to £300 he will say “I am going to resign. You will pay me the retiring allowance on my salary,” and that will be £200 a year. Then the next officer going in will say, “You must be consistent and give me the same salary as my predecessor.” Why, what will be the fact? We will be paying £500 a year for a doctor which will take 9d. in the pound to pay them and our other officers alone, so that, in reality, our conduct will show that we are not deserving of the trust the ratepayers have imposed upon us if we grant these increases.

Colonel Vandeleur—This is not an isolated case, it is a case, as Mr. Cannon very properly observes, that will spread. It is a very catching mania—that of raising the salaries (a laugh), and the mania is increasing. In Ennis asylum there is a regular strike for wages, and I have heard from doctors in every part of the county that they are watching the turn of events here, and that if the Local Government Board be weak enough to sanction the demands made upon them there will be a regular strike for higher salaries. The mania, as I have before observed is a catching one, and if not checked I do not see where the end will be. We have one gentleman who retired—a medical officer of the Kilrush Union. He has retired, and I am happy to say with success, after a very long service. He sent in a strong certificate that he would not be able to do his duty any longer. I am happy to say that this gentleman is becoming perfectly well again, and I was glad to congratulate him the other day upon his good looks, and how much he had recovered his health and strength (a laugh). He may have been, and I have no doubt was suffering very much at the time, but it often happens that when people get a little relaxation they recover. There have been a number of additions to the medical officers' salaries lately, and I conceive that the medical officers ought to be well satisfied in getting their £40 and £50 additional, and I consider it a most unreasonable thing to bring these applications forward just at the time there is a move on foot to increase the other salaries. I think it a very unfair move; for when the Sanitary Act comes into force there will be very little for the doctors to do. They go about the country to see where there is a dung heap or a pool of stagnant water and they may report it to the sub-sanitary officer, and he takes out a summons against the offending parties. I repeat that it is a very unfair time to make these applications for an increase when there has been from £25 to £45 additional put upon different unions. I am told part of this money is to be recouped, but that is no reason why these applications should be made. The guardians should also take into consideration the superannuation demands that are likely to come upon them if they grant all these increases. I believe there is no doubt that superannuation may be applied for after a certain time, and there is no question but that you will determine by this fact that your doctors' salary should remain the same with its emoluments, for any future person who comes in. We all know that canvassing goes on, and persons are in the “eye” of the different guardians to be brought forward when a vacancy arises. I have known in several unions myself where So-and-So's son will look naturally for the appointment when a vacancy takes place, and it is the interest of his friends to raise the salary so that when he comes in he will say, “gentlemen, you won't give less than you did to your former doctor” (laughter). Dr. Ryan is a gentleman whom I esteem, a most active and zealous officer of the Union, and I for one would not say a word against him.

The Clerk then proceeded to take a poll on the motion—“for or against Dr. Ryan”—when the voting was as follows:—

For, 8; against, 9.

Clerk to chairman—The numbers are—8 for the increase and 9 against it. Do you wish to vote sir?

Chairman—I'll vote for it.

Clerk—The numbers being equal the motion is lost.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

VACCINATION PROSECUTIONS.

We find in a local paper the following report of a conversation at the meeting of the Guardians of the Swinford Union:—

Dr. Jamieson, Kilkelly, forwarded a list of ninety-six defaulters under the Compulsory Vaccination Act. The Local Government Board complained that the guardians postponed making any rule as to proceeding where small-pox prevailed in the union.

Dr. Jamieson mentioned the long distances he had to drive to three petty sessions in his district. When he asked his expenses he was told he would be paid out of the fines, and his bill was ignored by the guardians altogether.

Dr. Rougham—You must go in discharge of your duty, and give evidence in these cases. The question has been decided over and over by the Local Government Board. They think it the least the medical men should do out of the large sums given them from the rates towards vaccination.

Dr. Jamieson observed that the clerk stated to him that the rates were not liable for it, though he had the certificate of Captain Wynne, R.M.

Dr. Rougham wished Dr. Jamieson to understand him as speaking officially when he said it was not too much for a dispensary medical officer to go and attend and give evidence in these cases. The Vaccination Act was there, and they could not go outside it in his case, or in any case.

Dr. Jamieson—I do not think 'it too much to ask my expenses where the vaccination is paid for at a shilling a one. I will write to the Local Government Board, and if they say my expenses are to be paid out of the fines, I will resign.

We have the gratification of informing Dr. Jamieson and our readers amongst the Poor-law medical officers of Ireland, that—with every respect for the oracular enunciation of the law by Dr. Rougham—he is entirely unjustified, either by the wording of the Acts or by the regulations promulgated by the Local Government Board, or even of precedent, in the statement he made. The Vaccination Amendment Act, 26th and 27th Vict., cap. 52 (see Irish Medical Directory, page 468), clause 13, provides that—

“The Guardians may direct proceedings to be instituted for the purpose of enforcing obedience to the provisions of this Act; and as to all expenses incurred in such proceedings, if the Justice or Justices before whom such proceedings are had, certify that such expenses ought to be allowed, such Justice or Justices shall ascertain the amount thereof, and such amount shall be payable out of the poor-

rates; and such proceedings on account of neglect to have a child vaccinated may be taken at any time during the continuance of the neglect.”

There is not a word here as to any obligation upon the medical officer to attend, and if he is obliged to do so it is expressly set down that—on obtaining the certificate of the magistrate—he will be paid out of the poor-rates. Moreover, the definition of his duties as set forth in the official Regulations (Irish Medical Directory, page 226) imposes no such obligation:—

“He shall vaccinate all persons who may come to him for that purpose at the dispensary, and shall do and perform all such other acts and things as may be necessary for the purpose of causing such vaccination to be successfully terminated; and shall attend at such convenient places within each vaccination district formed by the Committee, at the times fixed and approved by them, for the purpose of vaccinating all persons resident in his district who may come to him or whom he may be requested to vaccinate, being fit subjects for vaccination; and he shall keep and duly enter upon a register, in the annexed form G, of all cases of vaccination performed by him as medical officer of the dispensary district; and submit the same to the Committee of Management at each ordinary meeting.”

The effort was made in the early part of last year by the Commissioners to impose this duty upon the medical officers, but after officially expressing the same opinion to the same effect as Dr. Rougham gave utterance to in their name, they were obliged to withdraw from their position by a subsequent letter, and since then Dr. Carleton, of Crossakeel, and other medical officers, have demanded and received their fees.

We repudiate *toto celo* the notion of Dr. Rougham that attending at vaccination prosecutions is “the least that medical men should do for the large sums given them from the rates towards vaccination.” When the medical man has completed a successful vaccination, he has already done much more than the payment deserves, and he is under no compliment whatever for the very miserable fee which he receives. There is no demand whatever on his generosity on the part of the public, and he owes it to himself and to his profession not to accept gratuitously an irksome duty which it is sought to thrust on him without any warrant—as we believe—in law, custom, or equity.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February 20th, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, FEBRUARY 20TH, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	10,050	314,666	33	166	202	35	46	...	1	4	...	2	7	2	4	6	64
BELFAST	20,687	182,214	40	137	140	23	31	...	6	7	...	1	4	2	...	...	18
CORK	13,816	90,851	34	61	61	10	23	...	...	...	...	1	2	2	1	2	16
LIMERICK	8,509	44,547	20	22	17	1	6	...	...	...	...	...	...	...	1	1	2
LONDONDERRY	21,865	30,893	29	14	17	...	4	...	...	1	...	1	...	...	...	...	4
WATERFORD	17,209	30,838	14	14	8	2	3	...	...	...	...	...	...	...	...	1	2
GALWAY	21,358	19,713	16	13	6	1	1	...	...	...	...	...	...	...	1	1	2
SLIGO	30,835	17,175	24	5	8	1	4	...	...	...	...	...	...	...	...	...	2

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Dispensary from Railway Station.
Boyle	No. 1.	£120	£5 0 0	245	186	52,042	16,800	March 18	Midland R.

LISMORE UNION.

SALARIES UNDER THE PUBLIC HEALTH ACT.

ON the 23rd of December, 1874, a meeting of the Board of Guardians, acting as sanitary authority, was convened for the purpose of determining, according to 37 and 38 Vic., cap. 93, sec. 10, the amount of additional salaries to be allowed to the medical officers of the Union as sanitary officers. A lengthened discussion took place, one guardian declaring that only a few months had elapsed since the "doctors" received £20 per annum increased remuneration for their duties under the Medical Charities Act; evidently under the impression that, therefore, they should do work of a completely different character, involving much trouble, annoyance, and loss of time for nothing. A proposal to grant them £25 a year for sanitary duties was brought forward and seconded; but an amendment to allow £15 per annum to each of the medical officers of the Lismore and Cappoquin districts (R. O'Reilly and G. O'C. Redmond), and £12 to each of those of the Tallow and Ballyduff districts (W. Hannan and J. C. Barry), was ultimately carried, despite the decisive opposition of the supporters of the original motion. Against this low scale of remuneration the doctors protested, and without delay unanimously appealed to the Local Government Board in the subjoined memorial, which we give *in extenso* :—

MEMORIAL OF THE SANITARY OFFICERS OF THE LISMORE UNION.

To the Local Government Board.

26th December, 1874.

GENTLEMEN,—With feelings of very great surprise we heard of the proceedings of the Lismore Board of Guardians at their meeting on Wednesday last. Having taken into consideration the subject of salaries to be granted to us as sanitary officers under the new Act, the Board, opposed by a very respectable minority, passed a resolution to the effect that £15 per annum should be allowed to the medical officers of the Lismore and Cappoquin districts respectively, and £12 per annum to those of the Tallow and Ballyduff districts respectively, which, with our knowledge of the extremely arduous and unpleasant duties devolving upon us, we look upon as remuneration quite inadequate. The consulting sanitary officer, whose work will consist in attending meetings of the sanitary body, and aiding it with his advice upon matters hygienic whenever required to do so (very seldom mayhap in the year), has been granted £20 per annum. We are far from considering that he is overpaid; on the contrary, we cannot but think that his position, upon which much of the future success of the Act depends, merits a greater acknowledgment; but, as all the odium of carrying the law into effect falls upon us, and we without doubt risk the loss of our hard-earned private emolument by the

performance of these *obligatory* duties, few will deny our right to be even better paid than he!!! In the conscientious discharge of our calling as medical officers of health, trusted with the *lives* of those around us, we shall frequently be most unpleasantly situated. Called in professionally to attend the sick-bed of a private patient, we may possibly notice about his premises some neglect—a choked up sewer, a collection of decomposing animal matter (and it is not alone in the cabins of the wretched that such things are), which demands our attention. We report the fact as in duty bound, and with what result? The offence, of course, is remedied; and, doubtless, when paying our next complimentary visit to our patient, we congratulate ourselves upon the improved aspect of the farm-yard or dwelling-house, as the case may be; but he, unaware perhaps of the inestimable value of hygienic improvement, may consider a medical man, whose scope of duties is not so *intimately* connected with it, a much more convenient attendant, and we accordingly sacrifice *practice to theory!!!* Our districts are extremely large and densely populated, for the most part mountainous and difficult of access, thereby increasing the obstacles we must everywhere meet with in our endeavours to carry out the provisions of the Act. As professional men bound to the preservation of health, and interested in the well-being of the community, we shall work conscientiously and with zeal; and in efficiently obeying this useful measure it is to be hoped we may ere long banish much of preventible disease. But it is an old saying, "The labourer is worthy of his hire," and we most earnestly solicit the just and fair consideration of the members of the Local Government Board to our claims. Like most other districts in Ireland, ours are sadly in want of sanitary reform, and much trouble and annoyance will be our lot ere a satisfactory state of things is brought about. Three of the districts of this union contain a town of considerable importance—viz., Lismore, Cappoquin, and Tallow, and including the 2,000 inhabitants of Lismore, 2,000 in Cappoquin, and 2,000 in Tallow, each district averages a population of 5,000, and has an extended area of 28,000 statute acres! The health of these 20,000 souls, the comfort and ease of their homesteads, their future exemption from ravages such as typhus, typhoid, small-pox, scarlatina, and the thousand and one miseries and disorders which spring from vitiated atmosphere, impure wells, polluted water, &c., will henceforth be our care. The hygienic condition of villages and towns is of paramount importance, demands a greater degree of watchfulness and energy, and involves far more disagreeable and thankless work than can be imagined. These new duties have been forced upon us, and we cannot help thinking that boards of guardians being aware of this fact, and feeling that medical officers of health are more or less at their mercy, have fixed scales of salaries which do not at all reward them for the work they have to do; a system which in many ways tends to frustrate the wise intentions of our legislature. We now unanimously demand justice and fair dealing, and in thus petitioning your body we feel confident we shall obtain both. Gentlemen, we most respectfully ask of you to require the guardians of our union to reconsider their resolution, and to grant us generously "fair reward for a fair day's work."

We are, Gentlemen,
Your most obedient servants,
GABRIEL O'CONNELL FITZSIMON REDMOND,
Sanitary Officer, Cappoquin District.
RICHARD O'REILLY,
Sanitary Officer, Lismore District.
WILLIAM HANNAN,
Sanitary Officer, Tallow District.
J. C. BARRY,
Sanitary Officer, Ballyduff District.

The following letter in reply to the memorial was received some days after:—

Local Government Board, Dublin,
6th January, 1875.

SIR,—The Local Government Board for Ireland acknow-

ledge the receipt of a letter dated 26th ult., and signed by you and Drs. O'Reilly, Hannan, and Barry, on the subject of the additional salaries to be allowed you as sanitary officers of the Lismore Union, and the Local Government Board desire me to inform you that they are in communication with the Board of Guardians on the subject,

By order of the Board,
B. BANKS, Secretary.

To Dr. Redmond, Medical Officer, Cappoquin.

At their next weekly meeting the Guardians, in compliance with a request from the Local Government Board, reconsidered their former resolution, and finally arranged that the salaries should stand as follows:—

To the Sanitary Officers of Lismore and Cappoquin districts, £20 per annum. To the Sanitary Officers of Tallow and Ballyduff districts, £17 per annum.

This is still below the maximum allowed by the Local Government Board, being only one-sixth of their present salaries. It is to be hoped that time will show those who have the fixing of these salaries the great utility of the Act, and that they will reward better those who have the hard work of carrying it into effect.

VACCINATION AMONG MILL OPERATIVES.

DURING the middle of the epidemic of 1871 Mr. Baker, one of her Majesty's Inspectors of Factories (himself a medical man), seeing that the directions issued by the Poor-law Board were unsuccessful in checking the progress of the epidemic, and as he well knew that the factories were too often the hot-beds of the disease, which now assumed such magnitude as to cause a panic amongst the operatives, made such representations to the Secretary of State concerning the advisability of calling into action the services of the certifying surgeons for the purpose of checking its advance, that he was at once requested to draw up the following circular:—

"Factory Inspector's Office.

"DEAR SIR,—It appears that many persons employed in factories have never been vaccinated, and that the present spread of small-pox is, in some instances, due to this neglect. The certifying surgeons scattered over the country, and possessing considerable influence with the people among whom they reside, have peculiar opportunities incidental to the discharge of their duties in ascertaining and remedying this evil.

"The Secretary of State, therefore, directs us to suggest to you, whenever any person, under sixteen years of age, applying for a certificate, has not been vaccinated, to represent both to the parents and the employers the danger thus incurred. An employer would be showing only due regard for the interests of his workpeople if he made vaccination a condition of employment, for so indifferent are many people to the risk of infection that they may be found working, even though there may be one among them with the eruption out at the time.

"I shall be glad to hear from you the result of your efforts in this matter.—We are, Sir, yours truly,

"ALEX. REDGRAVE, } H. M. Inspectors
"ROBERT BAKER, } of Factories."

This was sent to each certifying surgeon, who at once followed the instructions, not only examining each applicant, and causing to be vaccinated those that required it (in which they were most cheerfully assisted by the mill-owners), but also in preventing those from returning to work who were infected. The beneficial effects of their exertions became soon manifest, and in a short time the disease passed away.

In Belfast the necessity of examining for the vaccination mark was very evident, for in 13,457 hands that were examined, 702 required to be vaccinated, and since the receipt of the circular upwards of 1,000 young persons have been detected who were never vaccinated or had spurious marks. Even now scarcely a week elapses

that from two to four are not detected who require to be vaccinated. The consequence is that in the epidemic which has just passed away, in one mill which had 150 cases in 1871, only ten were affected in 1874, and these were adults. The case was the same in every factory, and the good results show the necessity of careful attention to the workers by vaccination, for of those that were under sixteen only thirty-nine were attacked during the last epidemic.

WATERFORD UNION.

A LETTER—A DEATH—AN ANSWER.

The Clerk read the following letter :—

"GENTLEMEN,—The undersigned wishes to know whether the workhouse horse is a useful or ornamental auxiliary towards the relief of the sick poor of Waterford ?

"A poor man living in Bakehouse Lane was brought home on Monday night, labouring under a bad attack of hæmorrhage. Dr. Delandre visited him, and ordered his immediate removal to hospital. Mr. Rooney gave the order for the van, but Mr. Ryan, the master of the union refused to 'turn out either horse or man' for the relief of suffering humanity (time, half-past ten o'clock). All that could be done in a 'lodging-house' was done, but he died at four o'clock next morning, after a second and severe attack. The doctor suggested ice and plenty of cold milk, but I am sorry to say he got none of one, and very little of the other.

In answer to the Board, the Master said it was a quarter to eleven when the man, Fleming, came to the gate for the horse and van.

Capt. Power.—The master was bound to give the van when there was an order from the doctor for the man's removal to hospital.

Upon this point Mr. Rooney was questioned, and he said he got no ticket from the doctor for the man's removal.

Ald. Redmond.—Then Mr. Rooney should not have acted without a ticket from the doctor.

In answer to Capt. Power, Mr. Rooney said he sent a ticket to the master for the van.

Mr. O'Shea.—You should have got a ticket from the doctor.

Clerk.—A dispensary surgeon is bound to give a ticket where removal is necessary, and Mr. Rooney should not remove anyone without such a ticket.

Mr. Rooney.—For many years back there are no orders from the doctors, except verbal ones in such cases.

• Moved that the master's answer be ruled satisfactory.

The Chairman put the motion—For, 4 ; against, 1.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 20, 1875.

Total registered deaths in Dublin and suburbs *	...	202
Ten years average of same week	...	189
Mortality below average	...	13
Ratio of deaths, suburb of Rathmines	...	22 per 1,000.
" " " Donnybrook†	...	24 "
" " " Blackrock	...	36 "
" " " Kingstown	...	28 "
" " " Entire Dublin district	...	33 "
COMPARATIVE RATIOS—London	...	27 "
" " Glasgow	...	34 "
" " Edinburgh	...	31 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

ENNISKILLEN UNION.

POLICE AS SANITARY OFFICERS.

A COMMUNICATION was read from the Limerick Board of Guardians, containing copy of correspondence between them and the Irish Government, in which they urged the appointment of the constabulary as sub-sanitary officers. In a reply of Sir Michael Hicks Beach to the Board, he said that the Lord Lieutenant could not comply with the request, but the Inspector-General of Constabulary had given instruction that the police should report any cases to the sanitary officers which seemed to them to call for improvement.

COOKSTOWN UNION.

IN reply to a resolution passed last board day, stating that doubts had arisen as to the liability of dispensary medical officers to attend cases of midwifery, a letter was read from the Local Government Board in which it was stated, "if a medical relief ticket be presented to the medical officer in a midwifery case, he is bound to attend upon it as in any other case."

VARICOSE VEINS.

MR. MARSHALL, F.R.S., in a clinical lecture published in the *Lancet*, describes a new operation for the cure of this disease. Instead of obliterating the vein by one of the usual methods, he removes several inches of it altogether. In a case he exhibited to the class the success was complete. Mr. Annandale, of Edinburgh, has performed a similar operation with equal success. It would seem, therefore, that the new method is likely to prove serviceable. Mr. Marshall advises also the use of the elastic ligature and subsequent antiseptic dressing.

ABLATION OF THE INVERTED UTERUS TAKEN FOR POLYPUS.

A WRITER in *l'Union Médicale* mentions a case in which the inverted uterus felt to the finger like a polypus. The surgeon slipped the chain of the écraseur on the neck of the supposed polypus, and removed it. The mass proved to be the whole inverted uterus. The attacks of metrorrhagia ceased, and the patient did well. Petit is said to have made the same mistake. Vieussens also removed the uterus under the same impression; the patient lived for ten years after the operation. The post-mortem examination showed that a small piece of the cervix had been left. The same misfortune happened to Bouchet, Slevogt, Boyer, and Jobert de Lamballe. The latter surgeon, when pulling down the mass with the vulsellum, perceived that he had to do with the uterus; he desisted, but the traction caused peritonitis, which carried off the patient.

DR. NOTHNAGEL ON THE OPTIC THALAMI.

DR. NOTHNAGEL (*Centrabl. f. M. W.*) has published some experiments recently made by him on rabbits to ascertain the function of the optic thalami. It was held that these bodies are the motor centres of the upper extremities; this was disproved by clinical observation. Ferrier thinks that the optic thalami have no relation to motion, but that they are centres of sensation. Nothnagel employed a little canula and trocar, from the extremity of which, by pressure on a lever in the handle, small diverging arms can be protruded and the thalamus thus broken up. He found that when both optic thalami were completely disorganised, the animals, on awakening, jumped about with facility; nor did they appear to suffer from cutaneous sensibility, living for weeks after the injury, the only thing noticed being their growing emaciation. He therefore states that destruction of the thalami causes neither motor palsy nor anæsthesia of the surface.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

THE Council of the Irish Medical Association met on the 11th inst., and adopted some very important clauses, which they seek to have introduced into the new Coroners Bill for Ireland, the second reading of which in the House of Commons has been fixed for the 12th of May next, and have ordered that these clauses shall be printed and circulated amongst the members of the Association as soon as possible. It behoves every member of the profession in Ireland now to exert himself and bring all the influence in his power to bear upon our Parliamentary representatives, whilst the opportunity exists, with the view to having medical witnesses at coroners' inquests fairly dealt with. The pith and marrow of the clauses recommended by the Council of the Irish Medical Association are—

1. That whenever an inquest shall be held upon the body of a person who had been professionally attended during his last illness, or recently before death, by a qualified medical practitioner, such medical attendant shall be employed as the medical witness at the inquest.
2. That if no medical practitioner shall have been in such attendance then the medical officer of the dispensary district in which the person died, or in which the dead body was found, shall be the medical witness; unless in the case of an inquest held upon the body of a person who died in an hospital, or who had been brought into an hospital for medical treatment, when the medical officer of the hospital shall be employed as medical witness.
3. The medical witness shall receive a fee of one guinea for attendance and evidence given at an inquest.
4. The medical witness shall be paid travelling expenses at the rate of sixpence a mile, from his residence to the place where the inquest is held, both going and returning.
5. That the fee for an ordinary post-mortem examination be two guineas additional, and that the coroner may pay a fee, not exceeding five guineas, to the medical witness for a necessarily difficult and prolonged post-mortem examination.

6. When a medical witness has been summoned to attend and give evidence at an inquest, and no inquest be held, he shall be paid a fee of one guinea along with travelling expenses, if he attended at the appointed time and place.
7. That no person shall be qualified to give professional evidence at an inquest, or make a post-mortem examination, unless he be a legally qualified medical practitioner.
8. That the medical witness shall be paid the amount of his fees and travelling expenses immediately after the conclusion of the inquest.

These are the fair and moderate demands of the Council of the Irish Medical Association, and as such they must commend themselves to the members of the profession.

CASTLEBAR UNION.

THE Local Government Board acknowledged receipt of minutes relating to vaccination defaulters in Castlebar North and Balla districts, but thought a postponement of prosecutions dangerous under present circumstances.

The Local Government Board forwarded a letter received from Dr. Kisby, complaining of the want of a cart for conveying infectious cases to hospital.

The Chairman thought it a great liberty on Dr. Kisby's part to be constantly writing to the Local Government Board in this way over the heads of the guardians.

Mr. Daly thought the time spent by the doctors in writing to the Local Government Board might be better employed by them in checking the spread of small-pox.

A reply was ordered to be transmitted to the effect that on their next meeting the Board hoped to procure a vehicle.

MULLINGAR UNION.

A LETTER was read from the Local Government Board forwarding a copy of observations appended by Dr. Stokes, medical officer of the Mullingar Dispensary District, relating to the defective sanitary condition of Mullingar, and the local Government Board request that the Guardians will be so good as to furnish them with their observations in reference to the representations made by Dr. Stokes.

Copy of Dr. Stokes' observations:—

"The sanitary state of this town is exceedingly bad. The sewerage everywhere is defective, a large proportion of the houses of the poor are in a ruinous state, quite un-

fit for human habitation, and the streets and thoroughfares are kept in a most filthy state. This state of things, since the Sanitary Act came into operation, I have reported, but as yet nothing has been done."

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF FEBRUARY, 1875.

MARCH 1st, 1875.—Hearn, Richd. Thos., Merton, Sandford, Co. Dublin, M.B. Univ. Dub. 1874, Lic. 1874 and Lic. Midwfy. 1874, R. Col. Surg. Irel.
6th.—Maturin, Chas. Gabriel, Newtown House, Strabane, Co. Tyrone, Lic. R. Col. Surg. Irel. 1874.
10th.—Furrell, Peter Joseph, 41 Lower Mount Street, Dublin, M.B. 1875 and M.Ch. 1875, Univ. Dub., Lic. Midwfy. K. Q. Col. Phys. Irel. 1874.
10th.—Mason, Samuel Robert, 92 Harcourt Street, Dublin, Lic. R. Col. Surg. Irel. 1873, M.B. Univ. Dub. 1874.
10th.—Taaff, Robert, 19 Idrone Terrace, Blackrock, Co. Dublin, M.B. Univ. Dub. 1875, M.Ch. Univ. Dub. 1875.
16th.—Carleton, Arthur Wellesley, 4 Russell Place, Dublin, M.B. Univ. Dub. 1875, M.Ch. Univ. Dub. 1875.
20th.—Grier, Henry, Longford, Lic. 1873 and Lic. Midwfy. 1873, K. Q. Col. Phys. Irel.
22nd.—Pollen, Henry, 51 Lansdowne Road, Co. Dublin, M.B. Univ. Dub. 1874, M.Ch. Univ. Dub. 1875, Lic. Midwfy. K. Q. Col. Phys. Irel. 1875.
25th.—Holmes, John, Athlunkard, Limerick, Lic. R. Col. Phys. Edin. 1875, Lic. R. Col. Surg. Edin. 1875.

BALLYRAGGET DISPENSARY.

At a special meeting of the above committee, for the purpose of electing a medical officer in the room of Dr. John Byrne Hackett, who was elected to the city of Kilkenny dispensary and workhouse,

The following candidates appeared:—Dr. O'Kelly, Ballyroan, Queen's County, and Dr. Walsh, Ballinakill, Queen's County.

The testimonials and diplomas of each candidate having been read and approved of, a poll was taken, when there voted for Dr. Walsh, 3.

For Dr. O'Kelly, 8.

The office of Coroner for one district of the Queen's County will become vacant in consequence of the appointment of Dr. O'Kelly. Under the 21st section of the 9th and 10th Victoria, cap. 37, a coroner must reside within his district, or forfeit his emoluments.

IMPORTANT TO CERTIFYING SURGEONS.

A MEETING of certifying surgeons was held in the Adair Arnis Hotel lately at Ballymena,—Dr. C. D. Purdon, Esq., Belfast, in the chair—for the purpose of frustrating the attempt that is now being made to abolish the appointment of certifying surgeons. It was proposed and seconded, that the gentlemen connected with the above appointment should exert themselves by every means in their power to oppose the attempt referred to, and to secure the interest of both Houses of Parliament. It was further resolved that an association be immediately formed, to be called "The Ulster Certifying Surgeons' Association," to support the one in England already formed; that each member in Ireland shall contribute 5s. each per annum to cover expenses. Dr. C. D. Purdon, Esq., Belfast was duly appointed president; Dr. Hamilton, Esq., Cookstown, treasurer; and Dr. Kidd, Esq., secretary. The following gentlemen formed the committee:—Drs. Monks, Dublin; Corbett, Londonderry; Gray, Armagh; Carson, Coleraine; Peden, Ballyclare; M'Laughlin, Portadown; Drew, Drogheda; Taggart, Carrickfergus; M'Bride, Gilford; Musgrave, Lis-

burn; and Hawthorne, Banbridge. Mr. A. H. Balfour, Edinburgh, and Mr. Stansfield, Bristol, are to be solicited to summon meetings in Scotland and England. It is expected that there will be a large and influential meeting in Belfast and Dublin, of which there will be due notice given.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MARCH 13, 1875

Total registered deaths in Dublin and suburbs *	...	213
Ten years average of same week	...	179
Mortality below average	...	34
Ratio of deaths, suburb of Rathmines	...	22 per 1,000.
" " " Donnybrook †	...	36 "
" " " Blackrock	...	29 "
" " " Kingstown	...	14 "
" " " Entire Dublin district	...	35 "
COMPARATIVE RATIOS—London	...	28 "
" " Glasgow	...	32 "
" " Edinburgh	...	26 "

Of the 20 deaths registered from zymotic diseases during the week, 7 were caused by fever (2 typhus, and 5 typhoid), 4 by scarlet fever, 1 each by measles and diphtheria, 3 by croup, 2 by influenza, &c.

In Belfast 10 deaths from scarlet fever, 7 from measles, 4 from whooping-cough, 2 from fever, and 1 from diphtheria were registered.

In the Dublin Registration District 6 children died from convulsions.

Seventy-one deaths were attributed to diseases of the respiratory organs (not including phthisis), of which 58 were from bronchitis (against 42 for the preceding week), 7 from pneumonia, 1 from pleurisy, and 5 from lung diseases unspecified.

Paralysis caused 6 deaths, apoplexy and cephalitis, 2 each, insanity, epilepsy, and brain disease unspecified, each 1.

Heart disease caused 6 deaths, and aneurism 1; liver disease 2, and jaundice 1; stone 1, and kidney disease unspecified 3.

Phthisis proved fatal in as many as 43 instances, and hydrocephalus, or water on the brain, in 4.

Two deaths resulted from cancer.

GALWAY PETTY SESSIONS.

A MILK contractor to the union workhouse was charged with having on the 6th ult. supplied to the establishment a quantity of adulterated milk. The executive sanitary officer, who conducted the prosecution on behalf of the board of guardians as the rural sanitary authorities, deposed that he received from the master of the workhouse a sample of the milk complained of, with which he proceeded to Dublin, to submit it to Dr. Cameron for analysis. The result of the analysis was that Dr. Cameron ascertained, and his certificate to this effect was produced and tendered in evidence, that the milk contained twenty-five per cent. of added water. There was no defence, and the magistrates imposed a fine of five pounds with an additional sum of £4 2s. 6d. costs.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March 6th, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MARCH 6TH, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Violence.		
DUBLIN	10,050	314,666	35	192	213	21	62	...	1	4	1	...	7	...	5	9	59
BELFAST	20,687	182,214	33	113	117	15	18	...	7	10	1	4	2	...	1	...	11
CORK	13,816	90,851	39	45	69	9	18	...	...	...	...	1	2	...	...	1	25
LIMERICK	8,509	44,547	47	19	40	6	17	...	...	...	...	...	...	...	...	...	22
LONDONDERRY	21,865	30,893	17	19	10	1	2	...	...	...	...	...	...	1	...	...	4
WATERFORD	17,209	30,838	25	23	15	1	5	...	...	...	...	...	...	...	...	2	3
GALWAY	21,358	19,713	40	8	15	4	7	...	1	...	...	...	1	...	...	...	3
SLIGO	30,835	17,175	21	9	7	...	5	...	...	1	...	1	...	...	...	...	2

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreeage of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Dispensary from Railway Station.
Bantry	Bantry	£100	£10 18 0	344	237	24,400	6,834	March 24	Dunmanway, 18 m.
Boyle	Ballaheen ...	£120	£10 19 0	570	205	28,768	8,402	March 22	Midland R.

A NEW DUTY FOR DISPENSARY MEDICAL OFFICERS.

We find in the recent proceedings of the Tralee Board a piece of guardianism which, for its insolent audacity, almost takes away our breath. We find that an application was made by the relieving officer for a sum of £4 for his services in serving summonses on defaulters under the Compulsory Vaccination Act.

The Chairman really thought it was part of the relieving officer's duty.

Hickey said that some of the other officers were paid for similar duties.

Mr. Roche—There is no doubt but your salaries as sanitary officers will be increased one of these fine days.

Hickey—It is like the promise that the feathermonger made to the woman he was going to marry,—“When last of the geese were plucked he'd marry her.” She fancied he'd have an end to them every day, but he never could (laughter); so that is the way with our salaries. (More laughter.)

The Chairman said it was better to write a resolution requesting the Local Government Board to inform the guardians whose duty it was to serve these summonses.—Ordered.

Mr. Roche thought the medical officers should do so.

Abundant as was our belief in the pettifogging mean-

ness of squireen guardians, we hardly anticipated that ever the son of a village shopkeeper would go the length of proposing to make his betters, the medical officers, serve the office of union process-server. The employment would be a suitable and congenial one for “Mr.” Redmond himself, and we wonder that he did not set on foot a little job to make the office for himself.

CORRESPONDENCE.

MIDWIVES.

TO THE EDITOR.

DEAR SIR,—It is quite true that midwives save practitioners a good deal of troublesome work, but my point is that this is effected at the expense of a disproportionate money loss which might be saved.

My second point is that this saving of work is effected at the expense of risk to every, and certain injury to some patients. This injury is occasioned by the overweening conceit of these diplomatized women, which conceit is ever prompting them to retain exclusive possession of every save the most extreme case that comes within their hands.

My third point is that the practitioner might be saved at

one and the same time the trouble and the loss, and the patients the risk, if Messrs. Johnson and Ringland would only grant certificates to those so-called midwives on the condition of forfeiture in the event of their attending any case which should be entirely unseen by a doctor. The gain in fees to the practitioner would more than compensate for the additional trouble a mere flying visit would throw on him. The gain to the public could only be estimated by those who are aware of the peculiarities of country practice.

A COUNTRY PRACTITIONER.

COMPULSORY SUPERANNUATION.

TO THE EDITOR.

SIR,—The subject of this letter I have for a long time thought of bringing before the profession, but I hoped it would have been unnecessary, and that it would not have been overlooked by those who had influence, and whose province it was to attend to the matter. I allude to the necessity of urging in some way the desirability of obtaining a certain retiring allowance for poor-law medical officers, *workhouse and dispensary*, after filling office for say twenty-one or twenty-five years. I would suggest that it might be optional with a medical officer to retire after the period named, and that he would be then entitled to receive a certain portion of his salary without reference to the decision or interference of the guardians. As the matter at present stands, the hope of getting anything from that body is so precarious, and so grudgingly given, that there is little prospect of obtaining even what the law entitles us to. Some boards, however, differ widely from the shabby course adopted by others.

It is not my object to go further than simply to direct attention to the matter with the hope that it may be brought before Parliament, and that meetings be held and resolutions passed to aid the purpose I refer to. Your kindly inserting this brief note in your influential journal may attain my part of the object.

I am, Sir, your obedient servant,

A POOR-LAW DOCTOR.

[The Council of the Irish Medical Association and ourselves have refrained from urging the profession to agitate for the object which our correspondent suggests, not because we are insensible to the justice and propriety of such a demand, but because it was felt that putting forward such a claim just now would be not only futile, but injudicious. We do not believe that while the sanitary question is on hand the authorities would be ready to consider the necessity for *de jure* superannuation, nor the boards of guardians to listen to it, and it would only prejudice the chance of success at some future time to urge the demand at a conjuncture when there would be no hope of its being conceded.—ED.]

POOR-LAW GUARDIANS (IRELAND) BALLOT.

THE following are the clauses of the Bill brought in by Sir Coleman O'Loughlin, Bart., Lord Francis Conyngham, and Captain Nolan :—

1. From and after the first day of March, one thousand eight hundred and seventy-six, in all contested elections for Poor-law guardians in Ireland the poll shall be taken by ballot.

2. Before the first of January, one thousand eight hundred and seventy-six, the Local Government Board of Ireland shall frame and issue a sealed order regulating the mode in which elections of poor-law guardians in Ireland by ballot shall be carried out, and such sealed order may be varied or amended from time to time by the Local Government Board of Ireland by sealed order: Provided always, that every sealed order shall provide that the poll at an election for a Poor-law guardian in Ireland shall be taken in the electoral division for which the guardian is proposed to be elected.

3. The returning officer at an election for a Poor-law

guardian in Ireland may use, free of charge, for the purpose of taking a poll at such election, any room in any national school-house, constabulary barracks, or court or sessions house in Ireland, which may be convenient for the purpose.

4. Every voter entitled to more than one vote may give such votes to one candidate, or may distribute such votes among the candidates as he may think fit.

5. This Act may be cited as "The Poor-law Guardians Election (Ireland) Act, 1875."

WHO ARE PROPERLY QUALIFIED DISPENSARY PATIENTS?

AT a meeting of the Ballylesson Dispensary Committee, held on the 6th ult., after the transaction of the usual routine business, the medical officer brought under the notice of the chairman two visiting tickets with a view to their being cancelled.

It appeared from the doctor's statement that the first ticket for consideration had been presented with the space for "occupation" left blank, but verbal inquiry elicited from the messenger that the patient was the child of "Mr." So-and-so, and that the latter was land-steward and head-gardener to a gentleman of property and J.P. resident in the neighbourhood. The visit had been duly paid, but the ticket referred back by the doctor to the member of committee who issued it, in order that the occupation might be inserted, and when presented anew this was found to be "farm labourer."

Considerable discussion followed in committee regarding the medical officer's complaint, the gentleman responsible for the ticket under consideration urging that the applicant was a proper object for dispensary relief, and should not suffer because the ignorance of the messenger presenting the ticket led him to speak of "Mr. This" and "Mr. That," or to over-estimate his social position; yet in continuation of his remarks, the same gentleman spoke of the person whose title to Poor-law medical relief he defended, as "*Mr.*" He also questioned the right of the doctor to go about making inquiries as to the man's income!! Finally, it was resolved to take no definite action till next meeting of the Committee, and that in the meantime it be ascertained whether the "farm labourer" had, in addition to his free house, &c., 15s. per week, in which case the medical officer would not be required to continue attendance.

The next ticket the propriety of issue of which was called in question by the doctor was in favour of a woman in apparently respectable circumstances, who occupied a house with market-garden attached, for which she paid £18 per annum.

In the discussion of this case, also, the same member acted as counsel for the defence, and argued that the rent actually paid was no criterion of the real value of the holding. This statement was feelingly acknowledged by several of those present to be true in many other instances, if not in this, and further discussion of the case was postponed till next meeting, the medical officer commenting on the fact that the gentleman whose signature was appended to this ticket was residing at the time of its issue in another part of the United Kingdom. Several of the members of the Committee present on the above occasion expressed regret that they had no definite rules to guide them as to the eligibility of applicants for dispensary relief.

Irish Poor-Law Intelligence:

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

THE following letter has been addressed to us, and to a large number of the medical profession throughout Ireland :—

Royal College of Surgeons,
Dublin, 8th March, 1875.

DEAR SIR,—I enclose a copy of the clauses which are recommended by the Council to be introduced into the Coroners' (Ireland) Bill, 1875, the second reading of which, in the House of Commons, has been fixed for 12th May next.

As the time for working is so short, I request your prompt and earnest attention to this very important matter, and that you will urge the clauses upon those Members of Parliament with whom you have influence or acquaintance.

Yours faithfully,
JOHN H. CHAPMAN,
Hon. Sec.
60 Pembroke Road, Dublin.

THE CORONERS' (IRELAND) BILL, 1875.

The Council of the Irish Medical Association beg to recommend the omission of section 32 and section 33 of the Coroners' Act, 1846 (9th and 10th Victoria, cap. 37), and the insertion of the following clauses into the Coroners' (Ireland) Bill, 1875 :—

1.—Whenever an inquest shall be held upon the dead body of a person, who had been professionally attended during his or her last illness, or recently before his or her death, by a legally qualified medical practitioner, the coroner shall employ, as the medical witness, such medical practitioner; but should no such medical practitioner have been in such attendance, then the coroner shall employ, as medical witness, the medical officer of the dispensary district in which the death occurred or the dead body had been found: save and except in the case of an inquest being held on the body of a person who had died in a hospital or other public institution for the reception and treatment of sick persons, or who had been conveyed to such hospital or public institution for medical or surgical treatment; then, in such case, the coroner shall employ as the medical witness the medical officer of such hospital or public institution, provided that if any person shall state upon oath before the coroner, that, in his or her opinion, the death of the deceased individual was caused partly or entirely by the improper treatment or neglect of any medical practitioner, or other person, such medical practitioner or other person shall not be allowed to perform or assist at the *post-mortem* examination of the deceased.

2.—The medical witness shall be entitled to receive

from the coroner a fee of one guinea for his attendance and evidence at an inquest, or any adjournment thereof, together with travelling allowance, at the rate of sixpence per mile, to and from the place where the inquest was held to the residence of such medical witness.

3.—The medical witness shall be entitled to receive an additional fee of two guineas for making a *post-mortem* examination of a body, if directed so to do by the coroner; and whenever it shall appear to the coroner that a *post-mortem* examination has been necessarily difficult and prolonged, the coroner may pay to such medical witness, for such *post-mortem* examination, a fee not exceeding five guineas; and in the event of the coroner deeming it necessary that a chemical analysis should be made of the contents of the viscera of any dead body, the coroner shall pay a fee of five guineas to the legally qualified medical practitioner appointed by him and the majority of the jury sworn upon the inquest, for making such analysis.

4.—Should the coroner have summoned as medical witness a legally qualified medical practitioner to attend and give professional evidence at an inquest, and, subsequently, deem it unnecessary to hold such inquest, then the medical witness shall be entitled to receive from the coroner a fee of one guinea, together with the above-mentioned travelling allowance, if the medical witness shall have attended at the appointed place.

5.—No person shall be qualified to act as medical witness, or make a *post-mortem* examination of a dead body at any inquest, who shall not be a legally qualified and registered medical practitioner.

6.—Immediately after the conclusion of an inquest, the coroner shall deliver to the medical witness the amount of his fees and travelling allowance.

TO THE EDITOR.

SIR,—The enclosed circular of the Local Government Board reached me to-day, being headed "personal." I can only infer that it is paternal advice to us poor dispensary doctors, for which we must be truly grateful. The deep research and profound wisdom evinced must excite our deepest reverence. Such things never could have occurred to us poor country devils.

Of course, we who spend our days in the pursuit of red-ticket cases never get fresh air; we are too much given to adulterating our water with John Jamieson, and we abhor good beef and mutton. 'Tis true we are often now-a-days obliged to do without broadcloth, and put up with tweed and frieze, when our man and horse cost us £70 a year; and if some of my *confrères* did use a little more soap it would not be amiss. The only excuse for a breach of the 6th rule is when an executive committeeman annoys us; then it might be permissible to "drive away dull care" and seek for comfort in oblivion. As I understand the

board now keep a *poet*, may I venture, with a view to a future vacancy, thus to paraphrase the six rules of health.

1. Breathe fresh air whenever you can.
2. Pure water is best drink for man.
3. At beef and mutton be not slack.
4. Wear tweed and broadcloth on your back.
5. With soap and water wash your body.
6. Drink not too muck of whisky toddy.

I am, Sir, your obedient servant,

JOHN SAWBONES, M.D.,

Mudwaterdrink Dispensary District,

Epsom Hall.

March 11, 1875.

Possibly the four or five copies enclosed to me may have been for circulation amongst the people, but I am afraid I would be laughed at if I offered it to the public.

PERSONAL PRECAUTIONS AGAINST FEVER.

1. *Breathe Fresh Air.*
2. *Drink Pure Water.*
3. *Eat Wholesome Food.*
4. *Wear Proper Clothing.*
5. *Wash well and frequently.*
6. *Keep Sober.*

1. "*Fresh Air.*"—In the daytime be out of doors as much as you can. Never sleep at night in an air-tight room. If you breathe again the air which yourself or some other person has already breathed, you breathe poison; and if it does not escape either by a chimney, an open door, an open window, or some other opening to the outer air, you are in danger of being made ill, more or less, according to the number of persons sleeping in the room; and you may catch fever from this cause alone. The reason why fevers attack people who live in close streets with nasty smells about, is that "fresh air" seldom, if ever, enters the dwelling untainted. The sanitary officer will see to this if you should have occasion to apply to him.

2. "*Pure Water.*"—Nothing is more likely to make you ill than drinking bad water. It hurts the bowels worse even than bad air, and is very often the cause of a person taking fever. If you are not sure that the best water you can get to drink is clean and good, boil it and let it cool, and keep some always ready for use. Once boiled it is less likely to hurt you.

3. "*Wholesome Food.*"—You know what kinds of food agree with you best; probably those which you are accustomed to eat; if so, do not change them if you can help it. Take care not to eat unripe apples, pears, or plums, or any unripe fruit. Every year, in autumn, bowel complaints arise from this cause, and are often fatal. At all times of the year avoid stale shell-fish or other stale fish, or any kind of tainted food.

4. "*Proper Clothing.*"—That is to say, any clothing which is warm enough and dry. Never rest in wet clothes, especially in wet shoes and stockings. Colds caught in this way are very apt to attack the bowels, and may bring on fever, and end in death.

5. "*Wash frequently.*"—Not the hands and face only, but the whole body, with soap and hot water, at least twice a week. The object is to promote, by cleanliness, a free perspiration through the pores of the skin, and so to relieve the blood from refuse matter and to keep it healthy.

Personal cleanliness is good for the health of adults and old persons, but for children it is of the utmost value; wash them well every day.

Cleanse also with soap and water every corner of your dwelling, and every part of the surface thereof which is liable to accumulations of dust or dirt, and while besom or scrubbing-brush are at work let doors and windows be open.

Purify also, by the use of disinfectants, every room which has contained, and all bedding or clothing which has been in contact with, infectious disease.

6. "*Keep Sober.*"—Is good advice at all times; but in time of epidemic fever it is most dangerous to get drunk.—So "*Keep sober.*"

These precautions, if observed, will render a person less liable to take small-pox, as well as other fevers; but the chief protection from small-pox is, as all people know,

VACCINATION.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MARCH 20, 1875

Total registered deaths in Dublin and suburbs * ... 200
Ten years average of same week 199

Mortality above average 1

Ratio of deaths, suburb of Rathmines ... 25 per 1,000.

" " " Donnybrook† 14 "

" " " Blackrock ... 29 "

" " " Kingstown ... 8 "

" " " Entire Dublin district ... 33 "

COMPARATIVE RATIOS—London 28 "

" " Glasgow... .. 37 "

" " Edinburgh ... 24 "

Of the 24 deaths registered from zymotic diseases during the week, 8 were caused by fever (1 typhus, and 6 typhoid), 2 by scarlet fever, 1 each from diphtheria, croup, whooping cough, &c.

In Belfast 15 deaths from scarlet fever, 4 from measles, 8 from whooping-cough, 1 each from fever and diphtheria, and 2 from diarrhoea were registered.

In the Dublin Registration District 13 children died from convulsions.

Several deaths were attributed to diseases of the respiratory organs (not including phthisis), of which 47 were from bronchitis (against 42 for the preceding week), 7 from pneumonia, liver disease 4, and 2 from lung diseases unspecified.

Paralysis caused 4 deaths, 2 to apoplexy, 3 inflammation of the brain, 1 to epilepsy, and 2 brain disease unspecified.

Heart disease caused 11 deaths, and aneurism 1; liver disease 4, and jaundice 0; stone 0, and kidney disease unspecified 2.

Phthisis proved fatal in as many as 23 instances, 4 to hydrocephalus, and 2 to mesenteric disease.

One death resulted from cancer.

MAYO ASSIZES.

THE COUNTY INFIRMARY.

CAPT. C. KNOX—I propose that you reduce the grant to the co. infirmary by £100.

Sir Geo. O'Donel—We should not do away with the County Infirmary. This comes upon us suddenly.

Sir George O'Donel again protested against doing away with an old institution that was appreciated in the county and without notice.

Mr. Blake—It is hardly fair to do away with an institution like the County Infirmary which is so generally useful.

The Foreman—I propose as an amendment that the full sum be granted £400.

For the amendment, 9; against the Foreman, 13.

Sir George O'Donel noted that they were now proposing to take £200 a year from the infirmary.

Mr. Charles O'Malley—On the same principle will many a presentment be traversed before a jury of Mayo.

Sir R. L. Blossc—I will propose that we take off £200 next time.

Mr. Walshe—Do away with it altogether. It is not required.

Sir George O'Donel—I strongly protest against this.

Capt. Charles Knox—There is an additional charge. It was £700 a year, it is now £800.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March 13th, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MARCH 13TH, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	10,050	314,666	33	185	200	24	62	...	...	2	1	1	8	5	5	6	66
BELFAST	20,687	182,214	43	148	151	30	21	...	4	15	1	8	1	2	...	...	17
CORK	13,813	90,851	34	46	60	7	21	...	...	1	...	...	1	1	...	1	18
LIMERICK	8,509	44,547	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LONDONDERRY . .	21,865	30,893	30	12	18	2	5
WATERFORD . . .	17,209	30,838	71	15	42	3	25	2	2	33
GALWAY	21,358	19,713	40	10	15	1	8	...	1	1	5
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IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreege of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Dispensary from Railway Station.
Kells	Nobber	£120	£8 19 0	461	258	30,277	7,436	April 2	D. & D. R.
Shillelagh	Tinaheey	£100	£9 0 0	136	94	40,027	7,237	April 7	D. W. & W. R.

LOANS UNDER THE SANITARY ACT.

A CIRCULAR under the above heading, dated the 16th March, has been sent to the several boards of guardians in Ireland. It states that the Local Government Board had received a communication from the Commissioners of Her Majesty's Treasury respecting loans under the Public Health (Ireland) Act, 1874, which may be made by the Commissioners of Public Works, Ireland, on the recommendation of the Local Government Board, with the consent of the Treasury, in which it is stated that my lords are of opinion that the financial principles upon which the Irish Act is administered should correspond with those adopted under the English Act of 1872, and they have therefore furnished the Local Government Board with a copy of a letter, dated 11th January, 1873, to the President of the Local Government Board in England, respecting the rate of interest which their lordships are prepared to approve of for loans of varying duration. The following extracts are from their lordships' communication:—

“ Be it observed hat the longer the period allowed for

repayment the more difficult it is to forecast the average price of money to the Government; and (2) that short loans are generally less objectionable than long loans. My lords propose to lay down that advances under the Public Health Acts which shall have a currency of 30 years or less, shall bear an interest at 3½ per cent. per annum. As, however, the Act alludes to longer loans conformable to the Act 22 and 23 Vic., cap. 98, sec. 78, they will authorise the Public Works Loan Commissioners to entertain recommendations for periods in excess of thirty years, but at higher rates of interest, viz. :—

40 years and under, 3¼ per cent.
50 years “ 4 ditto.

It will be necessary to reconsider these terms if at any time the price of money should rise so as to disturb materially the average upon which the calculation is based. The effect of this rate is that the longer loans, though on higher interest, give less annual instalment to be paid for principal and interest together, so relieving the borrowers whose annual means are the most slender. The longer the time during which the annuity goes on makes up for the less proportion of each instalment which is due to repayment of principal.

QUARTERLY RETURN OF BIRTHS AND DEATHS REGISTERED IN IRELAND.

DURING the quarter ended 31st December last, there were registered in the 791 Registrars' Districts in Ireland 2,429 births—a number equal to an annual birth-rate of 24·4 in every 1,000 of the estimated population—and 22,705 deaths, representing an annual mortality of 17·1 per 1,000.

In England, during the same quarter, the birth-rate represented was 35·6 in every 1,000 of the estimated population, and the mortality 23·8 per 1,000.

In Ireland the birth-rate was somewhat under, and the death-rate considerably over, the average for the corresponding quarter of the preceding five years. The higher death-rate is owing partly to the increasing fatality of scarlet fever, and partly to the large mortality amongst old people, caused by the variable weather during the quarter. The deaths from scarlet fever in the province of Ulster last quarter were more than double the number in the September quarter; in Connaught, also, the disease spread considerably, while in Leinster and Munster it remained stationary.

The mean temperature at Dublin, 43·3°, was 0·7° under the average for the fourth quarter of the preceding five years.

From returns kindly furnished by the Local Government Board, it appears that the number of persons receiving in-door relief was slightly over the number in the fourth quarter of the previous year, and the average for the corresponding quarters of the years 1869-73. The number of persons in receipt of out-door relief was a shade under that in the previous quarter, but considerably over the average for the fourth quarter of the previous five years.

Births.—The births registered during the fourth quarter of last year amounted to an annual ratio of 1 in every 41·0, or 24·4 per 1,000 of the estimated population. The average during the corresponding quarter of the previous five years was 25·3 per 1,000.

The counties having the highest birth-rates were—Mayo, 29·8 in every 1,000 of the estimated population; Antrim, 28·1 per 1,000; Kerry, 26·8; and Carlow and Leitrim, each 26·6 per 1,000. The birth-rate was lowest in the following counties: Tyrone, 21·2 per 1,000; Meath, 21·3; Wicklow, 21·7; Westmeath, 21·9; and Longford and Queen's county, 22·1 per 1,000.

Deaths.—The deaths registered in Ireland during the quarter afforded an annual rate of 17·1 per 1,000 of the estimated population, which rate is 1·2 per 1,000 over the average. In Leinster the ratio was 19·9 in every 1,000; in Munster 15·9, in Ulster 17·6, and in Connaught 13·6 per 1,000.

The death-rate was highest in the following counties: Dublin, 25·5 per 1,000 of the estimated population; Antrim, 23·4 per 1,000; Westmeath, 20·0; Armagh, 19·1; and Down, 19·0. The counties having the lowest registered mortality were Roscommon, 12·4 per 1,000; Donegal and Monaghan each 13·2 per 1,000; Sligo, 13·3; Kerry and Mayo, each 13·7; and Clare and Cavan, each 13·8 per 1,000.

Health of the People.—The state of the public health during the past quarter has been far from satisfactory. The number of deaths registered exceeded by 1,147 those registered in the corresponding quarter of the previous year, and by 3,069 the number in the third quarter of 1874.

The excessive mortality is mainly attributable to the prevalence and fatality of scarlet fever, which disease destroyed not less than 1,427 persons; the words "not less" are introduced advisedly, for there can be little

doubt that very many deaths resulting from scarlet fever have been returned under the head of dropsy, a very common sequence of the scarlatinal poison.

The wave of scarlet fever broke with unequal force over the four provinces. Ulster suffered most, having lost 812 persons; next in order came Leinster, where 442 deaths occurred; then in Connaught there were 104 deaths, and the remaining 69 deaths took place in Munster.

During the first quarter of the year scarlet fever killed 760 persons; in the second quarter 731; in the third quarter 976; and as before stated, in the quarter under consideration, 1,427; thus making a total of 3,894 victims to this plague.

The report of the Registrar of the Kilrea District, Ballymoney Union, affords further proof, if such were needed, of the very contagious nature of the disease; and is also of great importance in demonstrating the tenacity with which the contagion or *materies morbida* clings to a habitation where scarlet fever had existed. His statement is as follows: "Scarlet fever caused 5 deaths in November. The contagion was brought from Coleraine into the family of a labourer of this town, with whose three young children it rapidly assumed a malignant form, and ended fatally. When the first case appeared the other children were removed from the house, but on their return within a month, they soon caught the disease, though the premises had been lime-washed and thoroughly ventilated."

The Registrar of the Rathcoole District, Celbridge Union, attributes the outbreak of scarlet fever in his district to contagion brought from a distant "wake-house."

Diphtheria caused 173 deaths, of which number 84 occurred in Ulster, 56 in Leinster, 28 in Munster, and 5 in Connaught. In the Coleraine Union there were 10 deaths from this disease, 8 of which took place in the Articlave District, where the total deaths amounted to 29. At Warrenspoint, in the Newry Union, of the 40 deaths registered 11 resulted from diphtheria. The Registrar complains of the sanitary state of the town, stating that "the lanes are overcrowded," and that "there is neither proper sewerage nor a constant supply of pure water."

Whooping-cough proved fatal in 376 instances, against 592 in the corresponding quarter of the previous year. This decrease may in some measure be ascribed to the great mortality amongst children from scarlet fever.

In proportion to the population the mortality from whooping-cough was greatest in Connaught. Of the 97 deaths registered in the Ballyshannon Union, 15 resulted from this disease; and of the 191 deaths registered in the Sligo Union, 18 resulted from whooping-cough. In Glengariff District of the Bantry Union there were registered 14 deaths, and of these 6 resulted from this disease; and in the Tullagh District, Skibbereen Union, 4 of the 14 deaths registered were caused by whooping-cough.

Fever was the cause of 634 deaths, against 640 in the corresponding quarter of the year 1873, and 705 in the third quarter of 1874. The deaths from fever were, in proportion to the population, pretty equally distributed throughout the provinces.

Small-pox numbered 148 deaths, against 128 in the preceding quarter, and 72 in the fourth quarter of 1873. Of the deaths from small-pox 108 occurred in the province of Connaught, 39 in Ulster, 1 in Munster, and none in Leinster.

In the Swineford Union 53 of the deaths took place. The Registrar of Kiltamagh District in that Union, states that 19 of the 46 deaths registered by him were caused by this disease, and further adds that the disease "is still making its ravages in the district, owing in a great extent to the practice of inoculation."

Irish Poor-Law Intelligence:

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

NORTH DUBLIN UNION.

THE DISPENSARY MEDICINES.

A LETTER was read from the Local Government Board in reply to an inquiry as to the requisitions for medicines, and for the information of the guardians the Board now stated that by the 26th Regulation the medical officers were the proper persons to sign the estimates for medicines, and were required in duty to do so by the Regulation referred to, but that in cases of urgency the estimates might be submitted by the committee to the Board of Guardians.

A discussion followed as to the cost of these items and the general treatment and privations of the poor, in the course of which Mr. Reilly stated that not even during the small-pox epidemic was the suffering or mortality amongst the poor so great as during the present winter, owing probably to the cold and severity of the weather. It was certainly, he said, the hardest season upon the unfortunate indigent population of the city that he could remember.

ALLEGED DISCREPANCIES IN THE MEDICINE ACCOUNTS.

The Clerk reported that he had discovered, in going over the tenders for the supply of medicines, and the bills of the contractors who had supplied them, that certain contractors (named) supplying several dispensaries, had been charging and were allowed 7d. per lb. for cod-liver oil, while their tender was 6d. per lb.; and that they had been charging and were allowed 4½d. per lb. for castor-oil, while their tender was 4d. per lb. He (the Clerk) said that it was not his business, but so far as he had looked these charges seemed to run through all the bills for medicine, and to have been going on since the month of May last.

A Guardian asked whose duty it was to check off the bills and see that they were right before payment was made?

The Clerk replied that it was the duty of the dispensary doctors, and he had himself always forwarded to the doctors for their guidance, at the beginning of each new contract, copies of the tenders approved of, so that they might fall into no oversight or mistake.

Mr. Fitzsimon—Whoever passed the bills should be sharply reprimanded, and the contractors ought to be called upon to refund the money overpaid.

Mr. Tickell said that little matters of this sort might give an insight into the discrepancies between the charges for medicine in the dispensaries of the North and South Dublin Unions. He had himself called attention frequently to these differences, and showed that while there were eleven thousand more tickets issued in the year at the south side than here the cost of the medicines and appliances was only something over £200 in the South Union, while in the North Union the cost was £880, with so many thousand less

patients. These figures were so glaring that it was difficult to understand them; and although the doctors had been called upon for an explanation, and the Local Government Board requested to order a sworn investigation, the latter body, as usual, stood up for the former, and the matter was neither explained nor investigated. Just when the matter was over the present circumstance came to light, and now confirmed him in his original opinion that they were paying very much more than they ought to pay under this head in this union; and one of the cleverest doctors in the city had told him that the sum paid at the south side ought to have been adequate for any amount of medicines they required here. It was well known that doctors had it in their hands to make the position of contractor for medicines too hot for any man if they thought proper, because they could order expensive medicines which could only be supplied at a loss. He thought their claims upon the Local Government Board for a sworn investigation now were stronger than ever, and he therefore suggested that their attention should be called to the circumstances in the overcharge for medicines, which should have been checked by the medical officers, and that their attention should also be called to the necessity for an inquiry in reference to the medicines, as before requested.

Mr. M'Court said he should be glad to move such a resolution, and having done so,

Mr. Tickell seconded it, and it was carried unanimously.

THE MEDICINE CONTRACTS.

The Local Government Board, referring to the guardians' resolution of the 24th ult., calling attention to a discrepancy or overcharge made by the contractors for medicines to the union, alluded to in the clerk's report, stating that the accounts should have been checked by the medicinal officers and apothecaries, and requiring an inquiry into the costs of medicines of the North City Dispensary district as compared with the cost in the South City Dispensary, stated: "As regards the examination of the accounts furnished by the contractors for the supply of medicines, the Board desire to point out that by the dispensary regulations, article 21, clause 7 ('Compendium,' p. 884), the medical officers are only required to compare the medicines delivered at the dispensary with the invoice relating thereto. It forms no part of their duty to check the prices charged in the contractor's bills. This is the duty of the clerk of the union. The clerk is responsible for ascertaining the correctness of the charges, and for that purpose is to cause examination to be made of the medicine bills, and to compare the prices charged with the prices in the contract, and to act with respect to bills for medicines in the same manner as he would act with any account presented to the guardians for payment. If the contractor places the contract price opposite the items charged for in his accounts, as he ought to do, there can

be no practical difficulty in their examination by the clerk and his assistants, and if the contractor does not affix the numbers he should be required to do so, and the accounts be returned for that purpose. With respect to the two items of overcharge or discrepancy which have been pointed out to the clerk, according to his report of the 24th ult., the contractors should be requested to furnish any explanation they may be able to afford, and the guardians will then be in a position to consider the matter. With regard to the request for an inquiry as to the cost of medicines in the North City Dispensary District as compared with the cost in the South City Dispensary District, the Board have to observe that the cost of each patient in the North City is considerably below the average of Ireland, although it is very much above the cost in the South Union City Dispensary District—namely, 6½d.; all Ireland, 8½d.; South City District, 1d. each patient for the year ending 1874. But it is also remarkable that while in the South City District the average cost per patient has remained nearly the same during the last ten years, the average cost in the North City District has nearly doubled. Under these circumstances, the Local Government Board will cause inquiry to be made into the cost of medicines in the North and South City Dispensary Districts, to endeavour to ascertain whether there has been undue expenditure of medicines in the North district, or insufficient use of them in the South district.

BOYLE DISPENSARY.

At an extraordinary meeting of the Committee of Management convened for the purpose of electing a properly qualified medical officer for the Boyle No. 1 district, in room of Dr. J. B. Fry, resigned, at a salary of £120 per annum, exclusive of registration and vaccination fees.

Mr. Hackett—Gentlemen, I submit no candidate be put forward who does not appear. He might be blind of an eye which would be very objectionable in a doctor.

Dr. Palmer and Dr. Fitzgerald were proposed, and these being the only candidates who attended, a poll was taken, and the voting was as follows:—

For Dr. Fitzgerald, 12; for Dr. Palmer, 12.

The voting being even, Mr. Hackett proposed an adjournment, but this proposition was not seconded.

It was here announced that Major Ffolliott was coming up to vote.

Mr. A. S. Kirkwood—Oh, no. The meeting is adjourned.

Captain King-Harman—If you move that I will move for a fresh poll, and I do not like to do so. I will take the Chairman's ruling on it.

Mr. A. S. Kirkwood said it would be very irregular to take Major Ffolliott's vote under the circumstances.

Mr. T. Y. L. Kirkwood quoted an instance which occurred in the case of his brother and Mr. Crofton as candidates for the grand jury secretaryship, in which a gentleman came in after the poll was declared and voted. Legal proceedings having been taken it was found that what had occurred was all right.

After some discussion it was proposed "That Major Ffolliott's vote be taken."

It was put to the meeting when a majority appeared in favour of the resolution.

Major Ffolliott then recorded his vote for Dr. Palmer, who was declared elected by a majority of one.

From observations dropped it would appear that the question will be raised as to the legality of this election.

WORKHOUSE MILK.

At the Antrim Petty Sessions, William Harper, a farmer, was summoned for selling a quantity of adulterated sweetmilk.

The defendant had been supplying the Guardians with milk, and several complaints had been made to him about the inferior quality, but without effect. A reduction was made in defendant's milk account, to which he paid no attention. A sample of the milk was afterwards sent to Dr. Hodges for analysis, who certified that it was adulterated by the addition of 30 per cent. of water. It gave only 3 per cent. of cream, and the bond said it was to give 8 per cent. The magistrates were of opinion that the case was clearly proved, and that the adulteration had been very serious. They came to the conclusion to fine the defendant in the sum of £5, and £6 16s. 6d. the costs incurred in the prosecution.

LIMERICK UNION.

PAY PATIENTS IN WORKHOUSE HOSPITALS—THE CONSTABULARY AND COUNTY INFIRMARIES.

MR. DELMEGE called attention to the necessity of establishing a paying ward in the hospital. A few days ago he met a grand funeral procession on the road—a hearse with four horses and plumes, and a number of mourning coaches following—and on inquiring who was dead, he was told that the funeral was that of a person who had died in the workhouse hospital. (Expressions of surprise.) The friends of this party were quite able to pay, and he thought an end should be put to such a state of things.

Mr. Bourke, Local Government Board Inspector, said that in connection with this subject he had a letter from the County Inspector of the Constabulary, asking if sick constables could be accommodated in the hospital, as the County Infirmary was now shut against them—(hear)—in consequence of the Grand Jury having refused to pass a presentment for its support. He doubted the propriety of taking in paying patients, which would involve the necessity of providing fresh accommodation, and the services of new officers, nurses, &c., &c.

After considerable discussion the guardians declined to entertain the question of admitting sick policemen for the present, or opening a paying ward.

Adjourned.

MEDICAL EVIDENCE AT INQUESTS.

TO THE EDITOR.

DEAR SIR,—Some time since I saw in your valuable journal the clauses which the Irish Medical Association are endeavouring to get inserted in the "Coroners Act" now before Parliament. The amendments proposed are admirable *per se*, but should be guarded with the proviso that the coroner must, in all cases in which a regular inquest is held by him (or two magistrates), have medical evidence, &c., tendered. Otherwise I am afraid the proposed changes will act injuriously on the profession. At present some coroners are slow enough in calling for medical evidence (I know of a late suicidal case where I believe the coroner had no medical evidence); but when the doctor can demand his fee and travelling expenses on the termination of the inquest, it is not unreasonable to suppose that his services will be dispensed with as often as possible. Moreover, there should be some provision in any amended act obliging the coroner to have some regular mode of summoning the medical witness, and not have his presence depend, as it must often now, on the fact of his proximity to the inquest, the amount of friendship of the coroner or the police, the fleetness of some messenger, or his own shrewdness. Hoping the publication of these few suggestions will tend to have the desired effect in the proper quarter, I am, dear Sir,

Your obedient servant,

DISPENSARIUS.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April 3rd, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, APRIL 3rd, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	10,050	314,666	30	214	182	19	39	...	...	6	...	...	5	3	5	3	4
BELFAST	20,687	182,082	37	104	12	19	18	...	13	9	1	3	2	4	...	4	22
CORK	13,816	91,965	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK	8,509	44,209	29	27	25	2	11	...	...	...	...	...	1	1	1	1	6
LONDONDERRY	21,865	80,884	34	14	20	...	3	...	...	...	...	...	...	1	...	...	15
WATERFORD	17,209	30,626	42	20	25	1	11	...	...	...	...	...	...	...	...	...	1
GALWAY	21,358	19,692	13	3	5	1	3	...	...	...	...	...	...	...	...	...	1
SLIGO	30,835	17,285	12	4	4	...	1	...	...	...	...	...	...	...	...	...	...

BALLINA UNION.

SMALL-POX.

On the Relieving-officer's book appeared a poor family residing at Carrower, four of the members of which were afflicted with small-pox, and to whom he had given 10s. 6d. in kind.

Dr. Nolan said that those four persons lay on a floor, in a filthy cabin, and could not be removed.

The Relieving-officer said the old woman attending the children came to town for the supplies, and was in danger of spreading the disease.

Dr. Thompson—These persons won't tell of the disease till the persons are too sick to be removed.

Mr. Joynt—You must continue the outdoor relief till the children are well.

Relieving-officer—It ought to be given in money, so as to prevent the woman coming into town, as she will be able to buy milk and meat in the locality.

Mr. Crean said the board had very little information about the state of health of either of the two districts of the union. He was aware that small-pox was very prevalent, and had crossed over the boundary of this union, as he was informed. It would be very important if this board could be advised of the certainty of this, or to the extent to which small-pox existed in the union, that steps might be taken to arrest, if possible, its progress, and save life. He had heard of 24 or 25 deaths from small-pox in one locality, and yet there was no official information.

Mr. Scott—That is not in this union.

Mr. Crean—The disease is spreading into this union, and the relieving-officers are not doing their duty when they do not ascertain the facts about it and report to this board.

THE PROMISCUOUS ISSUE OF RED TICKETS.

MR. BENTLEY, of the North Dublin Union Board of Guardians, has taken action upon this subject, which does him honour, and has elicited an important correspondence in the columns of *Saunders's Newsletter*. "One who has

devoted some attention to the subject" writes as follows:

The issue of dispensary tickets in Ireland is utterly indiscriminate; it is in the hands of the members of dispensary committees, wardens, and relieving officers, numbering in all some 30,000 persons; it does not even stop there. They very often depute the very members of their household, shop assistants, &c., to issue tickets, sometimes leaving blank books signed, very often not even going to that trouble. In country districts the status of the recipient of tickets for dispensary medical relief is generally very well known to the issuer of the ticket. In those districts, however, guardians of the poor occasionally issue tickets for themselves or members of their families, and it has been ruled by the late Poor-law Commissioners that the medical officers cannot even demand a fee. It is very difficult, it is true, to draw the line as to whom medical relief should be given or not, for the man earning £2, or even £3 a week, and living up to his means, might in two or three weeks of sickness be reduced to penury. However, it is well known that the system of indiscriminate issue of dispensary tickets in Ireland exists extensively. It surely is possible to draw the line somewhere. The Medical Charities Act was decidedly not intended either to injure the ratepayers, of the medical officers, or to demoralise the poor; yet, to a certain extent, it has this threefold action. In the first place, the cost of medicines to the various unions and dispensaries in Ireland is considerably over £30,000 a year; in fact, it amounts to more than one-fourth of the salaries paid to the medical officers. This is due in a great measure to the indiscriminate issue of dispensary tickets. For medicine alone the average cost of each ticket throughout Ireland is about 8d. If I might be allowed to make a suggestion it would be this, that the various boards of guardians should order the relieving officer to investigate every case in which the doctor asked for the cancellation of the ticket, report upon it, and if the persons were able to pay, either proceed against them or against the issuer of the ticket for payment for the medicines and such a fee for the doctor as might be arranged by them. This, in my opinion, would require a short Act of Parliament.

Another correspondent, who signs himself "Fair-Play," says:

In London, where similar dispensaries to ours have been established, the relieving officer issues the ticket. In large towns I cannot see what objection there could be to make this change, because it is notorious the system is much abused, to the detriment of the medical officer, who, as Mr. Bentley properly remarked, was only paid for attending to the sick poor. I do not for one moment state that guardians or wardens intentionally sign tickets for those who never were intended by the Medical Charities Act to obtain such relief. Experience and common sense tells me that if a guardian's place is inundated with twenty or more applicants of a morning for tickets, said guardian looks upon the duty as irksome, and, pressed by other responsibilities, he fills in the tickets or instructs his assistants to do so. How can a guardian or warden know the circumstances of such applicants? In a large city like Dublin it is quite a common practice to send ragged children to apply for tickets. Dispensary medical officers in Dublin are obliged frequently to attend people of the classes I am about to enumerate—viz., engine-drivers, engine-fitters, bricklayers, cabinetmakers, printers, clerks, and, not to be tedious, a number of persons earning from their calling far more than many a country curate, with not one-half of the clergyman's expenses.

THE following circular has been addressed to Treasurers of County Infirmaries in Ireland:—

"Dublin Castle, 22nd March, 1875.

"Sir,—I am directed by the Lord-Lieutenant to transmit to you the annexed copy of an order of the House of Commons, dated 9th inst.; and with a view to the preparation of the return therein required, I am to request that you will be so good as to fill up and transmit to this office at your earliest convenience the enclosed forms, giving the required information so far as relates to the county infirmary of which you are the treasurer.

"I am, Sir, your obedient servant,

"T. H. BURKE."

The return required to be set forth the total amount of voluntary subscriptions to the infirmary from the year 1836 to 1874, both inclusive; and the average number of patients relieved in the county infirmaries throughout Ireland since 1860, giving the yearly average, the amount of voluntary subscriptions for the use, support, and maintenance of the county infirmary or hospital for each year from 1860, distinguishing between life and annual subscriptions; the governors or members of the bodies corporate having control over the county infirmary.

PRESENTATION TO DR. T. H. SCOTT, OF DROMORE WEST.

On the removal of the above-named gentleman from Achill, some months since, a committee was formed for the purpose of presenting him with a memorial of the esteem and regard in which he was held during his long residence in Achill. On Tuesday last the presentation was made at a meeting of the committee and subscribers, held at Dugort, and consisted of a valuable piece of silver plate, bearing the inscription:—"Presented to T. H. Scott, Esq., M.D., by his friends in Achill, 1875." There was a large bonfire and other demonstrations of pleasure at the visit of Dr. Scott, who is very popular in Achill.

THE charge made against Dr. Ryce, a medical officer of the Listowel Union, for neglecting to attend to a man named Doran who had died, has fallen through. A meeting of the dispensary committee of Ballylongford was convened for the investigation of the charge made by the sons of the deceased; but these young men seem to have thought it prudent not to go into the matter, and consequently absented themselves. Dr. Ryce offered a vindication, but the meeting decided it was unnecessary, those who made the charge not having pressed it.—*Limerick Chronicle*.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MARCH, 1875.

- MARCH 2nd, 1875.—Robinson, Leland, 16 Vesey Place, Kingstown, Co. Dublin, Lic. 1874 and Lic. Midwif. 1875, R. Col. Surg. Irel., M.B. Univ. Dub. 1875.
2nd.—Irwin, John Arthur, Raheen, Elphin, Co. Roscommon, M.B. Univ. Dub. 1875.
4th.—Healy, Matthew Peter, Melbourne, Australia, Lic. R. Col. Surg. Irel. 1873, Lic. R. Col. Phys. Edin. 1874.
9th.—Eccles, Robert Kerr, Lakeview, Toome, Co. Antrim, M.D. Qu. Univ. Irel. 1873.
11th.—Brownrigg, Thos. Henry, Aghalee, Lurgan, Co. Armagh, Lic. R. Col. Phys. Edin. 1875, Lic. R. Col. Surg. Edin. 1875.
18th.—MacDowel, Effingham Carroll, Merrion Square, South Dublin, M.B. 1875, M.D. 1875, and M.Ch. 1875, Univ. Dub., Lic. K. Q. Col. Phys. Irel. 1875.
18th.—MacAuliffe, Alexis, 6 Camden Quay, Cork, Lic. R. Col. Phys. Edin. 1874, Lic. R. Col. Surg. Edin. 1874.
20th.—Blood, Joseph, Ballykitty, Quin, Co. Clare, M.B. 1875, and M.Ch. 1875 Univ. Dub., Lic. Midwif. K. Q. C. Phys. Irel. 1875.
24th.—Mitchell, Thos. Alexander, Eakra, Omagh, Tyrone, Lic. R. Col. Surg. Irel. 1874.
24th.—Nelson, Joseph, Cachar, India, M.D. Qu. Univ. Irel. 1863, Lic. R. Col. Surg. Irel. 1863.
27th.—McEvoy, James, Nobber, Co. Meath, Lic. R. Col. Surg. Irel. 1874, Lic. R. Col. Phys. Edin. 1875.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING APRIL 2, 1875

Total registered deaths in Dublin and suburbs *	182
Ten years average of same week	202
Mortality above average	90
Ratio of deaths, suburb of Rathmines	27 per 1,000.
" " " Donnybrook†	29 "
" " " Blackrock	22 "
" " " Kingstown	25 "
" " " Entire Dublin district	30 "
COMPARATIVE RATIOS—London	28 "
" " Glasgow	30 "
" " Edinburgh	22 "

The number of deaths registered from zymotic diseases was 30, including 6 from scarlet fever (2 of the deaths from scarlet fever occurred so far back as the month of August last year), 5 from fever—viz., 3 typhoid, and 1 each simple continued and cerebro-spinal fever, 6 from croup, 3 from diarrhoea, 3 from erysipelas, 1 each from quinsy and influenza, &c.

In the Belfast registration district 13 deaths were referred to measles, 9 to scarlet fever, 4 to diarrhoea, 3 to whooping-cough, 2 to fever, and 1 to diphtheria.

In the Dublin district 9 children died from convulsions. Bronchitis proved fatal in 35 instances, and pneumonia in 8, laryngitis in 1, and lung disease unspecified in 2.

Apoplexy caused 2 deaths, paralysis 3, cephalitis and epilepsy 1 each, brain disease unspecified 3, heart disease 11, aneurism 2, liver disease 1, Bright's disease 2, and kidney disease unspecified 4.

Twenty-four persons died from phthisis, 8 from hydrocephalus, 3 from mesenteric disease, 1 from scrofula, and 2 from cancer.

Four deaths resulted from accidents, and 1 was suicidal.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Irish Poor-Law Intelligence:

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

BALLINA GUARDIANS.

DR. THOMPSON'S SUPERANNUATION.

THE Clerk read a sealed order received from the Local Government Board fixing Dr. Thompson's superannuation at £100 per annum.

REMOVAL OF SMALL-POX PATIENTS.

The Clerk stated that last board day a communication had been read from Relieving-officer Edwards, which was directed to be sent to Mr. Mitchell, R.M., for his explanation. The communication and reply are as follows :—

Ballina, 10th April, 1875.

GENTLEMEN,—I have the honour to report that on the 5th inst. I was informed that a case of small-pox had appeared in a house in Chapel Lane, Ardnaree. I forthwith went there, and without delay offered medical relief by the issue of a red ticket. The friends of the patient (a child of 12 years) refused to permit me to remove the case into the hospital, and a certificate was therefore obtained from the dispensary medical officer, upon which to ground a justice's order for the compulsory removal of the sick child. I took the certificate to the resident magistrate, to whom I also pointed out the Act of Parliament bearing on the subject. He declined to make an order, but advised that conciliatory persuasion should be tried. The result is that on the 7th inst. an application was made for the admission of the case into hospital, but it was too late, the disease having assumed so serious a type as to make removal—without danger to life—impossible.

I am, gentlemen, your obedient servant,
C. EDWARDS, R.O.

Ballina, April 16, 1875.

SIR,—Having received the enclosed communication from the Clerk of the Ballina Union, by direction of your Board, I beg to state that the jurisdiction of a justice of the peace is limited to cases where there is not sufficient lodging or house accommodation; and in that referred to, the relieving officer informed me (a fact which has been singularly omitted from his report) that he had no fault to find with the house accommodation of the patient. I accordingly told him I was powerless in the matter—directing his attention at the same time to the provision of the Act, in which view he seemed to acquiesce. I then suggested—as the only possible means—conciliatory measures to be adopted, and I am accordingly at a loss to understand the object or meaning of the enclosed report.

I have the honour to be, Sir,
Your most obedient servant,
A. M. MITCHELL, Resident Magistrate.

Chairman—I suppose the board is satisfied with Mr. Mitchell's explanation.

Mr. Joynt—Quite satisfied.

Chairman—Will the correspondence go on the minutes?

Mr. Bourke—I would say not. Mr. Mitchell is always disposed to do his duty efficiently. In future, however, I would not be over-scrupulous in a case of small-pox, but have the person removed if possible to hospital, as a means of resisting the disease and checking it.

Dr. Macnamara—It is the safer course.

Mr. Bourke—Isolation in a case of the kind is considered, I believe, the best means of checking the disease.

SUDDEN DEATH OF DR. ROBERT P. RUSSELL, J.P., OF CASHEL.

THE *Clonmel Chronicle* records the death of this esteemed and distinguished physician, which sad event occurred on Wednesday evening, near Cashel. The immediate cause of his unexpected demise was disease of the heart. For some few minutes before, while seated in his inside car, the doctor was engaged in giving directions to one of his labourers, when suddenly his head fell forward, and he ceased to exist. Upon the intelligence reaching Cashel, nothing could equal its painful effect upon the entire community. Several medical gentlemen hastened to Gortnakellis, but on their arrival they found that Dr. Russell had been some time dead. The deceased was for thirty-four years principal surgeon of the county infirmary, and for his skill in surgical operations, as well as in every branch of the medical profession, had earned the highest reputation. His practice amongst the gentry of the county was very extensive, by all of whom he was esteemed for his straightforward principle, his honesty of purpose, and kind-heartedness. His services were ever at the disposal of the poor, whom he attended with as much assiduity as his richer patients. In many an humble home they are suddenly called to mourn the loss of a true friend. By rich and poor alike his death is deplored—all sorrowing as if they had lost some near and dear friend.

VOTE OF CONDOLENCE—CASHEL BOARD OF GUARDIANS.

At the weekly meeting held on Thursday it was resolved—"That out of respect to the memory of the late lamented Dr. Robert Potter Russell, who was for many years a member of this Board, that we do now adjourn; at the same time, before separating, we desire to express our deepest sympathy with his sorely bereaved family and friends, and to place upon record the feelings, which we know to be universal, that not only this Board, but every other public institution with which he was connected, has received an irreparable loss, and the community of the whole county have to lament the loss of one of the ablest physicians and surgeons known in it at any time, while thousands mourn a kind and sympathetic friend. We desire that our clerk will send a copy of this resolution to the family of the late Dr. Russell."

CARNEY DISPENSARY DISTRICT.

ELECTION OF A MEDICAL OFFICER.

At an extraordinary meeting of the committee of management for this dispensary district Dr. John A. Spencer, of Dungloe, was elected to the office of medical officer of the district in the room of Dr. Popham, appointed medical officer of Bantry Workhouse.

FEEES TO A LOCUM TENENS.

Mr. Kerrigan said he received a letter from Dr. Kerr, stating that he would accept the post at two guineas per week, but asking to be allowed car hire in addition.

Mr. Barber was against giving more than the two guineas, on principle. That was the amount always paid.

Dr. Hamilton—They pay three guineas in other places.

Mr. C. G. Jones—We never heard of it in this part of the country.

After some discussion, it was found that as the present meeting was called for a special purpose, nothing could be done with regard to this matter; but it seemed to be the feeling of the meeting that the doctor should be paid 50s. a week, to include car hire expenses.

The following resolution was unanimously adopted:—

Resolved—We cannot separate on this occasion without giving expression to our feelings in reference to Dr. Thomas Popham, our late medical officer. We are unanimous in saying that no man could have performed his duties in a more satisfactory manner—his devotion to his profession was great, and his kindness and attention to the sick poor was all that we could have desired. We wish both him and Mrs. Popham all happiness in their new district.

BALLYROAN DISPENSARY.

A MEETING of the committee of management of the above dispensary district was held for the purpose of electing a medical officer in the room of Dr. O'Kelly, appointed to Ballyragget.

There were five candidates for the appointment of medical officer.

Dr. Edge proposed Dr. Walsh.

The Chairman said that it was a condition that whoever was appointed should live in Ballyroan. He would hold to the rights and privileges of the people, and for twenty-four years the medical officer of that district had to reside in the town.

Dr. Walsh came before the committee and said that he would, if elected, reside within half a mile of the dispensary house.

The Chairman proposed Dr. Charles D. Moutray.

Dr. Edge said that where a man or a woman was sick they should provide the best doctor. In fact, if they could get a Dr. Jacob or some equally eminent man they should try to secure him.

Finally Dr. Walsh was elected by eight votes against two for Dr. Moutray. No other candidate was proposed.

CLAREMORRIS UNION.

A LETTER was received from the Local Government Board acknowledging receipt of minutes of proceedings of the Board of Guardians of the 21st ult. with regard to the resolution of the dispensary committee of the Ballyhaunis dispensary district relative to Dr. Crean's refusing to attend the *employés* of the Midland Great Western Railway Company. The Local Government Board had to point out that the circumstances in no way exonerated a medical officer from affording medical relief to poor persons in his district who came provided with a ticket.

The letter was marked "read."

DEATH OF DR. ARMSTRONG, OF COLLOONEY.

It is with deep regret that we have to record the demise of this gentleman at a comparatively early age. He expired on Friday at his residence, after a brief illness—an illness which he contracted in the discharge of his duty as dispensary doctor. Dr. Armstrong was a young surgeon of much promise, whose zeal and devotion to his profession, and whose kindness and attention to the poor were well-known. He was beloved and respected by all who knew him, and his death has been a great source of regret to his many friends. For his young widow the greatest sympathy is entertained.—*Sligo Independent*.

TULLAMORE UNION.

TULLAMORE DISPENSARY COMMITTEE.

At an extraordinary meeting of the committee, held on Saturday, 17th inst., a letter was read from Dr. Ridley, medical officer of the district, tendering his resignation of the office owing to ill health.

It was resolved: "That it is with sincere regret we have learned from Dr. Ridley that, owing to impaired health, he is obliged to retire from the office which he so long held; his resignation be now accepted, and that the committee will proceed to appoint a successor on Tuesday, the 4th day of May next, at a salary of £100 per annum, together with £25 a year as sanitary officer, but exclusive of vaccination and registration fees."

It was also resolved: "That, Dr. Ridley having tendered his resignation as medical officer of the Tullamore dispensary district—the duties of which he has discharged for a period of twenty-three years—we, deeply regretting the necessity (in consequence of declining health), desire to place on record our acknowledgment of the attention, skill, and charity with which he has uniformly discharged the trying and onerous duties of that office—especially during the outbreak of cholera and other epidemics which had fallen during that time on our town and district; and likewise to offer to Dr. Ridley and his family our sympathy, and the expression of our hope that the release from these heavy duties may give him renewed health and the enjoyment of many years of an active and useful life."

SLIGO DISPENSARY.

THE APOTHECARY.

A SPECIAL meeting of the Committee of Management for this dispensary was called together to consider the resignation of Dr. Devany.

Some discussion followed with regard to the amount of salary which would be given—Dr. Devany being in receipt of a salary of £80 a year.

Mr. Rowlett at some length contended that it would be better for the interests of the sick poor to divide the apothecary's salary between the two doctors, who should be then called on to compound their own prescriptions. He said that if their apothecary practised privately he might be in the country when he would be required to compound a prescription.

Mr. Tighe—If you prohibit him from practising you will have to give a larger salary.

Dr. Tucker declined to take upon himself the duty of an apothecary. In every large populous place, like Sligo, there is an apothecary attached to the dispensary. The Commissioners had laid it down for the last twenty years.

It was agreed that the salary should be £90 a year, and that things should go on in the usual way.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April 17th, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, APRIL 17TH, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	10,050	314,666	28	147	170	29	61	...	...	2	...	1	3	3	1	...	80
BELFAST	20,687	182,082	27	136	96	18	6	...	9	9	..	...	2	3	...	...	16
CORK	13,816	91,965	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK	8,509	44,209	26	21	22	5	5	...	...	...	...	...	2	...	...	...	...
LONDONDERRY	21,865	30,884	10	11	6	...	4	...	...	...	...	...	...	...	...	...	...
WATERFORD	17,209	30,626	22	21	13	3	6	...	...	...	...	...	...	...	...	...	1
GALWAY	21,358	19,692	37	12	14	2	8	...	...	...	...	...	...	...	...	...	1
SLIGO	30,835	17,285	42	7	14	1	6	...	...	2	...	..	...	..	1	1	6

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreege of District 640 Acres to the square Mile	Popula- tion of District	Date of Election	Distance of Dispensary from Railway Station.
Oldcastle	Crossakiel	£100	£2 18 0	391	123	19,569	3,623	May 4	Athboy, 7 in.
Tullamore	Tullamore	£100	£13 18 0	1270	305	33,196	9,183	May 4	G. S. & W. R.

BOYLE UNION.

A LETTER was read from the Local Government Board expressing their approval of the appointment of Dr. Thomas W. Palmer as medical officer of the district, at a salary of £120 per annum.

Resolved—"That the sum of £15 per annum be allowed Dr. Palmer as sanitary officer for Boyle No. 1 District, and £10 per annum be allowed Dr. Blakeney as sanitary officer for Ballinameen Dispensary District."

Passed unanimously.

ABBEYLEIX DISPENSARY.

A MEETING of the committee of management of the above dispensary district was held at Abbeyleix, for the purpose of electing a medical officer in room of Dr. Swan, resigned.

Applications for the appointment were received from Dr. Palmer, Rathdowney; Dr. Buckley, Dr. John H. Andrews, ClonghJordan; Dr. Curtin, and Dr. Stoney, medical officer at Durrow.

Mr. Staples proposed Dr. Stoney, and Mr. Marsh seconded the nomination.

There being no other candidate formally proposed, Dr. Stoney was declared unanimously elected.

SLIGO UNION.

RESIGNATION OF THE MEDICAL OFFICER.

THE Chairman read a letter from Dr. Powell tending his resignation as medical officer to the Sligo Workhouse.

The following resolution was moved and unanimously adopted:—

Resolved—That we sincerely regret the circumstances under which Dr. Powell has resigned office under this board, the duties of which he at all times—over a long period—discharged with zeal and assiduity, and to the entire satisfaction of this board.

The following resolution was also adopted unanimously:—

Resolved—That Dr. Devany be appointed *locum tenens* in room of Dr. Powell, who has been obliged to resign through ill-health.

Mr. P. O'Connor handed a notice that on that day six weeks he would propose that the application of Dr. Powell for superannuation should be considered.

CORRESPONDENCE.

TO THE EDITOR.

SIR,—Having, as requested by the Association, undertaken the office of Hon. Treasurer, allow me to remind your readers that subscriptions are absolutely necessary to carry on the printing of circulars and communications throughout the country. The energetic Hon. Secretary, Dr. Chapman, has sent out something like 1,000 circulars and copies of amendments of the proposed Coroners Bill, to be introduced early next month, the average cost to each member being about 2½d., to say nothing of the Hon. Secretary's great trouble; yet strange apathy, as I suppose it is, or possibly hopelessness, not half-a-dozen brethren have sent a hint or made a suggestion as to possible improvements in the present law, or have furnished any data supplying information, and this solely concerning their own benefit and improvement, social and financial. I would ask those who wish to subscribe 10s. 6d. per year, and to become members of the Association, to send me their subscriptions for this year, to defray such necessary expenses as I have mentioned, and if they will not subscribe, to oblige by spending ½d., in return for the 2½d. expended by the Association in giving them information, by sending a post-card saying "No" to

Yours truly,

J. MORGAN, Hon. Treasurer.

23 St. Stephen's Green North, Dublin.

RED TICKETS.

TO THE EDITOR.

SIR,—I see by the last issue of your valuable and influential journal that the indiscriminate issue of "red tickets" is just now engaging a large share of public attention. I think it is entirely in the hands of the "Local Government Board" to rectify this anomalous state of affairs, alike galling to the struggling Irish ratepayer and at present a systematised means of persecuting that wretchedly underpaid and overworked official, the Irish dispensary doctor. Here the shopkeeper and his assistants, the tenant farmer and the national school teacher, have a ready weapon at hand to annoy the doctor if any pique exists, or for the purpose of showing how the committeeman or warden can order that official by night or day, and in all weathers, in search of a patient throughout his district. Did I say patient? In many cases it is a healthy child, whose parents or guardians have had locomotive means to fetch their darling to the dispensary, or it may be a case where all is wanted is a proper supply of wholesome food. In many cases the committeeman or warden, when asked for a black ticket, may say to the applicant: "Why not get a visiting ticket, and bring the doctor to the house?" thereby exhibiting his importance to the peasant at the expense of the unfortunate doctor. I will conclude by asking one simple question: How is it that the "Local Government Board" and the "Board of National Education in Ireland" allow even a single instance of a national teacher being a warden in any district, thereby constantly interfering with highly important duties for which he is paid, and moreover obliging him to conciliate the parents and guardians of his pupils by giving the required tickets?

Your obedient servant,

DISPENSARIUS.

TO THE EDITOR.

SIR,—Will you kindly inform me in your next issue if the servants of gentlemen of property, and such like, are entitled to dispensary medical relief?

Yours, &c.,

M.D.

[It will be gratifying to our correspondent to learn that under the Regulations the "gentleman of property" himself is legally entitled if he holds a ticket, until the ticket is cancelled.—Ed. I. M. A.]

TO THE EDITOR.

SIR,—About two months ago you intimated that the Irish Government had drawn back from the prohibition they had put upon Irish medical men holding the Commission of the Peace, and had appointed Drs. Carson and Sharpe, of Coleraine, to the Magistracy; and you advised that other medical men who had previously been refused such appointments should have their names submitted to the Lord Chancellor for approval.

Acting on this advice, some gentlemen who last year forwarded a memorial to Sir Thos. M'Clure, Bart., Lieutenant of Down, in favour of Dr. Stuart, of Donaghadee, again addressed him, respectfully urging that Dr. Stuart's name should be submitted to the Lord Chancellor for his approval, at the same time directing his attention to the circumstance of two similar appointments being made in Coleraine as an evidence that the former *velo* had been removed. This Sir Thomas declined doing, on the ground that a magistrate must be an *ex officio* Poor-law guardian, and as such could not be a dispensary medical officer, and refused to be convinced that an individual might be a magistrate without being a guardian! This, nevertheless, is the fact, for in the same petty sessions district there are two *clergymen* magistrates who are not *ex officio* guardians.

Could you or any of your correspondents say whether any Irish medical men who hold the Commission of the Peace are paid officials under the Poor-law?

CORRESPONDENT.

REPORT OF HEALTH OF DUBLIN AND SUBURBS. FOR WEEK ENDING APRIL 16, 1875

Total registered deaths in Dublin and suburbs * ... 170
Ten years average of same week 177

Decrease below average 7

Ratio of deaths, suburb of Rathmines ... 17 per 1,000.

" " " Donnybrook † 41 "

" " " Blackrock ... 22 "

" " " Kingstown ... 20 "

" " " Entire Dublin district ... 28 "

COMPARATIVE RATIOS—London ... 25 "

" " Glasgow ... 30 "

" " Edinburgh ... 24 "

Twenty deaths from zymotic diseases were registered, including 3 from fever—1 each from typhus, typhoid, and simple continued fever—3 from diarrhoea, 2 each from scarlet fever and influenza, 1 each from whooping-cough, croup, &c.

In the Belfast registration district 9 deaths from measles, 9 from scarlet fever, 3 from diarrhoea, and 2 from fever, were registered.

In the Dublin district 12 children died from convulsions. Twenty-seven deaths resulted from bronchitis, 14 from pneumonia, 1 from asthma, and 2 from lung disease unspecified.

Five deaths were attributed to apoplexy, 4 to paralysis, and 8 to brain disease unspecified.

Heart disease proved fatal in 9 instances, aneurism in 1, liver disease in 2, and kidney disease unspecified in 1.

Phthisis caused 22 deaths, hydrocephalus 2, and cancer 2.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

THE CORK GUARDIANS AND THEIR MEDICAL OFFICERS.

A MEETING of the medical profession in Cork was held last week to protest against the late resolution of the Board of Guardians in reference to substitutes for dispensary medical officers.

On the motion of Dr. Harvey, the chair was taken by Dr. Edward Townsend, sen.

The Chairman said they were all aware of the reason they were assembled, to vindicate the integrity of their profession (hear, hear). He called upon

Dr. D. C. O'Connor, who proposed the first resolution, as follows:—"That having read the resolution passed at the last meeting of the Board of Guardians in reference to the payment of substitutes for dispensary physicians who may be affected with illness, and having observed that the necessity for this resolution was founded upon disbelief in the assertions of the medical officers themselves, and in the truth of the medical certificates, we hereby repel in the strongest manner this charge against a body which has hitherto stood in such friendly and honourable relations with the public." He said the resolution well expressed the object of their meeting—to repel, namely, in the strongest language they could use with respect for their own character, the insinuation conveyed not only in the resolution of the Board, but in the observations made by several of the members (hear, hear). They did not stand here upon the old-fashioned idea of professional dignity. He was sorry to say all class privileges appeared to be passing away in this age. They simply stood here as honest men to say they were as incapable of telling an untruth or of putting their names to a falsehood as any persons in this city. Let them look to the frivolous pretext for passing this offensive resolution. It appeared that one gentleman who got a certificate of delicate health, disabling him from attending to professional duties, public or private, was summoned to Dublin to give evidence on an important trial. Some of them that were grown old in the profession remembered what they were in early days, their ardour, their earnestness to get professional work, how they passed their nights in a garret, or perhaps on the cold floor of a hovel, performing professional duties irrespective of contagion and regardless of money consideration, simply anxious that they should be making some advance in the profession to which they had devoted their lives, and in which all their hopes of a future position in life depended—the gentlemen now slandered in the way they had been were just in that position, and he could not imagine anything so hurtful to a man who had a wife and children as to say that that man would loiter at home idly for the mere purpose of getting a substitute paid out of the workhouse rates. He only hoped this Board of Guardians would erase the blot they had put upon their reputation by this resolution—a resolution that was as childish as it was offensive. That Board contained in its body some of the most respectable citizens of Cork and gentlemen of the

county, and he was quite sure they would see the justice of retracting this resolution (applause).

Dr. Wm. Townsend, in seconding the resolution, expressed his astonishment that so outrageous an act could have been committed by the Board, and he deplored very much indeed that a member of their profession, who happened to be in the room, had made no stand against it (hear, hear). It was a shocking thing to think that a body of men assembled there should pass so outrageous a resolution, and he said they indignantly hurled it back in their faces, and told them they would be incapable of the meanness they imputed to them (applause).

The resolution was carried.

Dr. Gregg, in proposing the second resolution, said the Board of Guardians had not only insulted the unfortunate dispensary medical officers, but had also passed an indignity upon the men who gave those certificates, and who were charged with backing up their falsehood. Such an insinuation they most indignantly repelled. He proposed the following resolution:—"That considering it to be the privilege of a physician, as well as of all others when ill, to select his own medical attendant, we deem it unwarrantable for any other physician to intrude, particularly for the purpose of a scrutinising inspection, and we do not believe any physician would discharge so odious an office."

The resolution was carried.

Dr. Harvey proposed the third resolution, which was, he said, of a more business character than the others:—"That we consider the resolution of the Board unjust, inasmuch as if the guardians had the power to carry it out, they would be compelling the medical officer, who has the misfortune to be disabled by sickness, to pay for union work a sum vastly exceeding his liability as a ratepayer. It appears to this meeting that the guardians are altogether unwarranted in attempting to make any individual ratepayer contribute so disproportionately for any emergency which may occur in the working of the establishment. Again we submit the Board have no right to inflict upon their officers this extravagant penalty for one form of sickness more than for another." They could afford to make the guardians a present of their resolution and of their insinuation that the medical officers were capable of a false representation, and that they had medical brethren who would support them in their falsehood. They could well afford to admit it was possible that in any body an individual might occasionally turn up who was unworthy of his brethren, and who would stoop to such an act as this, but he need hardly say how rare such things were, and the parties who had taken up this matter now had only ventured to make insinuations—they had not attempted to give any proof whatever of their charge (hear, hear). He spoke in the warmest terms of the honourable character of dispensary physicians in Ireland, and it was his experience that dispensary officers were oftener taken advantage of by the guardians than the guardians by them (hear, hear). It was a question now for them to consider whether the Board could do this. It struck him that the regulations of the Local Government Board would not bear them out, and he confidently anticipated they would not have the sanction of their superiors in Dublin in their unjust and unreasonable

attempt (applause). He also commented strongly on the injustice of making a distinction between a doctor struck by contagious disease, and one who was disabled by exhaustion or exposure in the service of the Union.

Dr. Tanner, in seconding the resolution, said he only hoped that in this matter they were all unnecessarily alarmed, for he could never conceive, from what he knew of some of the members of the Board of Guardians, that they would be parties to so outrageous a resolution (hear, hear). The man who was capable of giving a certificate that countenanced an untruth would not be tolerated in that profession. Therefore, when the Board reflected on this matter, he was sure they would see the error they had committed, and would withdraw their resolution.

Dr. Hobart moved the last resolution, protesting against the burden attempted to be placed on a body of men who frequently performed their duties when unfit for them, and who individually did more for their fellow-creatures without fee or reward than any other class in the community. In common with the other speakers he protested in the strongest manner against the unjust insinuation made against them singly and collectively as to their giving false certificates.

Dr. Shinkwin, in seconding the resolution, said the speeches to-day showed the feeling of the entire profession, and he hoped if the resolution were not rescinded they would go still further than they had gone to-day (applause).

The resolution was carried.

SLIGO UNION.

THE LATE DR. ARMSTRONG.

MR. R. DUKE proposed that the Board should express their regret at the death of Dr. Armstrong. He proposed the adoption of the following resolution:—

“The Sligo Board of Guardians heard with regret the death of Dr. Armstrong, of Collooney, who for several years was a most painstaking and efficient medical officer under this Board; and we beg to convey to his widow and family our sincere condolence.”

Anyone, Mr. Duke said, who knew Dr. Armstrong, and the district knew what a painstaking medical officer Dr. Armstrong was, how efficiently he attended to his duties and looked after the poor.

Mr. R. Duke—I never heard greater or more universal regret expressed for any man than I have heard for Dr. Armstrong.

Mr. Cogan bore testimony to the manner in which Dr. Armstrong attended to the poor by relating one act he did. He was going on a red ticket to attend a poor woman in her confinement, and on his way he was met by a farmer, who offered him a fee of £5 to go back and see his (the farmer's) wife, but Dr. Armstrong refused the fee, and went on and attended to his poor dispensary patient.

The resolution was put and carried unanimously.

THE ELECTION OF A MEDICAL OFFICER.

There were only two candidates—Drs. Murray and Devany, both of whom sent in their testimonials, diplomas, &c.

The Chairman asked if he would read over all the testimonials of the two doctors.

Several guardians thought it unnecessary.

Dr. Roughan, in reply to the Chairman, said both were fully qualified to hold the situation.

Mr. MacGill—I would ask Dr. Roughan, if we elect Dr. Murray, will the Local Government Board allow him to hold this post along with his two other situations?

Dr. Roughan—I know nothing about what the Local Government Board will do, but I see nothing to prevent Dr. Murray holding this situation.

Mr. Peter O'Connor proposed that Dr. Devany should be elected.

Mr. C. G. Jones proposed the election of Dr. Murray. The Chairman took the votes with the following result: For Dr. Devany, 17; for Dr. Murray, 29.

The Chairman declared Dr. Murray duly elected.

SLIGO DISPENSARY.

A SPECIAL meeting of the Committee was held for the purpose of electing an apothecary.

The Honorary Secretary announced that no applications were sent in by medical gentlemen offering to undertake the duties of apothecary, rendered vacant by the resignation of Dr. Devany.

Chairman—Apothecaries are getting scarce. I believe the examination for an apothecary is so stiff that the gentlemen who pass it have very little more trouble to pass the medical examination.

Dr. Laird—Apothecaries are getting scarce in Ireland.

Chairman—I suppose that we must advertise again.

Dr. Tucker suggested that the advertisement should contain a notice that there were other vacancies in the public institutions of the town. The fever hospital and the jail were vacant, as also there was a likelihood of the asylum wanting an apothecary also.

It was unanimously agreed to add this information to the advertisement which was ordered to be inserted in the newspapers, the election to come off on the 14th of May.

CASTLEBAR UNION.

THE following resolution, drawn up by the Chairman, was passed unanimously:—

“That whereas the practice of inoculation with *variola* matter has been, and is still, producing a terrible epidemic of small-pox in this district; and whereas from the present defective state of the law, it is almost impossible to get a conviction against the inoculators, this Board humbly beg that the Local Government Board will intervene and cause an alteration to be made in the existing Act of Parliament so as to make the parents whose children are inoculated amenable and subject to fine or imprisonment on conviction; this being the only apparent way of stamping out the practice of inoculation, and of ridding this and all other neighbourhoods of the pest by which they are affected.”

Dr. Walshe reported small-pox on the increase around Castlebar. He had visited, within the last fortnight, 14 cases, most of them of the worst or *confluent* form, and most of them traceable to contagion. He had little faith in any preventive measures, however, while inoculation was carried on.

KILKENNY UNION.

A LETTER was read from Dr. Carpenter, of Freshford Dispensary, resigning his appointment, and asking for superannuation. Notice was given to move that Dr. Carpenter be allowed two-thirds of his salary and other emoluments.

BALLINAKILL DISPENSARY.

AN extraordinary meeting of the Ballinakill Dispensary Committee of Management was held on the 24th ult., for the purpose of taking into consideration the appointment of a temporary medical officer for the district, in room of the late Dr. Fitzpatrick.

It was resolved—“That Dr. Thomas P. Walsh be appointed temporary medical officer of the Ballinakill district at the usual salary, in room of the late Dr. Fitzpatrick, and until the appointment shall be made permanent by the election of a medical officer for the said district.”

A VIRULENT form of fever is reported as on the increase in the Nenagh Union. There have been twelve admissions since the 1st of the month. Six were out of one house.

TABLE showing for EIGHT LARGE TOWNS, &C., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April 24th, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &C.

TOWNS, &C.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, APRIL 24TH, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Violence.		
DUBLIN	10,050	314,666	21	202	129	15	42	1	...	5	...	...	4	2	1	1	44
BELFAST	20,687	182,082	26	130	92	17	12	...	11	11	1	2	...	3	1	1	8
CORK	13,816	91,965	32	51	57	11	21	...	...	2	...	...	1	1	...	1	16
LIMERICK	8,509	44,209	35	29	30	2	10	...	...	...	...	...	...	1	...	2	14
LONDONDERRY	21,865	30,884	8	11	5	2	2	...	...	...	...	...	...	...	...	...	...
WATERFORD	17,209	30,626	19	20	11	4	3	...	...	...	...	...	...	...	...	...	2
GALWAY	21,358	19,692	18	15	7	1	3	...	...	...	...	...	...	...	...	...	3
SLIGO	30,835	17,285	24	4	8	...	1	...	...	...	...	...	...	...	1	...	3

**THE DISCREPANCIES IN COST OF MEDICINE
IN THE DUBLIN UNION.**

NORTH DUBLIN UNION.

The Clerk read a letter, of which the following is an abstract:—

Dublin, 27th April, 1875.

SIR,—The Local Government Board have received the report of their inspector, Dr. King, transmitting the evidence taken at the inquiry made into the cost of medicines during the year ended September, 1874, in the North Dublin Dispensary District. It may be as well to premise that the cost for medicines and medical appliances for each ticket used in all Ireland in the year 1865 was 6½d., but that it now amounts to 8½d., being an increase of 2½d. During the year 1865 the cost for each ticket issued in the North Dublin District was 3½d., but it has gradually increased to 6½d., or nearly double what it was then; whereas the expenditure for the same purpose in the South Dublin Dispensary District has been for the most part a uniform charge of 1d., which it is at present, and there must, it would seem, be some cause to account for the very great disproportion that exists. In the south district 38,301 persons were relieved at a cost of £169; at the same time that 32,490 persons were relieved in the north district at a cost of £885. It has been contended, as a means of accounting for this difference, that in the South Union all the medicines required and used were contracted for, but that in the North Union the medical officers have been in the habit of ordering drugs which were not included in the tender, and which were consequently charged for at a high price, and this statement appears to be founded in fact, and will go some way in accounting for the difference, but not to any great extent. An extract from Dr. King's report relating to the forms of tenders for medicines, variations in the number of drugs contracted for, and difference in the manner of making requisition for medicines in the two unions is enclosed.

It has further been urged that the mode of selecting a contractor in the South Union was superior to that adopted in the North Union. The plan adopted in the South Dublin Union is as follows:—The tenders contain a heading in the columns, "Probable entire quantity required," and a calculation is made as to the cost of the quantity set forth therein at the price tendered for, for all the articles in the list, and then entered in a column headed "Total cost of entire probable quantity." The items in this column are then added up, and the contract given to the competitor whose gross total was the lowest. In the North Dublin Union only twenty or thirty of the drugs most largely used are taken into consideration, and the tender is accepted on a calculation made on this basis. There is a considerable difference in the number of visiting tickets issued in the north district as compared with the south during the year ended September, 1874. The number in the north exceeded that in the south by 2,535; and this may possibly have been caused by there being more hospital accommodation on the south side of the city than on the north, and it is reasonable to suppose that the quantity of medicine given to patients requiring to be frequently visited at their homes would be greater than would be required by ordinary dispensary patients. Besides this probable cause of the greater outlay for medicines in the north dispensary district, the following appears to be the principal reasons for the difference, namely—1. A number of medicines being ordered in the north district, which were not contracted for, as before observed, and for which high prices were charged. 2. Surgical instruments having been obtained in the north district during the year, none having been applied for in the south district. 3. The very large and possibly excessive quantity of lint used in the north compared with the apparently insufficient quantity used in the south district, where the total consumption was only 20 lbs. for all purposes, 152 lbs. being used in the north district in the year. 4. The free use of gutta percha tissue,

which is not used at all in the south district. 5. The large quantity of linseed meal and mustard for poultices and sinapisms being £50 in excess of the south district. 6. Excess to the amount of £30 in north over south in the use of hog's lard. 7. The free use of chlorodyne not contracted for, and supplied at a very high price. 8. Much larger quantity of sulphate of quinine and other preparations of bark and of iodine—all expensive medicines. 9. The free use of tinctures and ethers in the preparation of ordinary mixtures. All these circumstances combined are sufficient to account for the difference of expenditure between the north and south dispensary districts. Dr. King observes, moreover, that the medical officers in the north district also use a larger quantity of medicines, particularly the more expensive medicines, than the officers in the south districts. Some medical men have confidence in one description of drug, others in medicines of the same class, but of higher price; and, whilst caution must be observed in any endeavour to fetter the exercise of professional discretion, the medical officers might be requested to be as economical as possible in prescribing the more expensive drugs, and when drugs are applied for which are not in the contract, the instruction in the circular of the 4th July, 1862, requiring a statement of the reason, in writing in each case (Compendium, p. 934), should be strictly insisted upon. On a review of all the circumstances elicited at the inquiry which has been made, it appears to the board that the distribution of drugs and surgical appliances is too limited in the South Dublin District and rather free in the North. It would probably be of advantage to the sick poor if more liberality in prescribing were adopted in the south district, and the expenditure in the north district may admit of considerable curtailment without detriment to the sick poor, and with considerable relief to the ratepayers. Dr. King observes that, whilst conducting the inquiry, he had occasion to examine the contracts which had been accepted by both the North and South Dublin Unions, and also the several invoices furnished during the year ended September, 1874, and that he failed to discover any fixed principle upon which the prices set forth in the accepted tenders had been based. He states that they were not founded upon the fair trading prices of the open market, inasmuch as some drugs were charged for at high prices, some far beneath their commercial value, especially if they were drugs little used, and that in fact the tenders seemed to be framed in such a manner that it would be difficult to suggest any reason for such commercial eccentricities, except on the supposition that they were constructed in accordance with the amount of opposition expected from rival competitors or some other personal considerations. The same firm is the contractor for 1874-5 in both unions, and it might be expected that the prices would be the same in both tenders, which were sent in at precisely the same time in each union; but such is not the case. Of 412 articles tendered for in both unions there is a difference in price in no less than 287 instances. In 149 instances the prices demanded from the North Union exceeds that for which the same article is contracted for in the South, and in 138 instances the price charged in the South exceeds the price contracted for in the North for the same drug—the difference in price being in some cases double, in others treble, in others four times, or even six times the amount. Several articles were under contract in the South Union which were not contracted for in the North Union—for example, methylated spirits; and this, while supplied to the South at 3s. 8d. a gallon, was charged 5s. a gallon to the North. Chlorodyne contracted for in the South at 2d. an ounce, was charged 2s. to the North. Several articles contracted for in both, such as compound colocynth pill, hippo wine, and opium, and its several preparations, are given at a price so far below their commercial value that they could not be supplied at the price tendered for except at a serious loss to the contractor. Dr. King observes, as regards the compound colocynth pill, that the principal ingredient and possibly most important is "scammony," and if it be omitted the pill mass could

be sold at a low figure. This pill mass is contracted for at 3s. 6d. per lb., but any respectable trader is aware that the genuine drug could not be sold at the price. It will be seen from the trade lists enclosed that the selling price of this pill mass is 14s. per lb., and there is reason, Dr. King reports, to suspect that the colocynth pill supplied does not act as it should do. Again, as to opium, the genuine article could not be supplied with any profit at double the price charged in the contracts, 15s. per lb. in one and 16s. in the other. Any doubt as to the genuineness and strength of this important and dangerous drug must be productive of bad and possibly fatal effects.

(By order of the Board),

B. BANKS, Secretary.

To the Clerk, North Dublin Union.

On the motion of Mr. J. Reilly, it was ultimately resolved that a committee of the Guardians be appointed to examine into the medical tenders, and also to consider the letter of the Local Government Board in reference to the medical inquiry lately held; and that the medical officers be requested to attend the meeting of the committee.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING APRIL 24, 1875.

Total registered deaths in Dublin and suburbs * ... 139
Ten years average of same week ... 106

Mortality under average	...	...	...	37
Ratio of deaths, suburb of Rathmines	...	...	15	per 1,000.
" " " Donnybrook†	...	...	17	"
" " " Blackrock	...	...	7	"
" " " Kingstown	...	...	11	"
" " " Entire Dublin district	...	...	21	"
COMPARATIVE RATIOS—London	...	...	24	"
" " Glasgow...	...	...	31	"
" " Edinburgh	...	...	20	"

Only 16 deaths from zymotic diseases were registered, viz:—4 from fever (2 typhoid, and 2 simple continued fever), 5 from scarlet fever, 2 each from erysipelas and diarrhoea, and 1 each from small-pox, croup, and influenza.

In the Belfast registration district 11 deaths from measles, 11 from scarlet fever, 2 from whooping-cough, 3 from diarrhoea, and 1 from diphtheria, were registered.

In the Dublin district 7 children died from convulsions. Bronchitis proved fatal in 21 instances, pneumonia in 4, and lung disease unspecified in 1.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF APRIL, 1875.

- APRIL 1st, 1875.—Duke, Mansergh Place, 2 Belgrave Road, Rathmines, Co. Dublin, Lic. 1874 and Lic. Midwfy. 1874, K. Q. Col. Phys. Irel., Lic. R. Col. Surg. Irel. 1874.
- 9th.—Knox, Thomas, Mullinrody, Brookboro', Co. Fermanagh, Lic. R. Col. Surg. Irel. 1874, Lic. 1875, and Lic. Midwfy. 1875, K. Q. C. Phys. Irel.
- 19th.—Howard, Henry, 3 Woburn Place, Russell Square, London, Lic. R. Col. Surg. Irel. 1874, Lic. R. Col. Phys. Edin. 1875.
- 19th.—O'Leary, Dwyer, 31 New Row West, Dublin, Lic. Apoth. Hall Dub. 1861.
- 21st.—Blood, Matthew Smyth, 17 Trinity College, Dublin, M.B. 1874 and M.Ch. 1875, Univ. Dub., Lic. Midwfy. K. Q. C. Phys. Irel. 1875.
- 21st.—Boland, Christ. T., 38 Goldsmith Street, Dublin, Lic. Apoth. Hall, Dub. 1871.
- 26th.—Johnston, Wm. Henry, Rotundo Lying-in-Hospital, Dublin, Lic. Med. 1874, and Lic. Surg. 1874, Univ. Dub.
- 27th.—Callanan, Michael, Castleview, Clonakilty, Co. Cork, Lic. R. Col. Surg. Irel. 1874, Lic. 1875, and Lic. Midwfy. 1875, K. Q. C. Phys. Irel.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Irish Poor-Law Intelligence:

UNDER AUTHORITY OF THE IRISH MEDICAL ASSOCIATION.

ABUSE OF DISPENSARY TICKETS.

THE *Irish Times* says:—

There is a growing feeling at present that the system of medical relief afforded by the dispensaries is open to much abuse. We have received many communications on the subject, and we have taken some trouble to arrive at the true state of the case; and, if our information be correct, a state of things is disclosed which the Medical Charities Acts never contemplated. We learn that a class of persons now receive relief gratis through the dispensary who could very well afford to pay for it, and that a system which was established to provide medicine and attendance for the very poor and destitute is availed of by persons whose means raise them far above the necessity of charitable relief. For instance, we learn that Dispensary medical officers are commonly called on to attend skilled artisans, such as engine-fitters, blacksmiths, and cabinet-makers: while the still superior trades, such as engine-drivers, painters, dairy-house keepers, forage factors, and others are often on the list of the Dispensary Doctor's round. This statement is scarcely credible, but the particular instances which we will quote leave no doubt on the mind that a great abuse exists.

A short time ago the buyer in a large establishment, with a private residence, had his daughter receiving medical attendance at a dispensary in this city.

Again, we learn that a coffin-maker, who has a contract for supplying the military barracks in Dublin, whose wife owns a substantial provision shop and a well-furnished house, was very recently attended by one of the city dispensary officers free of charge.

A lodging-house keeper, well-to-do, and having over £500 in bank, was for some time on the books of another dispensary district; and

The wife of a man able to earn 34s. a week as a slater, and who is also in receipt of rent from tenement houses, availed of the medical relief system to get cured of the effects of a beating inflicted by her husband.

THE PENALTIES OF SANITARY DUTIES.

WE printed last week a most insolent and abusive threatening letter which had been addressed to Dr. Whistler, the Sanitary Officer of the Bray District, by a householder, a member of the Sanitary Board, because Dr. Whistler had found it to be his duty, acting on a formal requisition from the sub-officer, to condemn a water-closet in this person's house. This letter was forwarded to the Local Government Board with the following letter from Dr. Whistler:—

Bray, 6th May, 1875.

GENTLEMEN,—I beg to submit for your consideration the enclosed copies of a sanitary notice and my report thereon, together with the letter written to me in reference thereto by Mr. Murphy, a Town Commissioner, and one of the sanitary authority for this urban district.

It appears to me there was nothing whatever in my report to call forth a production so insolent and audacious in every particular, whilst I submit whether the sanitary

officer in the discharge of duties which, as at present prescribed, are of a nature the most repulsive and injurious, is to be thus subjected to the threats, insults, and loss, which he is unable to encounter.

The Bray Sanitary Authority meet on Monday next, at 12 o'clock, when I propose attending, and as these meetings are but monthly (by no means sufficient for the sanitary requirements of this district), I hope your Board will see the necessity for requesting the attendance of your inspector to investigate a charge and a threat made against me by a member of this sanitary authority.

I am, Gentlemen,

Your obedient servant,

THOS. L. WHISTLER, M.B.

The following is the reply of the Board:—

Local Government Board, Dublin,
8th May, 1875.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letters of the 6th inst., with copies of sanitary notice and report thereon, and a letter from Mr. Murphy, one of the Town Commissioners of Bray, relating to a nuisance arising from imperfectly constructed water-closets in two houses in Goldsmith Terrace, Bray, and with reference to your request that the inspector may be instructed to attend the meeting of the sanitary authority on Monday next, to investigate a charge and threat brought against you by a member of the sanitary authority, the Board desire to state that they do not think the matter is one requiring investigation. The Board will forward the correspondence to the sanitary authority, who will no doubt direct such steps as may be necessary to be taken on the report which you have made in the discharge of your duty as sanitary officer.

By order of the Board,

B. BANKS, Secretary.

We understand that the Bray Sanitary Board has accidentally or intentionally omitted to attend in sufficient number since this occurrence to form a quorum, and therefore the matter remains as it was.

CORRESPONDENCE.

MEDICAL WITNESSES.

TO THE EDITOR.

SIR,—You would oblige me very much by answering the following question:—Am I obliged as dispensary medical officer to attend as a medical witness in a case of assault at a Petty Sessions Court on a magistrate's summons? I attended the case on a red ticket, and when summoned to petty sessions court I refused to attend. The case was postponed in consequence, and I am determined to refuse again, if your opinion be in my favour. I saw a decision given in England some time ago by either a magistrate or barrister, in which it was stated that a medical man was not obliged to appear, but *having appeared*, was compelled to give evidence.

[In case of a criminal prosecution a dispensary medical officer *must* at his peril attend on the legal summons of a magistrate as must any other member of the community. In a civil action he is also under legal responsibility to attend, but with the difference that in the criminal procedure the magistrate might issue a warrant to bring him up by force, while in a civil case the judge would not do so, but would leave him to abide the risk of his refusal to come. If he refused, and the party for whom he was summoned lost his action in consequence of his absence, he (the medical man) might be sued for damages, and would be held responsible if the evidence conclusively proved that his evidence would have carried the case. This, however, it is almost impossible to prove, and therefore such a remedy against a medical witness in a civil action is seldom resorted to.

If the medical man is called to the witness-box he must depose to all matters of fact of which he is cognisant, and once he is sworn we believe he cannot refuse to answer questions involving his professional opinion. If he did so refuse it would be in the discretion of the judge to commit him for contempt of court; but many judges would not exercise that discretion if they were informed that the witness refused his opinion because he was not paid a fee; and if the judges did not order him to answer the examining counsel would have no remedy. The best course is to make terms as to a fee before being called into the box, and if the fee be refused, to appeal to the magistrate or judge before being sworn.

We believe that the police authorities at Dublin Castle are always willing to pay a proper fee in these police cases when applied to directly, but the magistrates of the locality have no power except to give a certificate upon which such application to the Castle may be made.—Ed.]

FEEES ON CANCELLED RED TICKETS.

TO THE EDITOR.

SIR,—Would you kindly inform me at earliest convenience in your valuable MEDICAL PRESS if, after cancelling a ticket, you can process for a fee on the strength of the visit paid before the cancelling; or if it is necessary you should be called in again after the ticket was cancelled to justify your claim.

P. S. O'D.

[No case of the sort has ever been tried; but we believe the law to be that a red ticket requires attendance under all circumstances, no matter who the holder may be, and the moment it is cancelled a second may be issued to the same person, and must be attended until cancelled. We believe that, inasmuch as the attendance of the medical officer is given by virtue of a legal summons, no fee could be recovered against the holder of the ticket for such attendance, even if it were proved that the ticket was improperly granted. Its legality would not be affected by such impropriety. But we believe that the committee man or warder who granted the ticket would be obliged to pay for attendance given on his order if it were shown that that order were illegal, being granted to a person not entitled to receive it. In fact, the illegality of granting a red ticket to a person not entitled to it lies not upon the person who accepts and uses the ticket, but upon the person who improperly grants it. This is one of those legal questions which an individual can hardly be expected to try for himself, and which the newly organised Irish Medical Association will find it proper to take in hand, and to obtain a legal decision for the benefit of the profession.—Ed.]

PAYMENT OF MEDICAL WITNESSES.

REARDON V. M'CARTHY.

THIS was a cross case for assault.

Mr. Fahil, resident pupil of the North Infirmary, who dressed Reardon's wound, said, addressing the Bench, gentlemen, I respectfully object to giving evidence in this case unless Mr. Reardon, who has summoned me here, gives me a fee for my loss of time. This man was dressed gratuitously at the Infirmary, and ought to have been satisfied with that without bringing me away from my business.

Dr. Corby addressing the Bench, said—Gentlemen, it is at my request Mr. Fahil, who is my resident pupil, has objected to give evidence in this case. We object on principle, as if we were compelled to give evidence in the case of every cut we dress at the Infirmary we should soon have no time at our disposal to attend accidents at all, in fact, a second house-surgeon would have to be appointed.

Mr. Starkie—It is certainly very unreasonable that a medical man should be asked to attend here without being paid for his trouble.

Mr. M'Ostrich—Very unreasonable, indeed.—(To plaintiff) Why don't you pay the doctor?

Plaintiff—I am not ably now, sir.

Dr. Corby—He has been able to pay for legal professional assistance, and ought to be able to pay a doctor. We would be very sorry to throw any obstacles in the way of justice, but in this case I will, if necessary, raise a technical objection—the summons is informal, being addressed to "Dr. Fahey," and not to Dr. Fahil.

Reardon's solicitor, Mr. O'Connell, said he sympathised with the doctor's grievance, and thought there ought to be special legislation on the subject.

A solicitor (Mr. Julian) observed that the Chairman of Quarter Sessions always requires that the doctor be paid before giving evidence.

Mr. M'Ostrich—We certainly think the doctor should be paid.

NEWCASTLE (WEST) POOR-LAW UNION.

THE MEDICAL OFFICERS.

MR. HARTNETT said that a matter had been just represented to him about which he felt there must be some mistake. He had a few minutes before met two of the union medical officers leaving the house, and they told him that they had come there in response to an order of the Board, but when they came on the premises they were told they could not go up to the Board-room, and that they should wait in the Probationary. They accordingly left. He (Mr. Hartnett) felt that there must be some mistake in the matter, for surely their medical officers could not be treated in this manner.

The Chairman said that he knew nothing of the doctors having come to the house. He supposed there could be no objection to their coming up to the Board-room. It is very unfortunate that there should be such a mistake, and I suppose the Board will be unanimous in offering an apology to the doctors (hear, hear).

Porter—Well sir, if they come again?

Chairman—Let them up.

BALLINA UNION.

SMALL-POX.

RELIEVING-OFFICER EDWARDS reported that he had had a house in Garden Street whitewashed and fumigated in which a death from small-pox had taken place.

Mr. Joynt said that another death had occurred that morning in Ardnaaree, and the relieving officer should look after the house.

Mr. Thompson—The disease is raging in some parts of the country districts, and steps should be taken to prevent wakes. There was a death from small-pox in Curlummen, and a wake held, and owing to that wake several families had become infected.

The Chairman—What steps can be taken to prevent wakes?

Clerk—If a family persists in holding a wake, a magistrate can direct the police to attend and prevent its being held.

Mr. Perkins—In Rathona a wake was being held, but Major Knox sent the police and prevented it.

Sub-sanitary officer Farmer mentioned that a policeman came from Bonnyconlan to him, and brought him out to that village, to put a stop to a wake there, but he could not stop it.

Relieving-officer Edwards—I don't know what the police mean. One of them came to me the other day and said, "There is a dead dog in the river Moy." I replied, "If there is, you fish him out." They seem to consider that they are relieved of all duty, and that everything is now to be done by the sanitary officers.

DROMAHAIR DISPENSARY.

ELECTION OF A MEDICAL OFFICER.

A MEETING of the committee for the purpose of electing a medical officer in the room of Dr. Palmer, who has been appointed to the charge of Boyle Dispensary district.

Three candidates offered themselves, viz.:—

Dr. Jolly, Dr. Moore, and Dr. Molony.

The latter gentleman was the only candidate who was proposed and seconded, and he was elected unanimously.

CARRICK-ON-SUIR UNION.

SANITARY DUTIES.

Mr. SADLEIR took the chair at the sanitary board. The correspondence was then read.

The Local Government Board, referring to the minutes of the proceedings of the Board of the 8th inst., forwarded to be laid before the guardians the accompanying copy of a letter which they had received from Dr. Martin, Medical Officer of the Portlaw dispensary district, relating to his duties as sanitary officer, together with a copy of the Board's reply:—

"Gentlemen,—May I ask your opinion on the following points as to my duty as sanitary officer: A sub-sanitary officer serves me with notice of a nuisance, and I make a report to the Board thereon, or make an order *ex proprio motu*. A notice is served by the sub-sanitary on the offender. Is it my duty in all cases to visit again and report the result to the executive officer? I am very anxious to carry out the Act properly, and would be far from wishing to raise unsubstantial objections, and feel that there are many cases where the executive officer, basing his opinion on the second clause of his duties, as laid down by you, wishes to place double duty on me, which I think unfair. In most other unions the sub-sanitary officer is called on to report whether the notice of the Board has been complied with, and such I consider to be the proper course."

The Local Government Board in acknowledging the receipt of the letter, stated that there was no regulation requiring a sanitary officer to revisit or certify as to the abatement of a nuisance, and they thought that in ordinary cases the subsequent inspection should be made by the sanitary sub-officer as regards nuisances reported by the sanitary officer or himself. Special cases might, no doubt, arise in which it would be necessary to call upon the sanitary officer to inspect and report further as to the nuisance; and should proceedings at law become necessary, the Local Government Board were of opinion that the sanitary officer should attend and assist by his evidence. The Local Government Board at the same time desired to refer the guardians to the terms of the 9th September last (part 2, executive duties), by which every sanitary officer and sanitary sub-officer was requested to attend, and assist in all proceedings where his attendance or assistance might be required.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAY 1, 1875.

Total registered deaths in Dublin and suburbs * ... 164
Ten years average of same week ... 153

Mortality under average	...	...	...	11
Ratio of deaths, suburb of Rathmines	...	...	25	per 1,000.
" " " Donnybrook†	...	...	26	"
" " " Blackrock	...	...	22	"
" " " Kingstown	...	...	20	"
" " " Entire Dublin district	...	...	27	"
COMPARATIVE RATIOS—London	...	...	22	"
" " Glasgow	...	...	28	"
" " Edinburgh	...	...	20	"

Sixteen deaths from zymotic diseases were registered, including 5 from fever (4 typhoid or enteric, and 1 simple continued fever), 2 each from scarlet fever, diphtheria, croup, and diarrhoea, &c.

In Belfast, 8 deaths from measles, 5 from scarlet fever, 3 from whooping-cough, 2 from fever, and 1 from diphtheria, were registered.

In the Dublin district 9 children died from convulsions. Bronchitis proved fatal in 16 instances, pneumonia in 11, pleurisy in 1, and lung disease unspecified in 3.

Three deaths were ascribed to apoplexy, a like number to paralysis, 2 to inflammation of the brain, 1 to insanity, and 4 to brain disease, unspecified.

Ten deaths resulted from heart disease, 1 from inflammation of the liver, and 2 each from liver disease and Bright's disease.

Phthisis caused 22 deaths, scrofula 2, and mesenteric disease, cancer, and hydrocephalus, each 3.

Three accidental deaths and one case of suicide were registered.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

DROMORE WEST UNION.

DISGRACEFUL STATE OF THE HOUSE.

The following letter was read:—

Dublin, 8th April, 1875.

Sir,—the Local Government Board have received Dr. Roughan's periodical report on the Dromore West Union, the workhouse of which he inspected on the 30th ult. He states that the supply of bedding is neither sufficient nor good; that in many instances the ticken is quite worn, and in a state of disrepair most discredit-able to the matron; that in other instances the ticks were dirty and wet, and that the dresses of the school girls were in a ragged condition. The master informed Dr. Roughan that he applied for a supply of material for dresses for the girls on the 12th Feb., but it appears that no order was made with a view to providing the much required supply. Dr. Roughan informs the Local Government Board that in the infirmary there have been two wards set apart for cases of fever and other contagious diseases, but that they are totally unprovided with bedding or furniture of any kind, and the Board request that the guardians will, without delay, provide a supply of the necessary articles. Dr. Roughan reports that the medical officer lately appointed resides about six miles from the workhouse, and on reference to the porter's book he found that his attendance was neither regular nor timely; some days he comes very late, other days his place was supplied by other medical men, and on two or three days there was no medical attendance; and the board have to draw the attention of the guardians to their letter of 11th February last, in which they questioned the possibility of the medical officer discharging efficiently his duties at the workhouse while residing at such a distance; and they request that the guardians will have the goodness to furnish them with their views on the matter. Dr. Roughan, in his report, states that he attri-

butes much of the irregularity that existed in the Dromore West Workhouse to the incompetency of the master, and to the carelessness and want of energy on the part of the matron, as well as to the want of proper supervision by the guardians, who, the Board observe with regret, do not hold their meetings with the necessary degree of regularity. It would seem to the Board to be a matter for the guardians' consideration whether they should permit the master and the matron to continue in their respective offices, and the Board are desirous of receiving the views of the guardians on this point also.—By order,

B. BANKS, Secretary.

The following resolution was unanimously adopted :—

In reply to the letter of the Local Government Board, in which the inspector complains of the bedding and other matters in connection with the house, a committee to inspect the house is named on each board day, whose report is handed in. A few ticks were a little worn, but these had been repaired since their report was handed in, as will be seen by report of visiting committee on April 16. We are of opinion that the school children present no such ragged appearance as that described in the report, but can contrast favourably with the appearance of the children in many of the workhouses in Ireland. As to the supplies of clothing required by the master, the matter may have been overlooked in consequence of the time for taking tenders for the yearly supply being near. The ward set apart for contagious diseases in the infirmary had never been thoroughly furnished, but contains some stretchers, to which will be added the bedding and furniture required, and the master and the matron are cautioned to be more exact in future. Dr. Mahon is willing to resign his position as medical officer of the workhouse, provided his salary be raised to £100 per annum as medical officer of the upper portion of the Easkey dispensary district, as recommended by the committee at their meeting on the 16th instant.

Notice was given to increase Dr. Mahon's salary as suggested.—*Ballina Herald.*

DROMORE WEST UNION.

DR. MAHON having resigned his appointment as medical officer of the workhouse, it was resolved that tenders be advertised for to fill the situation, salary £40 per annum.

The mover not being present to move the motion of which he had given notice, to increase the salary of Dr. Mahon, as medical officer of the Kilglass dispensary district from £80 to £130 per annum, the notice fell to the ground.

SLIGO DISPENSARY.

A SPECIAL meeting of the Committee was held.

Dr. Henry King Nixon, of Ballyfarnon, was unanimously elected as apothecary, in the room of Dr. Devany, who resigned. He was the only candidate in attendance.

STIMULANTS IN WORKHOUSES.

At the last meeting of the Cork Board of Guardians the Chairman made a statement as to the consumption of strong drinks in that establishment, which is rather astounding. He said :—We have consumed in this workhouse during the year 726 gallons of wine, 219 gallons of whisky, 4,766 gallons of porter, 212 bottles of brandy—all of these at a cost of £685 15s. 7d. That is our contribution for one year in aid of the great national vice, and it would be very much larger were it not for the good sense of Dr. Callaghan, one of the physicians of our workhouse. No wonder brewing is profitable when the paupers in one house can consume "4,766 gallons of porter" in the year, besides hundreds of gallons of wine, and gallons of whisky, and bottles of brandy. The number of inmates on the 27th March was 2,231, of whom 1,058 were "patients," and the return of stimulants shows that there were given to them during the week 1,046 glasses of wine, 411 glasses of whisky, and 705½ pints of porter; and, lest it might be supposed that they did not eat anything, we may state from the "return" that the supply of meat to those "patients" was 2,078 lbs., and of eggs, 1,990!

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May 15th, 1875; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MAY 15TH, 1875.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	10,050	314,666	27	180	164	17	51	...	...	2	2	...	5	2	4	5	61
BELFAST	20,687	182,082	25	147	88	14	9	...	8	5	1	3	2	...	...	...	18
CORK	13,816	91,965	27	85	48	7	12	...	...	1	...	...	2	...	...	...	9
LIMERICK	8,509	44,209	31	25	26	3	11	...	...	...	...	...	1	2	...	3	9
LONDONDERRY	21,865	30,884	15	6	9	3	3	...	...	...	...	...	...	...	...	...	2
WATERFORD	17,209	30,626	15	14	9	2	3	...	...	...	...	...	...	...	...	...	...
GALWAY	21,358	19,692	16	11	6	...	1	...	...	...	...	...	1	...	...	...	1
SLIGO	30,835	17,285	15	13	5	...	4	...	...	...	...	...	...	...	...	...	...

Irish Poor-Law Intelligence:

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

THE ZYMOTIC MORTALITY OF IRELAND FOR THE LAST TEN YEARS, FROM THE CENSUS RETURNS.

YEARS.	Deaths from Eight Principal Zymotic Diseases.									Annual Registered Mor- tality per 1,000 Per- sons living from Eight Zymotic Diseases.	Percentage of Total Deaths caused by Zymotics.
	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Fever.	Diarrhoea.	Cholera.	Total.		
1864	854	630	2,605	661	1,735	5,152	1,962	120	13,719	2.43	14.7
1865	461	1,036	5,683	480	1,506	5,283	2,139	91	14,679	2.62	15.8
1866	194	851	3,501	317	1,736	4,218	1,911	2,501	15,229	2.76	16.4
1867	21	1,292	2,145	189	2,144	3,750	1,920	387	11,848	2.16	12.7
1868	23	1,251	2,696	202	2,380	3,560	2,127	157	12,396	2.27	14.4
1869	20	948	3,670	243	1,439	3,399	1,731	98	11,548	2.12	12.9
1870	32	954	2,978	188	1,319	2,985	2,120	93	10,669	1.97	11.8
1871	665	547	2,207	226	1,388	3,176	1,736	90	10,035	1.86	11.4
1872	3,248	1,380	2,459	257	1,928	3,220	1,625	101	14,216	2.65	14.6
1873	481	1,159	2,039	354	1,936	3,071	2,211	86	11,337	2.12	11.6
Yearly Av'ge } 1864-73	600	1,005	2,738	312	1,751	3,782	1,948	372	12,568	2.30	13.6
1874	540	606	3,894	599	1,950	2,988	1,823	73	12,473	2.35	13.5

RATIOS OF BIRTHS AND DEATHS TO POPULATION IN IRELAND FOR LAST TEN YEARS.

YEARS.	Estimated Population.	Numbers Registered		Rate per 1000 of Est'm'd Population.	
		Births.	Deaths.	Births.	Deaths.
1864	5,640,527	136,414	93,144	24.2	16.5
1865	5,594,589	144,970	93,154	25.9	16.7
1866	5,522,942	146,090	93,027	26.5	16.8
1867	5,486,609	144,388	93,503	26.3	17.0
1868	5,465,914	146,051	86,185	26.7	15.8
1869	5,449,094	145,859	89,593	26.7	16.4
1870	5,418,512	149,846	90,462	27.7	16.7
1871	5,395,007	151,355	88,348	28.1	16.4
1872	5,372,199	149,278	97,294	27.8	18.1
1873	5,337,261	144,592	97,840	27.1	18.3
Yearly Average } 1864-73.	5,468,255	145,864	92,255	26.7	16.9
1874	5,314,844	141,411	92,352	26.6	17.4

RATIO OF BIRTHS AND DEATHS TO EVERY 1,000 OF THE IRISH POPULATION FOR 1874.

REGISTRATION PROVINCES AND COUNTIES.	Annual Rate per 1,000 of the estimated Population, represented by		REGISTRATION PROVINCES AND COUNTIES.	Annual Rate per 1,000 of the estimated Population, represented by	
	Births.	Deaths.		Births.	Deaths.
IRELAND	26.6	17.4	II. MUNSTER.		
PROVINCES.			Clare	26.4	14.8
I. LEINSTER	25.6	20.1	Cork	27.7	17.1
II. MUNSTER	28.1	16.9	Kerry	22.4	15.1
III. ULSTER	25.8	17.5	Limerick	28.1	17.9
IV. CONNAUGHT	27.4	13.8	Tipperary	26.7	16.7
			Waterford	27.1	19.4
			III. ULSTER.		
I. LEINSTER.			Antrim	30.1	21.1
Carlow	27.8	20.9	Armagh	25.2	18.4
Dublin	27.2	24.4	Cavan	25.7	14.7
Kildare	24.8	15.9	Donegal	24.3	15.2
Kilkenny	25.4	21.6	Down	25.4	18.2
King's	24.7	16.8	Fermanagh	28.5	15.7
Longford	25.4	17.0	Londonderry	24.4	16.9
Louth	25.9	18.5	Monaghan	23.9	15.1
Meath	22.4	17.1	Tyrone	23.5	15.4
Queen's	23.4	17.4	IV. CONNAUGHT.		
Westmeath	25.1	21.4	Galway	27.3	14.4
Wexford	25.1	18.3	Leitrim	25.8	13.7
Wicklow	24.5	15.7	Mayo	29.0	13.5
			Roscommon	26.5	13.3
			Sligo	26.3	13.6

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreeage of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Dispensary from Railway Station.
Bandon	Kilbriittain	£90	£12 15 0	72	65	16,083	8,997	June 4	Bandon 6 m.
Ccotehill	Drum	£100	£14 0 0	243	157	29,738	10,488	June 7	I. N. W. R.

BALLINAKILL DISPENSARY.

A MEETING of the committee was held for the purpose of electing a medical officer in the room of the late Dr. Thomas J. Fitzpatrick.

The Hon. Secretary stated that there was only one application for the appointment, namely, Dr. Thomas P. Walshe. The election of Dr. Walshe was carried unanimously.

DURROW DISPENSARY, QUEEN'S CO.

ELECTION OF MEDICAL OFFICER.

A MEETING of the Committee of Management of the above dispensary was held for the purpose of electing a medical officer in the room of Dr. Hugh B. Stoney, who was lately appointed medical officer of the Abbeyleix dispensary district.

There were four candidates for the office:—

Dr. Lionel H. Smith, Dr. Robert Sterling, Dr. John B. Drapes, and Dr. Richard Palmer.

Mr. Mercier proposed Dr. Drapes.

The proposition was not seconded.

Mr. Stubber—In proposing Dr. Lionel Smith as a fit and proper person as medical officer of this dispensary, I have much pleasure indeed in doing so, amongst other reasons for these—he is the son of Dr. Smith, we all know as a gentleman, who possesses the confidence, and very justly so, of a large portion of this community. I wish to see his son rising up as successor of his father.

Professionally and socially, Dr. Lionel H. Smith stands very high indeed. I can trace his career for the last 11 years, and can show that he has given general satisfaction. He has taken very high honours. Mr. Stubber then read Dr. Smith's testimonials, and concluded by saying that owing to the high reputation of Dr. Smith's father in this county, he hoped the son would rise up to be his successor.

Mr. Staples proposed Dr. Sterling, and read a number of private letters addressed to himself, and testimonials in favour of Dr. Sterling, who was referred to in these in the highest terms of praise, all of which, Mr. Staples said, were very satisfactory, and proved Dr. Sterling to be a competent practitioner.

Mr. Talbot proposed Dr. Palmer, and read the testimonials, all of a high order, and he said it speaks well for Dr. Palmer's abilities, that without the aid of any public appointment he was able to hold his ground with private practice in Rathdowney.

A division took place with the following result:—

For Dr. Smith—8.

For Dr. Sterling—8.

For Dr. Palmer—1.

A second division took place between Dr. Smith and Dr. Sterling, and Mr. Talbot gave his vote in favour of Dr. Smith, who was then declared duly elected by a majority of one over Dr. Sterling.

Dr. Sterling appeared before the meeting, and said that he objected to the election, as the advertisement should

have been published ten clear days before the election, in a local paper.

Mr. Staples said that he thought everything was done in a legal and proper manner.

The Chairman said that the objection could not be entertained.

Dr. Smith was then informed of his election, and he returned thanks.

The proceedings then terminated.

LIMERICK UNION.

THE Clerk read the following letter from the Local Government Board in reference to the death of James Murphy :—

Local Government Board, Dublin,

May 11, 1875.

Sir,—I am directed by the Local Government Board for Ireland to acquaint the Board of Guardians of Limerick Union that they have received a report from their inspector, Mr. Bourke, together with the minutes of evidence taken at the inquiry which he held on the 8th inst. respecting the conduct of Dr. Barry, medical officer, and the master of the workhouse, in relation to the death of the boy James Murphy. The minutes of evidence are enclosed herewith for the Guardians' information. The conduct of the parties immediately concerned in the violence which produced the death of the child will be subjected to judicial notice—that the Board abstain from making any comment on that part of the case. Meantime it appears to the Board that the account given by Dr. Barry of the course which he adopted when the illness of James Murphy was made known to him on Monday, the 12th ult., is by no means satisfactory. To the omission to send the boy to hospital, and have him properly nursed and taken care of there, must be attributed the fact that opportunity was afforded for the inhuman treatment which he received at the hands of his school-fellows, which resulted, according to the post-mortem examination, in the personal injuries which accelerated, if they did not actually cause, his death. The Board request that the Guardians will take the conduct of Dr. Barry into their consideration. The master and matron of the workhouse appear to have been in total ignorance of all that was going on in the boys' school; but it will probably become necessary hereafter to take this point into consideration in reference to the general complaints made of irregularities in the Limerick workhouse, with respect to which Mr. Bourke is making inquiry. The evidence discloses a state of things which could not occur in any ordinarily conducted establishment of the kind. You will be good enough to preserve the minutes of evidence, and to return them to this office when no longer required by the Board of Guardians.

By order of the Board,
B. BANKS, Secretary.

KILKENNY GUARDIANS.

THERE were two candidates for the office of doctor for Freshford Fever Hospital—Dr. Hourigan, of Tullaroan, who is now medical officer of Freshford Dispensary, and Dr. Delaney, of Freshford.

On a division there voted—

For Dr. Hourigan, 9; for Dr. Delaney, 13.

Dr. Delaney was accordingly elected by a majority of four.

ABSTRACT OF THE REPORT OF THE IRISH CENSUS COMMISSIONERS RELATING TO DEATHS.

FROM the days of Sir Wm. Petty, Surveyor-General of Ireland, and the period following, when bills of mortality were published for the city of Dublin alone, no effort had been made (except by computation) to arrive at anything like a fair estimate of the average annual mortality in this country until the attempt in 1841 was made to collect and register the deaths for the period intervening between 1831 and 1841 by means of the census returns. Since then the Commissioners have continued their investigations in this respect.

In 1864 an Act for the Registration of Deaths in Ireland came into operation, but has not yet been carried out to its fullest extent even in the cities and some of the large towns.

As, however, it is believed that the deaths returned by the various registrars are still defective, and as they only extend over a portion of the decade which it is our province to report upon, we have pursued the usual inquiry as regards the annual mortality of the country during the past decade by means of the census forms throughout the civic and rural districts, so far as they could be obtained through the police enumerators, and also from the returns of coroners' inquests, and from all hospitals and other sanitary institutions of the country, and likewise from the various cemeteries and graveyards.

It is now our pleasant duty to announce that during the ten years ending upon the 2nd April, 1871, this country has been (with the exception of a partial outbreak of cholera in 1866) remarkably free from those pestilential constitutions which have affected Ireland from the earliest recorded period to the middle of the present century. So far as the census returns have enabled us and our predecessors to judge, a steady improvement has taken place in the sanitary condition of Ireland, of which the following table affords a fair estimate :—

Decades.	Average Annual Population of Decade.	Deaths during the Decade returned on Census Forms.	Average Annual Rate of Mortality per 1000 of the Population.
1831-41 . .	8,003,276	1,187,374	14·8
1841-51 . .	7,763,370	1,361,051	17·5
1851-61 . .	5,988,793	819,768	13·7
1861-71 . .	5,546,692	767,909	13·8

SECTION I.—REPORT ON CORONERS' INQUESTS.

The first attempt in the British Isles to collect and record in a tabular form the deaths upon which inquests were held was made in Ireland by the Census Commissioners in 1841, and since then the subject has been investigated at the taking of each census, so that we now have the results of the three preceding investigations to compare with those of the present. The power of making judicial investigation into the circumstances of unknown, sudden, or suspicious deaths was confined to coroners until the passing of the Act 9 and 10 Vic., cap. 37, when it was extended to any two magistrates. This power the magistrates seem to have exercised to a greater extent for the first few years subsequent to the passing of the Act than latterly, for during the portion of the decade ending in 1851 in which the Act was in force they held 400 inquests, whilst during that ending in 1861 they held 95, and during the past decade but 91.

Before entering into the details of the tables we here give a few of the general results to be learned from comparison of the returns for the past with those for the three preceding decades :—

NUMBER OF INQUESTS FOR THE LAST FOUR DECADES.

PROVINCES.	Number of Inquests held during the decade ending				Ratio of Inquests to Deaths returned on Census Forms for decade ending			
	1841.	1851.	1861.	1871.	1841.	1851.	1861.	1871.
Leinster . . .	6,200	9,352	9,586	10,267	1 in 52·2	1 in 38·0	1 in 25·9	1 in 22·0
Munster . . .	6,611	9,475	6,533	6,322	„ 55·0	„ 49·7	„ 36·1	„ 30·9
Ulster . . .	4,695	6,187	7,884	8,287	„ 62·7	„ 50·2	„ 29·6	„ 30·3
Connaught . .	2,828	4,251	2,579	2,415	„ 72·5	„ 52·7	„ 39·3	„ 39·3
Ireland	20,334	29,265	26,582	27,291	1 in 58·4	1 in 46·5	1 in 30·8	1 in 28·1

The foregoing comparison shows that there were a greater number of inquests held during the decade ending in 1871 than during those ending in 1841 and 1861, but less by 1,974 than during the decade ending in 1851. The greater number of inquests held during the decade 1841-51 than 1861-71 is attributable to the large number (3,150) held on deaths from starvation, cholera, dysentery, and fever during the former period, which was characterised by famine and disease, whilst inquests on deaths from the same causes during the latter decade numbered only 195; during the past decade, however, there were no such causes to influence the number of inquests, but as will be hereafter shown the increase, irrespective of the above-mentioned causes, is to be assigned to an increase in the number of sudden deaths attributed to apoplexy and heart disease.

The number of inquests returned for the year 1866 is 195 above the annual average for the decade, and the number returned for the year 1869, 139 below it.

Medical evidence was given in a greater proportion of inquests held during the past than any previous decade; thus it was given in 62·7 per cent. of the cases for the decade ending 1841; in 67·8 per cent. of the cases for that ending in 1851; in 62·1 per cent. of the cases for the decade ending in 1861; and in 70·2 per cent. of those for the past decade. In the province of Leinster the percentage for the past decade was as high as 79·6, but in the province of Connaught it was only 58·1.

In the province of Leinster during the past decade, the inquests held upon "unknown infants" formed 5·5 per cent. of the entire number held in the province; in Munster 4·2 per cent.; in Ulster 4·1 per cent.; and in Connaught 3·2 per cent. "Unknown infants," shown separately at the foot of each table, are also included in the body of it, principally under the headings "Infanticide," "Desertion or Exposure," "Still-born," "Found Drowned," and "Found Dead." The decrease in the number of "unknown infants" is probably attributable to the deterrent influence of punishments inflicted for the concealment of births.

CLASS I.—Deaths caused by Violence, Neglect, Evil Intent, or Design.

Medical evidence was given in 84·7 per cent. of cases of homicide during the decade ending in 1841; in 79·8 per cent. of the cases during that ending in 1851; in 91·4 per cent. of the cases for the decade ending in 1861; and in as many as 93·5 per cent. of those for the past decade.

Infanticide and Desertion or Exposure.—There were 317 cases of infanticide, and 7 the results of desertion or exposure, during the past decade, compared with 394 of the former and 291 of the latter, during that ending in 1861. The decrease in the number of cases ascribed to desertion

or exposure is most probably compensated for to some extent by the increase in the number of open verdicts. Taking infanticide and desertion or exposure together there is a marked decrease in the number of cases returned; thus, according to the returns of the census of 1841, there were 934 cases; according to those of 1851 but 848; in 1861 there were 685; and during the past decade only 324.

Unskilful Medical Treatment.—The verdicts returned by juries, in such terms, in cases of deaths resulting from the ignorance or interference of quacks and non-qualified persons during the past decade numbered 23, five of the inquests being held on males and 18 on females. The greater number of females may be attributed to the ignorance and interference of midwives, or those who follow this occupation without sufficient qualification. In 1861 there were 26 cases attributed to unskilful medical treatment, 22 in 1851, and 18 in 1841.

Inoculation with Small-pox.—To this cause only 2 cases were attributed by coroners' juries during the past decade, whereas in 1861 there were 20 cases, and 9 in 1851.

Poison.—Cases of homicidal poisoning numbered only 3 during the past decade; whereas during those for 1841-51 and 1851-61 there were 28 and 9 cases respectively returned. This decrease is in some degree attributable to the greater caution observed by chemists in the sale of poisonous drugs.

CLASS II.—Suicides.

The number of suicides for the past decade exceeds the number returned for any previous ten years, except that ending in 1851; thus during the decade ending in 1841, there were 755 suicides; in that ending in 1851, 841; in that ending in 1861, 757; and during the past decade 791.

The ratio of suicides to the population at the close of each decade shows that self-destruction is on the increase, and that this increase has occurred to a greater extent in the rural than the civic districts. In the civic districts, however, the ratio of suicides to the population is nearly twice as high as in the rural upon the present occasion, whilst in 1861 and 1851 it was more than twice, and in 1841 more than three times as high.

In 1841 there was one suicide in every 10,828 of the population of Ireland, whilst upon the present occasion the ratio has increased to 1 in every 6,842. In the rural districts the ratio on the former occasion was 1 in every 14,277, and in the latter 1 in every 8,161, but no such increase has taken place in the civic districts, the ratio being very similar on all occasions.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

REPORT OF COUNCIL, 1874-75.

MR. PRESIDENT AND GENTLEMEN,—Your Council have to report that, at the early part of the year just ended, they found the financial condition of the Association in a deplorable state, and, after attempting (unsuccessfully however) to liquidate the liabilities of the Association out of their own pockets, they found it necessary to convene a special general meeting of the members, on the 27th of January last, to consider what steps should be taken to discharge the debts of the Association then due, when it was agreed upon that the members generally should be appealed to contribute; but your Council regret to have to report that the appeal for such assistance was not responded to as they had expected, and, through the apathy of the members at large to support the Association in its difficulty, its very existence became seriously imperilled; but they are proud of being able to meet the members to-day and report that not only has the crisis passed, but the Association—which had narrowly escaped annihilation—has now paid off all its old debts, and, with the exception of current expenses, has no liabilities whatever; and they have taken care to secure that, in future, no liabilities can possibly be incurred exceeding the amount to the credit of the Association in the honorary treasurer's hands. Such being the case, your Council earnestly appeal to the members to pay in their annual subscriptions at the beginning of each year (which commences on the 1st day of June) instead of, as hitherto, at the end of each year, in order that the objects of the Association be not frustrated from want of funds.

Your Council have agreed upon a new organisation scheme which they have had printed, setting forth the objects of the Association, and the rules by which it shall be governed in future, which, they trust, will meet with the support and approval of the whole profession.

Your Council cannot but deeply regret that every medical practitioner in Ireland is not a member of the Association; and they cannot understand why any Poor-law or dispensary medical officer holds aloof, as it is undeniable that our Association is not only well calculated, but competent, to support, promote, and protect the interests of the profession—collectively and individually—and especially those of the Poor-law and dispensary medical officers of Ireland; and, as a yearly list of the members shall in future be published and forwarded with a copy of the annual report to each member of the Association, your Council would suggest that each member should urge his neighbouring professional brethren, whose names are not on the list of members, to join the Association at once. "Union is strength," and if this Association were but properly supported, as it deserves to be, it would be a much more powerful and valuable organisation, capable of obtaining redress of many of the grievances which the medical officers of the public services are now compelled to endure; but as, unfortunately, so little can be done

without expenditure of money, its powers of usefulness must be commensurate with the amount of its funds.

Under the circumstances (already referred to) in which the Association was placed during the past year, it must be apparent that your Council have been unable to devote as much time to the proceedings of Parliament, relative to matters affecting the interests of the members of this Association, as they should have done had no such obstacles stood in their way; they, however, considered it to be their first duty to endeavour to relieve the Association of its debts, and next to place it upon a sound footing for the future, both of which objects have now, in their opinion, been attained; but, notwithstanding the great amount of time and attention your Council had necessarily to bestow upon these important duties, they have had under their anxious consideration the new Coroners (Ireland) Bill, and have drawn up certain clauses affecting materially the interests of medical witnesses in Ireland, for introduction into the new Bill—although it was not intended by the promoters of that Bill to refer to this subject. A copy of the suggested clauses, along with an explanatory circular letter, has been sent to each Irish Member of Parliament, besides which a special manuscript letter on the same subject has been addressed to each of the promoters of the Bill as well as to every medical Member of Parliament, and each of the members of this Association has been sent a copy of the clauses referred to, and also a copy of the circular letter addressed to each Irish Member of Parliament.

Your Council propose, in the coming year, to take up the subjects of the several grievances of the Poor-law and dispensary medical officers of Ireland, and to consider the best means of having them remedied, under the following heads—viz., those of—

1. Poor-law and dispensary medical officers.
2. Public vaccinators.
3. Registrars of births, deaths, marriages, and vaccinations.
4. Sanitary officers and consulting sanitary officers.

And, as under the new scheme, each of these departments is separately provided for, they request that each of the members of the Association will, through communication with the honorary secretary, give such assistance as he can, in pointing out those grievances as they occur to him, and by suggesting how, in his opinion, they can best be removed; and they are of opinion that, if this suggestion be generally acted upon, much good must result.

In the month of January last, the hon. secretary of the Poor-law Medical Officers' Association proposed to your Council that that Association should be amalgamated with the Irish Medical Association, and, in order that every facility might be afforded for the attainment of this desirable object, your Council requested two of its members to receive the representatives of that Association and to hold a conference with them on the subject; the conference accordingly took place on the 22nd of January, and resulted in the suggestion of certain terms of amalgamation being drawn up to be submitted to both

Associations for their consideration, one of which was "that the amalgamation should not be ventilated or made known until the month of May;" the subject, therefore, did not come before your Council for consideration until very recently, when, after devoting to it much time and attention, they drew up the following resolution, viz:—

Resolved—That this Council having carefully considered the correspondence which has recently taken place between Dr. Maunsell and our hon. secretary on the subject of amalgamation of the Poor-law Medical Officers' Association with the Irish Medical Association, as well as the scheme for carrying out same suggested by Drs. Macnamara, Chapman, Maunsell, and Speedy, is of opinion:—

1. That the objects of both Associations, so far as they affect the interests of the Poor-law and dispensary medical officers of Ireland, being the same, could be more effectively and economically attained by a single united organisation.
2. That this Council does not approve of the terms of amalgamation recommended at the Conference.
3. That this Council, having recently adopted a new scheme of organisation which it considers will prove to be perfectly satisfactory in its operation, is of opinion that any change in the arrangements made would at present be undesirable.
4. That this Council considers that the interests of the profession, and the objects for which amalgamation is suggested, would be best served by the Poor-law Medical Officers' Association recommending its members individually to join the Irish Medical Association, under whose new constitution the fullest opportunity is afforded for making any desired modification of the arrangements already decided upon, and this Council is of opinion that no other or better form of amalgamation can be carried out.
5. That copies of the new scheme of organisation of the Irish Medical Association be forwarded, with this resolution, for the information of the Poor-law Medical Officers' Association.

In concluding their Report, your Council can plainly see that the Association has entered upon a new era of usefulness, and, if only well supported by the profession, must soon be able to show satisfactory results. Their efforts on behalf of the profession, despite the most earnest anxiety and painstaking on their part for the advancement of its interests, can effect but little, unless they receive that warm and universal support from the medical men of Ireland, which the objects of this Association pre-eminently deserve. They trust that each member will not fail to recollect that his individual aid, though perhaps but small in amount, is valuable to the Association, not only for its intrinsic worth, but as an example to others; and they therefore look confidently for the universal support and co-operation of those in whose interest this Association labours.

Your Council now desire to submit their scheme for the re-organisation of this Association alluded to in their Report.

ABSTRACT OF THE REPORT OF THE IRISH CENSUS COMMISSIONERS RELATING TO DEATHS.

Accidental Deaths caused without Design or Intent.

DEATHS, the results of accidents, into the circumstances connected with which judicial investigation was made, numbered during the past decade 10,389.

The ratio of accidental deaths in rural districts to their populations in 1871 was lower in 1861 or 1851, but in the civic districts it was higher than on any of the previous occasions; also the ratio in civic is much higher than in rural districts. The ratios computed on the total population of Ireland at each census period do not present

any striking difference, except that in 1841 it was about half that on the three subsequent occasions.

Drowning.—Cases of inquests on deaths from accidental drowning during the past ten years numbered 2,693, compared with 3,016 during the decade ending in 1861. In the rural districts 1,882 cases occurred, and 811 in the civic. The more extensive distribution of lifeboats round the coast of Ireland of late years has probably aided in reducing the number drowned in cases of shipwreck; the large number of cases of accidental drowning returned for the summer and autumn seasons would lead us to infer that the majority of them were boating and bathing accidents.

Burns and Scalds.—The inquest returns of 1841 contained only 532 cases of deaths from burns and scalds; those of 1851, 1,580; those of 1861, 2,046; and those for the past decade 1,891. The winter months afford the largest return of cases as might naturally be expected from the greater use of fires during that season. On this as well as the three previous occasions the female sex formed the majority, their domestic duties bringing them more immediately in connection with fires and boiling fluids, and the nature of their dress being more inflammable and liable to contact with fires.

Suffocation.—This means of death has been divided into suffocation by the poisonous effects of carbonic acid gas in limekilns, by foul air in wells, sewers, vats, &c., and suffocation by a crowd; there is also a heading for cases of suffocation where the particulars thereof were not stated in the returns. There were 553 cases of "suffocation" during the past decade, and 537 for that ending in 1861. The returns of 1851 afforded 226 cases of suffocation in limekilns, whereas during the past decade there were only 11 such cases; before and during the famine period limekilns were a common resort for the homeless and destitute, who frequently fell asleep near these fires, and were destroyed by the pernicious influence of the polluted air. Deaths from suffocation by foul air have increased from 15 in 1851 to 45 during the past decade—37 males and 8 females. There was 1 case of suffocation by a crowd.

Crushed.—During the past decade 1,061 persons were crushed to death, 150 by machinery, 619 by wheeled carriages, 108 by the falling of masonry, 62 by banks of earth, and 122 by means not stated in the returns. Cases of crushing by machinery have decreased from 178 in 1861 to their present number, probably owing to the greater protection now placed round machinery in manufactories, and the greater care observed by those working it. A large proportion of the machinery accidents were probably inflicted by agricultural machinery now so largely used in this country; for of the 150 cases as many as 112 occurred in the rural, and only 38 in the civic districts.

The deaths from crushes inflicted by wheeled carriages have increased from 446 in 1861 to 619 during the past decade, the result probably of the careless and reckless manner in which drivers proceed through public thoroughfares and roads of late years.

The falling of masonry caused the death of 108 persons. This is a smaller number than was returned for any of the preceding decades. The number of deaths from the falling of banks of earth is also considerably below that returned for any previous decade from the same cause.

Falls.—During the past decade there were 1,422 inquests held on persons whose deaths were caused by falls. The returns of 1861 contain only 1,145 deaths from falls, the increase on the present occasion having taken place chiefly in "falls unspecified."

Railway Accidents.—During the past decade 250 inquests were held on the bodies of persons who met their deaths by railway accidents, and during that ending in 1861 there were 174. These accounts have been divided into those the result of collisions, or over-running, and those by leaping-off; the latter during the past decade numbered only 3, and in the preceding decade 4. On the

31st December, 1851, there were only 580 miles of railway open in Ireland, and at the close of 1860 there were 1,364—the average annual number for the decade being 966. On the 31st December, 1870, there were 1,975 miles of lines open, the average number for the decade being 1,811—the ratio of deaths to the number of miles of lines open on this occasion is consequently much lower than on the preceding.

Starvation.—Returns of coroners' inquests for the decade ending in 1851, which included the famine period, contained 2,148 cases ascribed to this cause, whilst those for the past decade have enumerated but 69; those for the decade ending in 1861 afforded 272 cases. These returns give a satisfactory proof of the beneficial results obtained by the Poor-law system in Ireland as well as of the more prosperous condition of the population. As many as 15 cases occurred in 1862, and 10 in 1863.

Exposure or Cold.—"The greater number of these inquests," say the Census Commissioners of 1851, "were held on bodies found dead, and believed to have died from the general effects of exposure when the persons were in a weakened condition." The cases ascribed to this cause reached their maximum (805) during the decade ending in 1851, the effects of the then recent famine. During the past decade, however, which comprised a much more healthy period, the deaths ascribed to this cause numbered only 434, and of that number as many as 229 cases occurred during the winter seasons.

Poison.—The accidental introduction of poisonous substances into articles of diet, mistakes respecting medicines, and vermin poison, and children eating poisonous berries, &c., formed the subject of judicial investigation in 121 cases during the past ten years, and in 111 instances medical evidence was given at the inquest.

Killed by Animals.—The inquests held on deaths the result of injuries inflicted by animals—kicks of horses, gored by horned animals, injuries inflicted on children in the cradle by pigs—have gradually increased from 214 in the decade ending in 1841, to 278 in that ending in 1871. As the occupation of males brings them more in contact with animals, so they form 227, and the females only 51 of the latter number.

Gunshot Wounds.—The number of accidental deaths produced by "gunshot wounds" numbered 193 during the past decade, being a slight increase on the numbers returned in 1861 and 1851.

Injuries of the Head.—A most remarkable increase has taken place in the number of inquests held on the remains of persons whose deaths resulted from "accidental injuries of the head," from 117 in 1851, and 114 in 1861, to 239 upon the present occasion, or more than double the number on either of the two other occasions. This increase it is difficult to account for; it has taken place more particularly in Munster and Leinster, and in the rural than the civic districts. The county of Tipperary presents the remarkable increase from 14 in 1861 to 49 in 1871.

Dislocations.—To this cause 3 deaths were ascribed during the past ten years. This heading does not appear in the tables of coroners' inquests of any of the previous censuses.

Fractures.—Inquests were held on 82 persons who died from the effects of fractures. The returns of 1861 afford 36 cases, and those of 1851 only 25.

Amputation.—Two deaths after amputation were the subject of judicial investigation.

Explosion of Gunpowder.—25 males and 2 females were killed by the accidental explosion of gunpowder during the past decade.

Explosion of Paraffin Oil.—1 male and 4 females were killed in 1870 in the county of Kerry by the explosion of paraffin oil.

Eating Improper Food.—To eating improper food, the nature of which is not stated, 6 deaths in the rural districts were ascribed. In 1861 there were 13 such cases returned.

Lightning.—Inquests were held on the bodies of 22 persons whose deaths were caused by lightning. The years 1866 and 1867 each afford 4 cases, and, according to seasons, 14 occurred in summer, 7 in autumn, and 1 in spring. During the decade ending in 1861 as many as 52 cases were returned.

Fright.—4 males and 3 females were said to have died from fright, and in 6 of the cases medical evidence was produced.

Unspecified.—The decrease in the number and percentage of accidental deaths, on which coroners' inquests were held, and the nature of which was not specified in the returns, have been before alluded to.

SLIGO UNION.

THE APPOINTMENT OF DR. MURRAY.

THE Local Government Board wrote to say that they approved of the appointment of Dr. Murray as medical officer to the workhouse, and also as consulting sanitary officer.

A SERIOUS CHARGE.

Dr. Murray, who was in attendance, reported that on Saturday night a girl was removed to the workhouse hospital in typhoid fever, in a dying state, and that she died since.

Chairman—What have we a county fever hospital for? Mr. O'Connor thought it was a serious thing to bring such a case into the workhouse.

In reply to the Chairman, the Relieving Officer said it was on his ticket the girl was admitted. He did not know it was fever she had. John Henery, who keeps a lodging-house in Pound Street, came to him on Sunday evening, and asked for a visiting ticket to get Dr. Tucker to visit his servant girl, who, he said, was sick. Henery returned shortly after saying Dr. Tucker refused to visit the girl; but he came again and said Dr. Tucker had been to see the girl, but refused to tell him (Henery) what her complaint was, or anything about her.

Dr. Roughan—Evidently Dr. Tucker did not think she should be removed. Did you give a ticket for her removal without seeing Dr. Tucker?

Relieving Officer—I did not think it necessary to see him.

Dr. Roughan—I dare say Dr. Tucker said the woman was not fit to be removed, but this man wanted to get her out of his house.

Chairman—Is it the business of the doctor to order the removal or not of such a patient?

Dr. Roughan—To be sure it is. Dr. Tucker was treating the woman in the house, thinking, no doubt, that was the best thing to do, and it would have been well if the relieving officer had gone to the doctor before giving her a ticket to the workhouse.

Dr. Roughan—And the patient was brought here in open car?

Relieving Officer—Yes.

Relieving Officer—If the man asked for the covered van he had it to get. I thought the girl was only just ailing.

Dr. Murray stated that when the woman was brought to the workhouse she was in a dying state. She could not be removed to the fever hospital. In his opinion it was not a proper thing to remove her at all.

KILRUSH UNION.

RESIDENCE WITHIN DISTRICT.

MR. PATRICK O'DEA, guardian for Kilmihill, moved that the medical officer of that district (Dr. Sullivan) be compelled to live in his district at Kilmihill according to the resolution adopted by them six months ago, and in which he got this time to provide himself a residence.

Mr. O'Dea said he need not remind the board of the dissatisfaction and inconvenience felt in Kilmihill in

having the doctor reside out of his district, as that was fully discussed when the resolution was adopted, and he would now propose to have the Local Government Board carry out their resolution.

Mr. Cox, J.P., asked how could they do impossibilities—compel a man to live where he had no place to live in?

Mr. Jourdan warmly—That is not the board's business, it is for the doctor to look out for himself and for the board to see that their resolutions and orders are carried out and not winked at. It is well known when a situation becomes vacant what landlord influence and tyranny candidates bring to bear on their behalf, and they are then satisfied to live in their districts. This is regular nonsense to say there is no place for him to live there, it is his business to provide it and not the board. I say we are no board. When we adopt resolutions we do not arry them out. This is a regular humbug, and there is no unanimity amongst us.

Mr. Studdert—Is there a law to compel the doctor to live in his district?

Mr. Jourdan—There is a law to compel guardians to carry out their resolutions.

After some further remarks the resolution was adopted.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL, IRELAND, FOR THE
MONTH OF MAY, 1875.

MAY 3RD.—Forsyth, Geo. Crompton, Templeard, Culmore, Londonderry, M.B. Univ. Dub. 1874, Lic. R. Col. Surg. Irel. 1875.

3rd.—Anderson, James Fisher, Newtownards, Co. Down, Lic. R. Col. Phys. Edin. 1874, Lic. R. Col. Surg. Edin. 1874.

6th.—McLaughlin, Thomas, Bessvale House, Killaloo, Co. Derry, Lic. R. Col. Phys. Edin. 1875, Lic. R. Col. Surg. Edin. 1875.

10th.—Bond, William James, Londonderry, M.B. Univ. Glasg. 1875, Lic. R. Col. Surg. Edin. 1875.

15th.—Perrier, Wm. Deane, 14 South Mall, Cork, Lic. R. Col. Phys. Edin. 1875, Lic. R. Col. Surg. Edin. 1875.

17th.—Phillips, Edward, Edgeworthstown, Co. Longford, Lic. R. Col. Phys. Edin. 1875, Lic. R. Col. Surg. Edin. 1875.

19th.—Butler, Arthur, 20 Leinster Square, Rathmines, Co. Dublin, Lic. R. Col. Surg. Irel. 1873, Lic. K. Qu. Col. Phys. Irel. 1875.

20th.—Alexander, Thos. Arthur, 21 Middle Gardiner Street, Dublin, Lic. R. Col. Surg. Irel. 1875.

22nd.—Eaton, James Bond, Trillick, Co. Tyrone, M.B. 1874, and M.Ch. 1875 Univ. Dub.

29th.—Thompson, William, Fenit House, Tralee, Co. Kerry, Lic. R. Col. Surg. Irel. 1874 Lic. 1875, and Lic. Midwy. 1875 K. Qu. Col. Phys. Irel.

31st.—Hayes, John Shaw, 22 Burlington Road, Dublin, Lic. R. Col. Surg. Irel. 1875.

31st.—Sharpe, Samuel, Cootehill, Co. Cavan, Lic. R. Col. Surg. Irel. 1874.

COLLOONEY DISPENSARY.

ELECTION OF A MEDICAL OFFICER.

A SPECIAL meeting of the committee was held, for the purpose of electing a medical officer for the district, in the room of the late lamented Dr. Armstrong.

The two candidates, who were before the committee, were—Dr. Michael Loughnan, dispensary medical officer, Gweedore, and Dr. Ayers Moore, who had acted as temporary medical officer to the Athy Workhouse.

A poll was next taken. There voted for Dr. Loughnan—7. For Dr. Moore—11.

Chronic Alopecia.

DR. PINCUS (*Berlin K. Woch.*, Feb. 1) says that nineteen out of twenty of all cases of baldness are due to the disease known as alopecia furfuracea, or calvities senilis or prematura. Some ascribe the accompanying atrophy of the cutis to a primary atrophy of the vessels, others to atrophy of the peripheral nerve-cells. Dr. Pincus thinks that the condensation of the connective tissue of the lower layers of the cutis takes place in the earlier stage of the disease, accompanied by a loss of the typical length on the part of the hairs, but not in their diameter. At the same time certain alterations take place in the amount and character of the glandular secretion, possibly depending upon the irritation of the condensing connective tissue surrounding them. In the second stage the hairs become thin, and this is particularly noticeable in the thickest and woolly hairs, which are situated deep down among the connective tissue. In the first stage of the affection the whole head is equally affected, and the hair becomes equally thinned throughout. In the second stage it is the vertex and forehead which are most severely affected, and, while the sides remain stationary, the diseased process goes on in these localities. By the slow and gradual destruction of the nerve fibres by the condensing connective tissue, the relative sensibility of the skin is much diminished in the affected parts, but without pain.

In the earlier stages of the disease Dr. Pincus recommends the use of a solution of caustic potash or soda, one part to two hundred and fifty, or five hundred of water; or carbonate of soda, four parts to one hundred to two hundred; or bicarbonate of soda, four parts to fifty parts, or up to one hundred and fifty parts of water. Of these solutions, two or three tablespoonfuls are to be rubbed into the head for several minutes, at first daily, afterwards oftener. Unfortunately, the prolonged use of this remedy, although of great service, tends to discolour the hair. A solution of iodide of potassium, one part to one hundred of water, will avoid this, but is not so rapid in its effects as the other washes. In the latter stages Dr. Pincus uses stronger solutions of these alkalis, with a very weak solution of corrosive sublimate, 1 part to 7,500. He has used all the various irritating and astringent washes, oils, and pomades without success.

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Dispensary from Railway Station.
Boyle	Ballyfarnon ...	£160	£7 0 0	166	90	9,912	1,892	June 10	Boyle 8 m.
Parsonstown ...	Frankford ...	£120	£4 1 0	478	120	28,664	3,122	June 17	Tullamore 10 m.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

THE annual meeting of this Association took place last week, at the Royal College of Surgeons.

Dr. Henry Smith, of Donoughmore, President of the Association, occupied the chair.

The President said the Association had been a source of great benefit to the profession throughout Ireland—especially to the Poor-law medical officers; and there never was a time when its services were more urgently required than at present. He hoped the Poor-law medical officers would see it to be to their advantage to come forward and join the Association. The President then called on the Secretary to read the annual report of the Council.

Dr. Chapman (Hon. Sec.) then read the annual report which we published last week.

Dr. Chaplin moved the adoption of the report. He regretted that the amalgamation of the two associations had not been carried out. He thought it was necessary that they should let it be known through the press that it had been through no fault of the Council of this Association—that they had held out the right hand of fellowship, and it had not been received; and he thought that, with regard to their dignity, no more need be said about it. As your report stated, the Association had passed through a right busy time, and but for the exertions of Dr. Morgan and Dr. Chapman this meeting would not have been held and the Association would have been annihilated. The cordial thanks of the Association were due to these gentlemen, and to the members of the Council in Dublin, who had attended from day to day, and used every exertion to bring about the reconstruction of the society. There were nearly 1,000 Poor-law medical officers in this country, and he was sorry to say that their apathy towards the Association was something astonishing. It was only through the exertions of the Association that the salaries of the dispensary medical officers in Ireland were placed at all on anything like an adequate footing (hear). He would appeal to each member present and absent to do all in their power to promote the well-being of the society. He moved that the report, and also the scheme for the reorganisation of the Association be adopted, and circulated amongst the members (applause).

Dr. Croly seconded the motion.

The motion was then put and agreed to.

Dr. Taggart, in moving the next resolution, observed that the Poor-law medical officers of Ireland had to a great extent to answer for the meagre funds and dwarfish numbers of the Association (hear, hear). The resolution was as follows:—"That the Irish Medical Association deserves the support of every member of the profession in Ireland, and especially of the Poor-law and dispensary medical officers."

Dr. Nolan (Gort) seconded the motion.

The resolution was unanimously adopted.

Dr. Hayes moved the next resolution as follows:—"That the interests of the public and justice to the Poor-law and dispensary medical officers require that a scale of superannuation allowance shall be fixed and be claim-

able as a matter of right by all such officers who can prove to the satisfaction of the Local Government Board that they have held office for 30 years or have attained the age of 70 years, or through illness or infirmity have been rendered unfit to discharge their duties, and that such scale should be proportionate to the emoluments of all their public offices and payable as salaries are—half from local rates and half from money voted by Parliament." Before speaking to the resolution Dr. Hayes expressed his regret that a fusion of the Irish Poor-law Medical Officers' Association and the Irish Medical Association had not been effected. He thought it was foolish for two bodies belonging to the same profession and pursuing the same line of action not to be united so as to form one strong body. With reference to the resolution which he begged to propose he found that out of 1,019 dispensary union officers there were only 51 enjoying a superannuation allowance under the Act of 1869. He felt sure that if some alteration were made in the law it would prove of great benefit, especially if it enabled men to retire after a certain number of years' service, which many would do, and so make way for younger and more active men. In his opinion men ought to retire after 30 years' service; or if a man arrived at 70 years of age, and had 20 years' service, he should be permitted to retire on superannuation.

Dr. M'Dowell (Carlow) seconded the resolution, which after a brief discussion was agreed to.

Dr. Whistler proposed the next resolution, which was as follows:—"That the fees paid to registrars of births, deaths, and marriages, and to public vaccinators in Ireland, are inadequate to the duties required to be performed, and being less than those paid in England for similar services, the Council of this Association are requested to give this matter special attention, and, at the same time, to inquire into the unnecessary clerk work imposed upon those officers, with the view to adopting such measures as may appear most advisable for the improvement of their position in these respects."

Dr. Davys (Swords), in seconding the resolution, said that when they considered the payments made in England for similar duties, the grievances of the Irish medical men became intensified. One of the greatest grievances they had to complain of was the great amount of office work imposed upon them for the very small sum allotted to them as remuneration. He also complained of the loss of time they incurred by attendance at the petty sessions courts. He concluded by expressing a hope that Dr. O'Leary, M.P., would bring before Parliament the grievances of which they had complained (hear, hear).

The resolution was then put to the meeting, and passed unanimously.

Dr. O'Leary, M.P., then moved the following:—"That the remuneration offered for the services of the sanitary officers of Ireland is not only derogatory to their professional status, but totally inadequate as compared with the duties required to be performed; that, whilst those officers are determined to discharge faithfully and impartially the duties imposed upon them—which in many instances incur odium and pecuniary loss—this Associa-

tion is of opinion that they should be fairly requited for inspections and reports, and that whenever they shall be required to attend at or assist in any proceedings they should be specially remunerated for the loss of time involved in such attendance." The pay of the sanitary officers of Ireland was ridiculously out of proportion to the salaries of the sanitary medical officers in England received for identically the same duties. The amounts given to medical officers in England as sanitary officers ranged from £50 to £400, £500, and £600 per annum. Every one of those officers was in the same position as the sanitary officers in Ireland are. The average pay of English sanitary officers—taking a similar area to what they found in average Irish districts (8,000 acres and a population of 3,000)—was £60 per annum. Some time since he moved in the House of Commons for a return showing the amount advanced by Parliament to the local authorities in Ireland as a rate in aid. The difference between the Local Government Board in England and the Local Government Board in Ireland was as great as between good and bad. The rate in aid in England furnished by Government sometimes amounted to as much as the sum provided by the local authorities. If the local authority in England voted £50, Parliament voted another £50, whereas the same Parliament had the hardihood to declare that the maximum of the sum in Ireland should be £25. In a pamphlet which he had in his hand it was shown that a medical officer in the North Dublin City Dispensary district received as remuneration for attending and reporting 160 cases a sum of six guineas—something over a shilling a case. If such instances as that were brought under the notice of the House of Commons, he felt sure the grievance would be redressed. He would be very glad to receive information on these points—as to work done and remuneration received—from members of the Association, and if they supplied him with facts, which were worth any amount of oratory, to bring before the House of Commons, he would be their faithful servant (applause). The matter of attending at police-courts for the purpose of giving evidence, and the pecuniary loss incurred thereby should also be made a subject of special consideration.

Dr. Martin seconded the motion, which was unanimously carried.

Dr. Darby moved the next resolution:—"That, as it is an apparent fact that medical men, during their lifetime, are seldom enabled to make sufficient provision for their widows and orphans, we are of opinion that the objects of this Association would be much enhanced by the adoption of a scheme adequate to meet this deficiency, and that the Council be requested to consider this important matter, with a view to framing a practicable scheme applicable to the case. Dr. Darby considered the machinery suggested by Dr. Jacob perfect in its way, but, in the first place, he objected to it because Dr. Jacob suggested a voluntary system, and, in the next place, because he suggested the principle of an insurance office. He (Dr. Darby) thought they should combine a benevolent feeling with a provident one, and that was what he advocated, together with a compulsory system.

Dr. Jacob seconded the resolution, and defended his plan. As a member of the Council of the Medical Benevolent Association, he had had thrust upon him the conviction that a great number of medical men throughout the country had been totally unable to provide for their families. He wanted to make this provision for the widows and orphans of medical men a source of great practical good, and therefore, he thought it necessary to impose certain restrictions, or else, like the constabulary fund, they would find themselves involved in a most unsatisfactory way. After a careful calculation that a contribution of 15s. per quarter would enable the Association to give £10 to the widow and £10 to each child, he was opposed to its being a compulsory system at present, but eventually it would become a compulsory arrangement, because all the young dispensary practitioners, on obtaining appointments, would become subscribers to the fund.

However, if the meeting adopted the resolution and left the matter to the Council, doubtless a satisfactory plan would be established (hear, hear).

The resolution was passed unanimously.

Dr. Grimshaw moved the following resolution:—"That the Association deprecates the insufficient remuneration given by the Government to medical practitioners for their attendance and professional evidence at courts of law."

Dr. Bellew Kelly seconded the motion, which was agreed to.

On the motion of Dr. Fisher, seconded by Dr. Brown, the following resolution was unanimously passed:—"That the system of dispensary medical relief is constantly abused by well-to-do persons obtaining tickets for same; that persons who can afford to fee a medical practitioner for his services were never intended to receive it; that by obtaining it they not only tend to their own degradation, and increase the expenditure of the poor's rate, but unfairly occupy the time of the dispensary medical officers; and that they and all persons who have provided for medical attendance upon themselves and their families, by becoming members of any society which provides same, should, in every instance of receiving dispensary medical relief, be brought under the notice of the proper authority."

Dr. Nugent Duncan moved the following resolution:—"That this Association considers it a monstrous injustice to dispensary medical officers that they should be compelled to examine the mental condition of persons alleged to be dangerous lunatics, and certify as to same, without fee or reward."

Dr. Carte seconded the motion, which was adopted.

Dr. Morgan proposed the next resolution:—"That the clauses recommended by Council for introduction into the new Coroners Bill, with the object of removing the flagrant abuses at present existing, are warmly approved of, and that the Council be requested to persist in their efforts to have them introduced into the new Bill." He strongly condemned the practice of the selection of medical men for post-mortem examinations at inquests being left to coroners, and also the rule of paying no fee to hospital surgeons for post-mortem examinations carried out within the walls of public institutions.

Dr. Darby seconded the resolution, which was adopted after a short discussion.

The following resolution was also unanimously agreed to:—"That this Association considers the existing restrictions as to the qualifications of compounders of medicines unsatisfactory, not only to the public, but to physicians and surgeons, who, not being themselves general practitioners, are of necessity obliged to have their prescriptions compounded by those who are competing with them in the practice of their profession; that this Association approves of the Government Pharmacy Bill now before Parliament, and that the Council be directed to take measures to support this Bill."

Cordial votes of thanks were accorded to Dr. Morgan (hon. treasurer), Dr. Chapman (hon. secretary), and the Press.

The Council and Officers for the ensuing year were elected, and the new President, Dr. Chaplin, took the chair.

A warm vote of thanks to the outgoing President brought the proceedings to a close.

OBJECTS AND RULES OF THE IRISH MEDICAL ASSOCIATION.

THE objects of the Irish Medical Association are—

To unite the members of the medical profession in Ireland, and so form an influential and highly useful body competent to protect and promote the interests of the profession generally, but especially those of the Poor-law and dispensary medical officers of Ireland, in the various departments under which they hold office.

To watch carefully the proceedings of Parliament upon matters affecting the interests of the members of the Association, and to take action with regard to same, with the

object of promulgating its views amongst the members of Parliament.

To inform the members of the Association by circulars, to be issued from time to time, as occasion may require, of all matters affecting their interests, and so afford them an opportunity of expressing their opinions, and offering any information or suggestions they think fit.

To obtain, when considered necessary, legal advice as to the interpretation of the law upon matters involving the interests of the profession, and, as it may seem expedient, to institute legal proceedings for the purpose of obtaining judicial decisions upon such matters.

To arbitrate in disputes between individual members of the profession, when such arbitration may be requested.

RULES.

I. That any duly qualified physician or surgeon may become and continue to be a member of the Irish Medical Association, subject to the approval of its Council.

II. That the annual subscription of each member shall be at least 10s. 6d., payable at the beginning of each year; but any person who wishes to become a member after the 31st of March of any year, shall, upon payment of his subscription, be entitled to all the privileges of membership, not only for the unexpired portion of that year, but also for the ensuing year.

III. That each year shall commence on the 1st day of June, and terminate on the 31st day of May following.

IV. That the administration of the Irish Medical Association shall vest in the Council, who shall consist of the following:—

One President—to represent all Ireland.

Four Vice-Presidents—to represent the four Provinces.

Thirty-two Members.—Who shall, at their first meeting, to be held at the Royal College of Surgeons, in Dublin, at four o'clock, p.m., on the Friday next after the day of the annual general meeting, appoint the following officers:—

One Honorary Treasurer.

One Honorary Secretary.

One Honorary Secretary of Council.

Who shall be *ex-officio* members of Council.

V. That the Council shall meet at least once in each quarter, and also from time to time, as occasion demands, when summoned by the honorary secretary.

VI. That the Council, at their first meeting in each year, shall appoint from amongst their number a Chairman of Council, and also a Committee consisting of seven members, including the honorary treasurer, the honorary secretary, and the honorary secretary of Council.

VII. That the duties of the Committee shall be—

To transact the financial business of the Association.

To direct meetings of the Council to be convened when they see fit.

To watch carefully all matters affecting the interests of the members, and to report on same to the Council.

To draw up and issue, from time to time, such circulars to the members as may be approved of by the Council.

To receive and deal with all matters of business and correspondence, not demanding, in their opinion, the special attention of the Council.

To carry into effect the instructions of the Council; but they shall not enter into any engagement which will make the Council, or the Association, liable for any sum beyond the amount which would remain in the honorary treasurer's hands to the credit of the Association, after providing for all previously existing liabilities.

VIII. That the various departments of the work of the Association shall be, by the Committee, so divided amongst its members that each shall specially be the province of one of them, viz:—

To take cognizance of all matters affecting the interests of the profession generally; to watch carefully all Parliamentary proceedings affecting the interests of the members of the Association, and to bring same under the notice of the Committee.

To take cognizance of all matters affecting specially the interests of Poor-law and dispensary medical officers, and public vaccinators, as such, and to bring same under the notice of the Committee.

To take cognizance of all matters affecting the interests of registrars of births, deaths, marriages, and vaccinations, and to bring same under the notice of the Committee.

To take cognizance of all matters affecting the interests of sanitary officers, and consulting sanitary officers, under the Public Health Act, and bring same under the notice of the Committee.

IX. That an annual general meeting of the members shall be held on the first Monday of June in each year, at such time and place as may be appointed by the Council.

X. That the order of business at the general meetings shall be—

1. The minutes of last annual general meeting, and of all special general meetings (if any) since held, shall be read and confirmed.

2. The meeting shall appoint three scrutineers of the ballot, who shall decide, by lot, between candidates having an equal number of votes.

3. A ballot shall be opened, and shall remain open until the other business to be brought before the meeting shall have been disposed of, for the election of—

One President,

Four Vice-Presidents, and

Thirty-two Members of Council.

4. The report of Council for the preceding year shall be read, setting forth the steps taken by them towards carrying out the objects of the Association.

5. The Council shall then submit an account of the whole income and expenditure of the Association, for the year ended the 31st day of May then last past, showing all arrears of income due, and any current liabilities unpaid, which account shall be signed by the honorary treasurer, and the accuracy of which shall be certified by the auditors.

6. The resolutions recommended by the Council shall then be separately brought before the meeting, and dealt with.

7. Any member of the Association may then propose any resolution which he desires to bring under the notice of the meeting.

8. All resolutions must be proposed by one member, and seconded by another, before being put by the Chairman to the meeting.

9. The result of the ballot shall then be declared by the Chairman.

10. Two members of the Association—not being members of the Council—shall then be elected to audit the accounts during the ensuing year.

XI. That at the meetings of the Council five members shall form a quorum.

XII. That at the meetings of the Committee three members shall form a quorum.

XIII. That the Honorary Treasurer shall receive all subscriptions, and issue receipts for same, and shall (with the sanction of the Committee) discharge all the liabilities of the Association, and submit the accounts of the Association to the Committee, to be examined by them when so required, at least once in each year.

XIV. That the Honorary Secretary, and Honorary Secretary of Council, shall discharge all secretarial functions required by the Council or the Committee.

XV. That the Council may, whenever it appears to them expedient, direct that a special general meeting of the members of the Association be convened by the Honorary Secretary, to be held at such time and place as they appoint, to consider any matters deemed by them to be of such importance as to require an expression of the opinion of the members at large.

XVI. That the Council shall have power to make any by-laws they deem necessary for the regulation of their own business, and to fill up any vacancy which may occur amongst their body.

XVII. That the Committee shall have power to make any regulations they deem necessary for the transaction of their special business, subject to the approval of the Council.

XVIII. That notice of each general meeting shall be given to each member of the Association, by circular, at least one week previous to the day of meeting.

XIX. That an annual dinner of the members of the Association shall be held on the first Monday of June, in each year, at such time and place and under such regulations as the Council may approve.

XX. That none of these rules shall be altered or repealed, nor shall any addition be made thereto, unless at an annual general meeting of the Association, and notice of any proposed change, signed by its proposer and seconder, shall be communicated to the Honorary Secretary at least two weeks before the day of such meeting.

N.B.—All communications relating to subscriptions and

financial business should be addressed to the Honorary Treasurer. Those concerning all other matters should be addressed to the Hon. Secretary of the Irish Medical Association, Royal College of Surgeons in Ireland, Dublin.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY.

THE twenty-eighth annual meeting of the Royal Medical Benevolent Fund Society was held last week at the Royal College of Surgeons.

Mr. Jolliffe Tufnell, President of the College, presided.

There was an unusually large attendance of members.

The Chairman congratulated the meeting on the advancing prosperity of the society, and said that whereas last year they distributed 1,330*l.*, they were this year enabled to give away over 1,600*l.* in relief of distress amongst medical men and their families. He was sure the founder of the "chair" would be much gratified if he knew of this, and if he could find that the Society which he had planted, like a grain of mustard-seed, had now extended its branches abroad throughout the world. For himself, he voided his position as President of the College to-day, and he was sorry for it, for this reason—that he regretted that he had not an opportunity, before retiring, of fulfilling one matter about which he was anxious. It was this, that when the diplomas of the College of Surgeons were about to be issued it would be his desire, as used to be done by Sir James Macgreggor, to induce every licentiate to join his excellent society for the relief of the widows and orphans of the medical men who joined it. Such an occasion was an impressionable time with the licentiates, and hardly one of them would refuse to join if asked to do so at such a moment, and if properly impressed with the fact that the best operations of the medical man did not always consist in the reduction of a dislocation or the setting of a fracture of the human body, and that in setting their hands to such a document as he mentioned, they would be solacing the wants of the widow and setting bread before the orphans (applause).

The Hon. Secretary (Dr. M'Clintock) then read the annual report, from which the following are extracts:—

"It may very thankfully be said that the working of this Society continues to yield results that are eminently satisfactory from whatever point of view we look at them. Its funds are steadily improving; its auxiliary branches, home and foreign, continue in active operation; the benefits it confers are increasingly appreciated, and it seems to possess the confidence, if not the support, of the entire profession. At the last annual meeting a bequest of £200 from Mrs. Kirby was announced. Of donations there were received during the year about £200. The total amount of subscriptions and of interest received up to the auditing of the accounts was £1,877, minus £20 from Dr. Wilson, of Baggot Street, that morning. The number of applications this year is ninety-eight. On analysis we find that fourteen are from medical men, seventy-two from the widows of medical men, and twelve from children of medical men. In eleven instances no grants were awarded, the applicants being either ineligible for receiving aid from the Society under its fundamental rules, or else were found, on careful investigation, not to be so necessitous as to give them a claim for sharing in the relief which the Society bestows. Twenty of the applications are new ones, and four of these come from medical men. Two medical men who had been relieved by the fund have died within the year. Since last general meeting thirteen cases came before the Central Committee of so urgent a kind that they felt it necessary to grant some assistance without waiting for the general distribution, and in this way £182 15*s.* was administered, four of the recipients having been medical men. The total sum that will have been distributed in grants this year is upwards of £1,600, which far exceeds that of any former year. It may be interesting to state that of this sum £392 goes amongst medical men, £1,044 amongst widows, and £168 among orphans. As the number of applicants this year is not above the average all the grants are consequently larger than on any former occasion, and in the case of medical men some of the individual grants amount to £60."

The statement of accounts was next read in detail, and showed that a sum of £5,000 was invested with the capital, not to be touched, but only the interest utilised.

Dr. Duncan (President of the College of Physicians) moved the adoption of the report and statement of accounts, and that 2,000 copies be printed and circulated. The statements which had first been read, he said, showed well the advancing progress of the Society, and although doubts were at one time entertained as to its future prosperity, the worst was now passed

and success seemed all before them. It depended altogether upon the exertions of the profession throughout the country to make the Society an institution of permanent good. The number of applications for aid during the year was so large—98, of which 87 were relieved—that some might be disposed to think that the Society was too liberal, and encouraged improvidence. But this was a mistake, for there was a feeling of independence amongst most of those relieved that only drove them to seek for help when all other hope seemed gone. The existence of the fund, then, so far from encouraging carelessness, had only helped to bring out the amount of intense misery which often existed when the outer world little suspected it (hear). The existence of the fund, at the same time, had given the means of relieving much of that distress, and had enabled the Society this year, for the first time, to raise their grants as high as £60, although but few applicants got so much, and eleven applicants were refused altogether. Complaints were, not without reason, made that those who were to benefit most by the charity—the Irish country doctors and their families—subscribed very little.

Dr. Martin seconded the resolution, which was adopted.

Dr. Purdon proposed the next resolution, namely: "The necessity for the Royal Medical Benevolent Fund Society becomes more apparent as the circumstances of the applicants for relief are year by year investigated; and while a large amount has been distributed in grants, the Committee feel painfully conscious how inadequate it is to do more than supply some mitigation to the distress brought before them. They would therefore earnestly remind our non-subscribing brethren that there is an incredible amount of real want in our midst, the removal of which calls for our most self-denying exertion." Speaking from an experience of over fifty years as a practising physician he fully endorsed what the last speaker stated, and deplored the custom, which seemed extending, of many medical men doing themselves permanent injury by yielding to pressure in their patients' houses, and joining them in a "drop of something." Many did not like to refuse for fear of being called proud, but the result too often was that they contracted habits of drinking which caused them irreparable mischief. (Hear.) He liked also to see tangible results in place of mere talk, and thought if country practitioners and others gave one tumbler of punch or 6*d.* each week to the Society they would effect a large amount of good. 5*s.* a year from 1,500 men would be something respectable.

Dr. Little seconded the resolution.

The resolution was passed unanimously.

Dr. Churchill moved the next resolution: "That this meeting desires to express its warmest thanks to the honorary officers of the parent society, as well as to the honorary secretaries and treasurers of the provincial and Indian branch associations, to the latter of whom especially our gratitude is justly due for their generous and hearty co-operation; and also to the medical students of Belfast and Dublin, for their valuable aid in the cause of the Society."

Dr. Smyly seconded the resolution, and impressed upon the meeting the importance of cultivating a system in contributing, which was in the end much more effectual than an impulsive mode of donation. Even 2*s.* 6*d.* from each man regularly paid would be worth a great deal, for they saw what was done in Scotland by sums as small as 3*d.* a week. Mention had been made of the gratitude which was due to the students of Belfast College for their contributions. The gratitude here, however, seemed to be understood in the sense in which Mr. O'Connell used to hold it, as "a lively sense of favours to come," for all that the Belfast students have done for them in this case was very small. There were many hospital surgeons now present, and if they could get each of their students to contribute a little, even 6*d.*, it would be a great help. (Hear, hear.)

The resolution having been adopted,

The following were constituted the Central Committee and officers (about 80 names), and the honorary secretaries and treasurers of the branch associations for the ensuing year: Hon. Treasurer, J. Magee Finny, M.D., 19 Lower Baggot Street, Dublin; Hon. Secretaries, A. H. M'Clintock, M.D., 21 Merrion Square N.; James Little, M.D., 24 Lower Baggot Street; Acting Secretary, A. H. Marks, M.D., 26 Hatch Street, Dublin; Trustees, Drs. John M'Donnell, James F. Duncan, and James H. Wharton; Collector, Mr. James M'Dougall, Royal College of Surgeons.

Dr. Brady, Dr. Benson, and other gentlemen addressed the meeting, and a vote of thanks to the Press and to the Chairman concluded the proceedings.



